

Graduate Counseling Program Self-Study

Clinical Mental Health Program

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M.S. in Counseling – Clinical Mental Health

CAGS in Interdisciplinary Studies – Counseling/Psychology

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Executive Summary of Comprehensive Plan for Improvement

Since the last review, the Fitchburg State Counseling program has actively worked to strengthen the program and better position it for possible CACREP accreditation. Changes since the last review include the launching of a 2-year accelerated sequence, adding more hybrid/online classes, and strengthening the counseling identity by separating from Psychological Sciences and changing the course designations from PSY to COUN. The program is now physically housed within McKay, with significantly improved space for both students and faculty. In conjunction with GCE, the program has worked hard to increase student enrollment through marketing and social media presence.

The strengths of the program consist of committed full-time and adjunct faculty, strong student performance ratings on assessment measures as reported by both faculty and external supervisors, increasing student enrollment since 2016, and a strong assessment program which collects data across the program from both faculty and field supervisors. Our students are successful in obtaining licensure and they are often employed in local mental health agencies, providing a valuable service to the community.

However, areas of weakness were also identified as part of this review. Although the program's assessment plan is strong, the data is not collected electronically which results in a delay in the sharing and reporting of the assessment results. The clinical skills rubric, a new assessment measure currently being piloted, would benefit from additional refinement. There is a lack of faculty diversity, and more diversity among students would be beneficial as our community, the presumed future population our students will be serving, is diverse. Finally, staffing challenges due to lack of full-time faculty and the overall small number of faculty involved in the program has resulted in difficulties in providing the type of support and growth that would benefit the program.

The issue of accreditation is complicated and conversations with faculty, administration, as well as a consultant have been ongoing since the last review. In particular, obtaining CACREP accreditation would result in present benefits (working in the VA system), possible future benefits (possible licensure portability), as well as challenges due to staffing requirements.

The four key objectives for program development determined by the counseling faculty as a result of this program review consist of 1) strengthening assessment by refining the clinical skills rubric and automating assessment data entry, 2) increasing student enrollment, particularly diverse student enrollment by continuing to work with marketing and GCE and developing community partnerships through advisory boards, 3) increasing faculty involvement in the program by forming a faculty focus group for adjunct faculty, inviting more tenured/tenured track faculty to join the graduate counseling committee, and advocating for more full-time faculty teaching in counseling, and 4) addressing accreditation issue questions by working with administration.

Overview and Vision

1. Brief overview of the department/program

The Graduate Counseling Program consists of three inter-related graduate degrees. Students can pursue a Master's degree in Counseling with either a school counseling concentration or a clinical mental health counseling concentration. Students can also pursue a CAGS degree in Interdisciplinary Studies with a Counseling Psychology concentration. Typically, CAGS students complete the necessary coursework and practicum experiences necessary for licensure as an LMHC or a school counselor. The focus of this report is on the clinical mental health program as the school counseling program is reviewed separately for licensure by the Massachusetts Department of Elementary and Secondary Education. Student assessment data was gathered from the MS Clinical Mental Health students as well as the CAGS students pursuing LMHC licensure. In some cases, assessment data includes school counseling as the programs could not be separated.

The Graduate Counseling program resides within the Behavioral Sciences department, which also houses the undergraduate Criminal Justice, Human Services, and Sociology programs. The Human Services program contributes substantially to the Counseling program, both through faculty involvement (detailed in Assessment section C) and also through the coordination of the graduate internships. The program is also staffed by Psychological Sciences faculty. Due to the need to clearly differentiate the program from Psychology, the program recently changed all course designations from PSY to COUN and remained within Behavioral Sciences when Psychological Science became its own department.

The Counseling program has been part of Fitchburg State since before 1974. Over the years, the program has adjusted with the trends in the field, with a variety of concentrations and certificate programs. However, when the licensure requirements were increased to 60 credits, student interest in add-on programs reduced and the certificate programs were discontinued. Presently, no concentrations or certificates are offered.

2. Program's vision, mission, and objectives

The vision of the Fitchburg State University Graduate Counseling Program is to develop counselors who can assist clients in the enhancement of their well-being. It is based on a developmental socialization model of intervention, which recognizes that at each developmental stage throughout the lifespan, individuals face tasks that can lead to problems needing professional assistance. Counselor education is based on the belief that effective counselors are both personally and professionally integrated. For this reason, a balance between didactic and experiential learning is maintained. While the importance of research in both academic and clinical settings is recognized, the program is clearly seen as an educator program for counselor practitioners. Throughout the program students increase their sensitivity to others, their effectiveness as facilitators, and they develop skills traditionally associated with counseling.

This mission of the Fitchburg State University Graduate Counseling Program is to meet the needs of an educated citizenry in the Commonwealth of Massachusetts in the areas of: Licensed Mental Health Counselor (Board of Allied Mental Health and Human Service Professionals) and School Counselor (PreK-8) (5-12) Provisional Certification with Advanced Standing and Standard Certification (Department of Elementary and Secondary Education, Commonwealth of MA).

Learning objectives are detailed in Assessment Section 3b.

3. Relationship to the university mission, vision, and strategic plan

As a professional program, the mission and vision of the counseling program focuses on licensure and career preparation for our students. The clinical mental health counseling program requires a high degree of community involvement, as all students are required to complete at least 2 smaller field experiences (50 hour and 100 hours) and 1 year- long experience in the field. As a result, the program has strong community links with the mental health and school communities. Students who chose to pursue these fields are inherently interested in global responsibility and public service.

4. Overview of the program

a. Specify the degree requirements for the program, using the format of the catalog description

This graduate program consists of 60-credits including a 12-credit internship that spans an academic year. All courses are required; there are no electives. Two undergraduate prerequisites are required for program admission: a course in developmental psychology and a course in statistics. This program of study offers students the opportunity to apply for licensure in mental health counseling (L.M.H.C.). The specific courses in the program are detailed under Program Processes Curriculum.

b. Determine if there are discipline specific best practices and whether the department is following them

Students in the Clinical Mental Health Graduate Counseling Program must demonstrate the following knowledge and skill competencies based on the Massachusetts Board of Allied Mental Health Professions for licensure as a Mental Health Counselor standards. The board requires that each course can be used to fill only one requirement. Therefore, each course is only listed once and not in a grid as might be commonly expected with a cross-mapping.

Counseling Theory: The theories of psychotherapy and counseling, theories of personality, treatment and prevention modalities

Course(s): COUN 7010 – Counseling Theories

COUN 8710 – Family & Systems: Models & Interventions

Human Growth and Development: Understanding the nature of human development

Course: COUN 8030 – Lifespan Development

Social and Cultural Foundations: Issues and trends of a multicultural and diverse society; working with minority populations

Course: COUN 8190 – Social and Cultural Foundations: Issues and Diversity

Helping Relationships. Counseling techniques, skills, and procedures

Course(s): COUN 7030 – Intro to Professional Counseling: Issues and Skills

COUN 8130 – Psychopathology I: Diagnosis and Assessment

COUN 8132 – Psychopathology II: Treatment Planning and Outcome

COUN 8901 – Counseling Techniques and Case Analysis: Mental Health Counseling

Group Work: Dynamics and Processes

Course: COUN 8700 – Group Work and Leadership in Mental Health Counseling

Special Treatment Issues. For example: Psychopharmacology, substance abuse, school, career issues, marriage and family treatment, sexuality and lifestyle choices, treating special populations.

Course: COUN 8215 –Life Style and Career Development

Appraisal: Appraisal and Psychological assessment and techniques

Course: COUN 8300 – Psychological Testing and Assessment: Theory & Practice

Research and Evaluation

Course: COUN 8015 – Research and Program Evaluation

Professional Orientation: Ethical and legal issues in counseling

Course: COUN 7005 – Mental Health and Family Counseling: Professional Practice, Standards, and Ethics

In addition, students in the program complete the required number of practicum (100) and internship (600) hours as required by state licensure regulations. Licensure requirements involving the maximum number of students for group supervision (students ≤ 10) are also

followed. In brief, our students are successful in obtaining licensure after completing the program and the additional post-masters requirements.

To receive timely information about licensure requirements, faculty from the Graduate Counseling Committee are involved the Massachusetts-Rhode Island Association for Counseling Education and Supervision (MARIACES) which provides information from the licensure boards and information sharing among the respective programs. Dr. John Hancock is the current Treasurer of this institution.

Accreditation is a much more complicated, and currently controversial, issue in the area of best practices in the discipline. The clinical mental health program is currently not accredited by an outside agency. Although program accreditation is not required for licensure, the faculty of Fitchburg State recognize the benefits of an external programmatic oversight. However, many counseling programs in Massachusetts are currently struggling to find a recognized accreditation body that matches with their program aims and structure. Through the years, the FSU counseling program has repeatedly expressed a desire to pursue CACREP accreditation, as in the Spring 2014 report and earlier assessment reports. CACREP has historically been the accrediting body for master's programs. It is nationally recognized and strongly associated with the field of counseling education. The Massachusetts licensure standards are based upon CACREP standards. TRICARE, which is the health care provider for military families, is now requiring that independent clinicians hold degrees from a CACREP institution or be able to document 3,000 hours of supervised clinical practice. As detailed in the appendix, however, CACREP requires that faculty have degrees in counseling education (as opposed to clinical psychology or other mental health disciplines) from CACREP institutions and requires full-time core faculty. Current holders of CACREP accreditation in Massachusetts consist of Boston University School of Medicine, Bridgewater State University (Counseling), and University of Massachusetts Boston. An application from the Gordon-Conwell Theological Seminary-Hamilton is in process.

In contrast, the Masters in Psychology and Counseling Accreditation Council (MPCAC) is a new accrediting body that is itself not yet accredited by the Council for Higher Education Accreditation (CHEA) but is planning on applying in 2019. Current holders of MPCAC accreditation include Assumption College, Boston College, University of Massachusetts Boston, and Bridgewater State (Psychology). Although MPCAC does not pose the same challenges to faculty identity as CACREP, it also does not provide the same benefits of national recognition. In addition, APA has formed a task force to examine the possibility of accrediting master's level psychology programs. However, this process is still in its early stages and the structure/requirements of such a process are still not clear.

A review of how the counseling program matches with CACREP standards is included in Assessment section 1a.

c. Explain the balance between breadth and depth designed in the program

The program provides both breadth/introductory courses as well as field-work courses to expose students to current counseling practices. Because of the demands of meeting licensure requirements as well as meeting CACREP course requirements, there are currently no electives in the program. However, students are encouraged to take the courses with greater breadth (e.g., Stage 1 courses) earlier in the program. Two specific, high-depth courses (COUN 8140 – Alcohol Abuse and Other Addictive Disorders; COUN 8625 - Crisis Intervention for Counselors) were instituted as required courses since the last program review due to trends in the field.

5. Internal demand of the program or department

As a professional graduate program, the Counseling program does not provide any service learning courses to any other program or division.

6. Recommendations and actions from previous five year review

There were several recommendations from the previous review cycle.

- 1) *Determine whether or not to pursue national counseling accreditation (CACREP).* This discussion is still underway with administration. A CACREP consultant was hired (Nikki Freeburg) and a task force was formed. Counseling has also been meeting with all of the new administrative deans since the previous review. A key issue is the financial implications of hiring full-time faculty. This decision is still in process.
- 2) *Physical space for the program needs to be improved.* Since the last program review, the program has moved to McKay. There are clinical rooms with new technology that the program can use for role-plays. No full-time faculty are in cubical spaces. All counseling classes are now in McKay, which allows for a stronger sense of connection between the students and their advisor, easier communication with adjunct faculty, and better parking for nighttime classes.
- 3) *Demonstrating a unified Counseling Education identity.* In response, the program has changed all the PSY prefixes to COUN. Changing the name of the CAGS program was explored but not pursued as it would require approval from the BOE and we anticipate decreases in enrollment now that the CAGS cannot be used to by non-FSU clinical mental health program students to finish their degree requirements for licensure. Other changes includes that the program now requires all students to take courses in substance abuse, and crisis counseling which are core CACREP areas, and encourages all new students to become members of ACA. All full-time faculty are members of ACA as well. Recommendations still to be addressed include new faculty hires with a Counselor

Education background as well as greater integration of CACREP standards in syllabi for adjunct faculty.

- 4) *Courses.* Recommendations include having more online/hybrid courses. Since the review, the program has instituted its first hybrid course, with a total of 5 courses being offered at least partially online. Another recommendation from the previous review was to have more classes/sections for students. This change would require a stronger enrollment. As planned, the program has been working with GCE to increase marketing. The enrollment numbers are presented in Assessment section b. Finally, it was recommended that there would be the same learning outcomes for a course taught by different faculty. Presently, there is only one course (Research) taught by two different faculty members and no difficulties in inconsistency with this course have been reported.
- 5) *Resources.* Recommendations included having a new student orientation and strengthening the electronic resources/social media presence. Although GCE does host a new student orientation, the program has been more active in encouraging new students to attend. It will be helpful when the online orientation is launched. The student manual is now on the website and a welcome letter for incoming student has been drafted; GCE has now added it to Slate. Incoming students appear to be more aware of the registration process. The program continues to update its Facebook page and is active in sharing GCE postings.

7. Departmental/program initiatives and significant changes during the last 5 years since the last review.

Most of the changes in the program are described in section six above. As noted, the program launched several hybrid courses. Informal student feedback on these courses have been mixed. The hybrid courses are generally seen as being more challenging than face-to-face courses, and students miss the in-person experience. However, the hybrid courses tend to fill more quickly and it appears that students are still meeting the learning objectives in these courses. The online/hybrid courses are primarily taught by full-time faculty members.

An additional program change not highlighted above is the launch of an accelerated sequence for the clinical mental health program. This change was prompted by student interest in a faster progression through the program. Students can complete the 60-credit program (including internship) in 2 years by beginning their coursework in the summer. This is a challenging sequence as all but one course must be completed before students can start the internship. It required moving several classes to different semesters and careful consideration to sequencing and prerequisites. The sequence was also marketed to incoming students. It was also important to preserve the more standard three-year sequence as most of our students are part-time. Students in the accelerated sequence who decide that they needed a slower progression can make that change at any point. The university does not track the numbers of students who have pursued this

option as the students simply take more courses each semester. However, we have had students successfully complete this sequence.

Assessment

1. Program Inputs

This section details information about the Clinical Mental Health program's reputation, information about student enrollment, faculty data, and resources.

a. Program reputation

Due to the need to meet MA LMHC licensure requirements, most of the MA counseling programs share some basic characteristics with each other in terms of consisting of 60 credit hours, requiring a year-long internship, and having similar required classes. Fitchburg State's Counseling program is distinctive in that we require an additional 50-hour practicum to better prepare students for their field placements. Students have informally reported that they have pursued Fitchburg State due to geographic location, tuition rates, as well as the strong reputation of the program.

Lacking accreditation would presumably decrease the reputation of a program. We are seeing more incoming students asking about accreditation. We also actively advising students of the challenges of working with veterans with a non-CACREP degree, which has resulted in students pursuing their degree elsewhere. However, the Fitchburg State Counseling program already meets major course requirements CACREP which are listed below, with the primary matching FSU courses following the requirement:

CACREP Core Areas (FSU Coursework)

- 1) Professional Counseling Orientation and Ethical Practice (COUN 7005)
- 2) Social and Cultural Diversity (COUN 8190)
- 3) Human Growth and Development (COUN 8030)
- 4) Career Development (COUN 8215)
- 5) Counseling and Helping Relationships (COUN 7030)
- 6) Group Counseling and Group Work (COUN 8700)
- 7) Assessment and Testing (COUN 8300)
- 8) Research and Program Evaluation (COUN 8015)
- 9) Clinical Mental Health Foundations (COUN 7010)
- 10) Clinical Mental Health Contextual Dimensions (COUN 8130)
- 11) Clinical Mental Health Practice (COUN 8901)

There are no known standards of ranking or visibility. Through MARIACES, MA state counseling programs have been actively pursuing the release of data regarding LMHC licensure test (NCMHCE) pass rates. Students take this test after they have graduated with their Master's degree. However, both

the MA licensure board and the National Board of Certified Counselors have declined to release the data. As a result, we have no way of knowing how many of our students become licensed.

b. Students by program

Applicant information

Based on the program chair's unofficial records, there were a total of 135 applicants to the clinical mental health program between Fall 2013 and Summer 2018. These varied by year:

Fall 2013 – Summer 2014: 25 (Average GPA = 3.22; 64% acceptance)

Fall 2014 – Summer 2015: 21 (Average GPA = 3.09; 71% acceptance)

Fall 2015 – Summer 2016: 17 (Average GPA = 3.30; 94% acceptance)

Fall 2016 – Summer 2017: 39 (Average GPA = 3.23; 79% acceptance)

Fall 2017 – Summer 2018: 35 (Average GPA = 3.31; 83% acceptance)

Of the applicants, 29 were denied admission, with an acceptance rate of 79%. The overall undergraduate GPA of applicants was recorded to be 3.24. There was little difference in overall GPA across the years (ranging from 3.09 to 3.31). Average grades in the Developmental Psychopathology prerequisite was 3.26, with the average score in the Statistics course lower at 3.03. The program has a rolling admissions policy which results in a sizeable number of students who are admitted for the Spring semester. Many students take the opportunity to take courses before being admitted.

Student Enrollment

As of Fall 2018, there were 56 M.S. students in Clinical Mental Health, with 12 CAGS students (degree program is not tracked) for a total of 101 counseling students total. Overall, enrollment in counseling courses has been improving since a low of 282 seats (AY 16) to 428 seats (AY 18; see Appendix for specific data). Similarly, the number of entering matriculated students rose starting in 2017 and continued to rise in 2018. This upward trend may have been due to GCE dropping the GRE requirement in June of 2017. In general, the student population of the counseling program is female (88%; AY 18) and white (83%; AY 18). However, there has been a slow rise in the number of Hispanic students across the evaluation years. Also of note, the CAGS admission rates has decreased as anticipated due to the licensure changes. However, it has been offset by a significant increase in master's level students. Our target goal for student enrollment over the next 5 years is a total of 120 students across all programs, with 80 students in clinical mental health.

Minimum qualifications of students/student retention

In addition to the requirements of the graduate school, and to maintain enrollment in the counseling program, students must:

1. Maintain an overall GPA of 3.25
2. Earn at least a 3.0 in each course
3. Demonstrate appropriate ethical/professional behavior
4. Demonstrate competent interpersonal behaviors

Although the chair evaluates potential candidates with respect to university and program admission, they are not formally awarded “candidacy” until after their Stage 1 review. CACREP requires that applicants be considered based on 1) relevance of career goals, 2) aptitude for graduate-level study, 3) potential success for forming effective counseling relationships, and 4) respect for cultural differences. As part of the consideration for their Stage 1 review, the CACREP requirements are reviewed in the following assessments

- 1) Relevance of career goals: students submit a candidacy paper describing their career goals
- 2) Aptitude for graduate-level study: GPA is reviewed as well as disposition assessments in classes
- 3) Potential success for forming effective counseling relationships: disposition assessments in classes
- 4) Respect for cultural differences: also reflected in the candidacy paper

These areas are also reflected in the outcomes assessment data presented later in the program review.

c. Faculty

See the required tables in the Appendix for a summary of faculty teaching from Summer 2018 to Spring 2019. As all faculty teach in Counseling part-time, faculty were separated into core full-time faculty versus non-core categories. There are a total of 5 core faculty who in 2018-2019 assumed responsibility for program administration. Three core faculty (Adams, Deptula, Krell) are full-time tenured/tenure-track professors. One core faculty (Hancock) is an adjunct instructor (retired from full-time tenured) who also serves as the CAGS advisor. Another core faculty (Culver) has a appointed position in psychological sciences this year.

There are 9 additional faculty members teaching in the clinical mental health program. One faculty member (Ryan) is a tenure-track member of Behavioral Sciences but does not have any core curriculum responsibilities. Three counseling adjunct faculty members are also FSU staff members. Robert Hynes and Lauren O’Brien serve as Director and Assistant Director of the FSU Counseling center respectively. Lynn D’Agostino serves as the Field Placement and Partnership Coordinator for the FSU Education Unit. The other faculty members have strong connections to

the community including Devereaux Advanced Behavioral Health, LUK, Community Health Link, Boylston Schools, and Johnny Appleseed school. Across all faculty, 71% have terminal degrees. Service includes being a past member of the MA Board of Allied Mental Health and Human Services professionals, Human Rights Core Committee for Seven Hills Foundation, serving on journal editorial boards, and serving as President of NARACES, the local association for counselor education.

Looking at the table, it is clear that the counseling faculty are experienced; many adjunct faculty members have taught at FSU for more than 18 years. However, a significant area of concern is the noticeable lack of ethnicity diversity among the core as well as the non-core faculty members.

d. Staff Support

Gail Feckley is the administrative assistant who is assigned to all of Behavioral Science, including Counseling, Criminal Justice, Human Services, and Sociology. Ms. Feckley's responsibilities to the Counseling program include adding courses into EMS, handling the budget and financial transactions, generating stage review letters for the mental health students, taking minutes at the meetings, and assisting students as needed (granting overrides, assisting with registration, etc.).

e. Resources

GCE provides \$1500 in teaching materials for the program as well as \$1000 for supervision travel. Due to the number of students, number of site visits, and need for supervision in multiple courses, \$1000 has not been sufficient to cover those costs (\$1576 in 2017-2018). Teaching material funds were used to cover the over-run and a request to re-evaluate these numbers was made to GCE in Spring 2018.

The program uses the clinical meeting rooms which have both video equipment as well as one-way mirrors to conduct live observation of counseling sessions. Multiple classes use these rooms (e.g., COUN 7030, 8130, 8901). The program stores licensure and testing materials in locked cabinets in the McKay adjunct space.

2. Program processes

This section details information about the Clinical Mental Health program's curriculum and the overall structure of the program.

a. Curriculum

Curriculum development is the responsibility of the core counseling faculty, which currently consists of Dr. Adams, Dr. Deptula, Dr. Hancock, Dr. Krell, and Dr. Culver. The committee meets once per month and discusses curriculum issue as well as conducts student reviews (see section 2b below).

Recent changes already discussed included changing the prefixes of the courses for better alignment with CACREP and course adjustments to accommodate an accelerated program. In addition, the field experiences of the courses were adjusted to better match other institutions. In the past, field experiences were attached to COUN 8300 Psychology Testing for students to obtain experience with testing and COUN 8130 Psychopathology I for students to obtain experience with diagnosis. However, students were increasingly having problems locating sites that allowed them to get this experience with licensure-approved supervisors. As a result, 100 hours were concentrated in COUN 8901 – Counseling Techniques and Case Analysis to better match licensure regulations and a second field experience of 50 hours was added to Psychopathology II, focusing on treatment which was a better match for the opportunities for students in the field.

As previously stated, the Master's program is a 60 credit degree. All courses are required, including 12 semester hours of internship. There are no minors or certificate programs. Courses are primarily delivered at night, with one course delivered online (COUN 8030) and three others delivered in a hybrid format (COUN 7010, 8215, 8710). All hybrid/online courses are taught by full-time core faculty. There are also no electives.

Prerequisites for program admission consist of a course in developmental psychology and a course in statistics. See the appendix for rotations of courses. The specific courses are as follows:

Stage I

COUN 7010 - Counseling Theories

COUN 7030 - Introduction to Professional Counseling: Issues & Skills

Stage II

COUN 7005 - Professional Practice, Standards and Ethics: Mental Health and Family Counseling

COUN 8015 - Research and Program Evaluation

COUN 8030 - Life Span Development

COUN 8130 - Psychopathology I: Diagnosis and Assessment

COUN 8132 - Psychopathology II: Treatment Planning and Outcome

COUN 8140 - Alcohol Abuse and Other Addictive Disorders

COUN 8190 - Social and Cultural Foundations: Issues in Counseling

COUN 8215 - Lifestyles and Career Development

COUN 8300 - Psychological Testing and Assessment: Theory and Practice

COUN 8625 - Crisis Intervention for Counselors

COUN 8700 - Group Work and Leadership in Mental Health Counseling

COUN 8710 - Family and Systems: Models and Interventions

COUN 8901 - Counseling Techniques and Case Analysis: Mental Health Counseling and Practicum

Stage III

COUN 9090 - Internship in Mental Health Counseling

Total for Degree 60 cr.

Eligibility for Field Experience

Eligibility for field experience classes (COUN 8132 - Psychopathology II: Treatment Planning and Outcome; COUN 8901 - Counseling Techniques and Case Analysis: Mental Health Counseling and Practicum) requires admission to the MS in Counseling program.

Eligibility for Internship

Eligibility for COUN 9062 - Internship in Counseling (3 cr.); COUN 9075 - Internship in Counseling (6 cr.), COUN 9085 - Practicum in School Counseling or COUN 9090 - Internship in Mental Health Counseling—Stage III of the program is determined by the Behavioral Science Committee on Graduate Programs based on: Candidacy, a grade point average of at least 3.0 in Stage I and Stage II courses, Stage I and Stage II courses completed, Overall GPA of 3.25, Demonstration of effective written and oral communication skills, Demonstration of competent interpersonal skills, Demonstration of competent personal and appropriate ethical behavior.

b. Students

Learning expectations and learning supports

As previously described, students are expected to maintain an overall GPA of a 3.25 as well as earn a score of at least 3.0 in each class. Student progress through the program is monitored by their advisor, which is Dr. Deptula for all Master's students and Dr. Hancock for all CAGS students. Students are reviewed during at least 3 points during their program. In addition, stage reviews can be initiated by the advisor at any time when there is concern about a student. Faculty (full-time and/or adjunct) are also encouraged to submit written disposition assessments for students for which there is concern. The purpose of this process is to allow students to have early information about any concerns about their suitability for clinical work, before placement in internship. This monitoring is a key part of the counseling program as it is important to both allow the student, in certain circumstances, the opportunity remediate as well as protect the vulnerability populations the students may be working with in the future.

Stage I review: This review occurs after the completion of COUN 7010 Counseling Theories and COUN 7030 Introduction to Professional Counseling. Disposition ratings are obtained from the professors in these classes and the student's progress is discussed at a Counseling faculty meeting. Students who do not meet the requirements may be more closely monitored, may have their Stage I review postponed for more information, may be asked to repeat courses, or may be dismissed from the program. Depending on the circumstances, the committee may ask the students to attend the meeting to answer questions or submit written work to be considered by the committee.

Stage 2 review: This review happens in the Spring semester before the student starts Internship in the Fall. Students must pass this review in order to be placed in the internship class. Students' grades, overall performance and field supervisor ratings are considered.

Stage 3 review: This review happens before graduation. Students' progress and success in their internship is evaluated.

c. Faculty

There are 3 full-time core Counseling faculty (Christopher Adams, Daneen Deptula, and Megan Krell) who are involved in the curriculum and student monitoring in the program. The CAGS advisor (John Hancock) also serves as a core faculty member. For 2018-2019, Henry Culver, who has one-year adjunct appointment to Psychological Sciences and teaches in the Graduate Counseling program has also been serving as a core faculty member. There are no faculty members who are allocated to the Counseling program full-time. CACREP requires that 50% of course sections be taught by full-time core faculty members meeting either degree requirements (CACREP Doctoral program) or grandfathering requirements. For the 2018-2019 year (Summer 2018 – Spring 2019), there are 26 sections of courses

being offered, which means that at least 13 would need to be covered by core faculty members. We believe that only Dr. Krell has the potential to meet CACREP requirements.

Daneen Deptula serves as chair, is a member of the Psychological Services department, has one course release per year for Counseling program administration and serving as program advisor, and typically teaches one Counseling course per semester as part of load. She teaches one summer Counseling course as well.

Megan Krell serves as the internship supervisor for Counseling and for Human Services and Sociology, is a member of the Behavioral Sciences department, receives one course release per semester for coordinating the internships, and typically teaches one Counseling course per semester as part of load. She additionally teaches three Counseling courses per year (Spring, Summer I, Summer II) as overload.

Chris Adams is a member of the curriculum committee and is a member of the Psychological Sciences department. He typically teaches one Counseling course per semester (Fall, Spring) as overload.

Additional non-core but full-time clinical mental health faculty include Kori Ryan, member of Behavioral Sciences who teaches one to two courses per year as overload. John Hancock, who retired in 2017, is no longer full-time but continues to teach in the program (2-3 courses per year) and continues to serve as the CAGS advisor. Dr. Culver teaches 3 courses per semester as part of a temporary psychological sciences appointment and teaches approximately 4 counseling courses per year. Three FSU staff members (Robert Hynes, Lauren O'Brien, and Lynn D'Agostino) also teach in the program.

Faculty have the opportunity to be involved in a wide range of development activities. All the faculty (adjunct and full-time) are welcome to the meetings and workshops offered through the Center for Teaching and Learning. Graduate and Continuing Education offers an evening workshop geared specifically for faculty teaching in their program. This meeting, which is held biennially, also offers the faculty the opportunity to meet together.

3. Program outcomes

This section details the clinical mental health's program assessment of the overall program as well as individual student outcomes.

a. Program

Students who graduate from the Clinical Mental Health program are eligible for licensure after successfully passing the National Clinical Mental Health Examination (NCMHCE) offered by the National Board for Certified Counselors as well as completing two years (3360 hours) of supervised post-masters experience. Unfortunately, the MA licensure board and NBCC have not authorized the release of licensure data despite multiple requests over the years from Massachusetts counselor training programs.

While certainly not complete, some information can be gleaned through LinkedIn. Of the 27 graduates included in the assessment data below, profiles were found for 13 alumni. Of those found, 85% were working in the field, mostly local mental services agencies such as the Bridge, YOU Inc., Community Health Link, NFI Massachusetts, Spectrum Health, the Counseling and Assessment Clinic in Fitchburg, Tara Vista Behavioral Health, and LUK.

In addition, at the completion of the student's internship, supervisors were asked if they would recommend employment at their agency for the student as a counselor. Of the 27 (of 28) supervisors who answered this question, 100% responded they would recommend the student for employment.

No graduate rating or alumni data was available from the OIRP office.

b. Student

Learning Outcomes

This program report will review both the CACREP learning outcomes as well as those specific to the FSU program. At this time, 8 of the 11 CACREP learning outcomes are being assessed in the program.

CACREP outcomes. For all programs, CACREP requires the assessment of 8 common core areas. In addition, clinical mental health programs are required to assess an additional 4 areas. The assessment must target one of several possibilities detailed for each area. Assessment of student learning must occur across multiple points in time, but not specifically for each area. The CACREP areas to be assessed are as follows:

Common core:

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
8. Research and Program Evaluation

Clinical Mental Health:

1. Foundations
2. Contextual Dimensions
3. Practice

FSU outcomes. In addition to the licensure requirements, the Counseling program has adopted the learning outcomes of the Education Unit Conceptual Framework, and focused on the “Counselor as Reflective Leader” at its center. Candidates who complete the Clinical Mental Health program are **knowledgeable, skillful, caring** and **ethical**. This individual **knows** the subject matter that he or she delivers, is **skilled** in making decisions about the most effective intervention method to use when with diverse clients, makes decisions based upon sound **ethical** behavior, and demonstrates **caring** for his or her clients through commitment to both the clients, and the profession. The CACREP outcomes overlap in many ways with the knowledgeable component of the FSU outcomes. In summary, the FSU outcomes are:

- 1) demonstration of effective counseling skills,
- 2) engagement in professional behavior
- 3) displaying caring for clients
- 4) demonstration of effective oral and written communication skills.

Description of Assessment Measures. The program utilizes multiple types of assessments through the program. Some assessments are utilized as part of the Stage review process. Others are used to evaluate the program itself. A description of each is provided below.

- 1) Disposition Assessments (Stages 1, 2, and 3): These measures are shared with the school counseling program and are similar to those used by the rest of the Education Unit. They reflect the core areas of the program’s learning outcomes including being knowledgeable, skillful, caring, and ethical. They also reflect areas of professionalism in the field. They are completed by faculty members in COUN 7010 and 7030. They are completed by field supervisors in pre-internship field experiences. Prior to Fall 2016, students completed 100 hours total across pre-internship field placements in 3 courses (Psychopathology I, Testing, and Case). From Fall 2016 forward they completed 150 pre-internship field experiences in 2 courses (Psychopathology II and Case). Disposition assessments are collected at 3 time-

points from internship supervisors. Internship faculty may also provide disposition assessments.

- 2) Clinical Skills rubric (Stages 1, 2, and 3) which is currently in pilot-testing: This measure is used across multiple courses in the program (Stage 1: COUN 7010; Stage 2: 8710 and 8130; Stage 3: internship). In Stage 1 and 2 courses, they are used in class role-plays. For internship, they are based on an actual interaction with a client. Students are assessed with regards to skills such as pacing, interventions, vocabulary, rapport, and other clinical skills. The rubric is completed by university faculty.
- 3) Candidacy paper rubric (Stage 1): Students complete a written product in COUN 7010 which details how their background will help them develop counseling relationships, their approach to diversity issues, their intended clinical population, and discuss their theoretical orientation. The rubric is completed by the faculty member in COUN 7010 and assessed these areas as well as written communication skills. This rubric was just developed this year, which is why we only have data on 5 students.
- 4) Counseling theories test scores (Stage 1): A consistent set of questions are asked as part of a larger pool of questions for the midterm and final exam in COUN 7010. These questions ask students to differentiate different counseling theories. The scores for each of these tests are used for this assessment measure.
- 5) Psychopathology Diagnosis Role-play (Stage 2): Students complete a role-play in which they are required to pose questions designed to show their understanding of differential diagnosis. Part of the assessment rates their questioning skills, and is completed by their university faculty member.
- 6) Counselor Work Sample (Stage 3): Students complete a work product which details their interactions with a client in terms of setting counseling goals and objectives, developing an assessment plan, determining outcomes and analysis, and conducting reflection and self-evaluation. The faculty member supervising the students' internship completes a rubric based on this work product. It is shared across sections of internship.
- 7) Internship Evaluation (Stage 3): This measure is completed by the internship student's external supervisor. Key areas include the student's counseling skills, assessment and appraisal skills, information skills, general communication, and professional skills. Although this is collected at two time periods during internship, this report will focus on the final assessment conducted at the end of the internship.

Summary of Findings

Due to the small sample sizes, the data is not divided by years but does include all current students in the program as well as complete student data from those who graduated in 2015-

2017, became inactive, or were dismissed in the past 3 years. As a result, some data is from as early as 2012 but most data falls within the 2014-2018 time frame.

A. CACREP Learning Outcomes

1. Professional Counseling Orientation and Ethical Practice

Area selected to be assessed: *Ethical standards of professional counseling organization and credentialing bodies, and application of ethical and legal considerations in professional Counseling*

Assessments:

- a) Stage 1: Candidate Disposition Items 5 (follows the ethics of the field) and 6 (demonstrates clear understanding of legal and moral obligations of the profession, mandated reporting responsibilities, and organizational rules and procedures).
- b) Completed by faculty in Introduction to Professional Counseling.
- c) Stage 2: Candidate Disposition Items 5 (follows the ethics of the field) and 6 (demonstrates clear understanding of legal and moral obligations of the profession, mandated reporting responsibilities, and organizational rules and procedures).
Completed by site supervisors in pre-internship classes
- d) Stage 3: CWS Item 17 (respecting client/student confidentiality) completed by faculty based on work sample; Internship evaluation Item 15 (respect client's confidentiality) and Item 36 (Able to operate in a legal and ethical fashion in interactions with clients, colleagues, and others) completed by internship supervisor; Candidate Disposition Items 5 (follows the ethics of the field) and 6 (demonstrates clear understanding of legal and moral obligations of the profession, mandated reporting responsibilities, and organizational rules and procedures) completed by internship supervisor.

	Stage 1		Stage 2		Stage 3	
Disposition Assessments (Target for meeting standard is a rating of proficient; 3 on a 4 point scale)						
5. Follows the ethics of the field (e.g., exercises confidentiality, respect for intellectual property of others, and mandated reporting, etc.)	3.09/4 (N = 44)	100% Rating as meeting standard	3.63/4 (N = 85)	100% Rating as meeting standard	3.80/4 (N = 28)	100% Rating as meeting standard
6. Shows appropriate attitude towards agency/school goals, services, and purpose	3.03/4 (N = 34)	100% Rating as meeting standard	3.29/4 (N = 58)	100% Rating as meeting standard	3.48/4 (N = 26)	100% Rating as meeting standard
Counselor Work Sample (Target for meeting standard is a rating of meets standard; 2 on a 3 point scale)						
17. Respect client/student confidentiality					2.87/3 (N = 23)	100% Rating as meeting standard
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)						
15. Respect clients' confidentiality					4.82/5 (N = 28)	100% Rating as meeting standard
36. Able to operate in a legal and ethical fashion in interactions with clients, colleagues, and others					4.68/5 (N = 28)	100% Rating as meeting standard

2. Social and Cultural Diversity

Area selected to be assessed: *Multicultural counseling competencies*

Assessments:

- a) Stage 1: Candidate Disposition Items Candidate Disposition Item 7 (demonstrates respect for human diversity, community, and cultural perspectives). Completed by faculty in Introduction to Professional Counseling and Counseling Theories. Item 3 in Candidacy Paper Rubric (Respect for Cultural Differences) as assessed by faculty based on written paper. Clinical Skills Item 12 (culturally appropriate: did the counselor provide culturally appropriate counseling) completed by faculty in Counseling Theories during student role-plays.
- b) Stage 2: Candidate Disposition Item 7 (demonstrates respect for human diversity, community, and cultural perspectives). Completed by site supervisors in pre-internship classes. Clinical Skills Item 12 (culturally appropriate: did the counselor provide culturally appropriate counseling) completed by faculty during student role-plays.

- c) Stage 3: Internship evaluation Item 16 (demonstrate awareness of clients' social and cultural background and their implications for the therapeutic relationship) completed by internship supervisor; Candidate Disposition Item 7 (demonstrates respect for human diversity, community, and cultural perspectives) completed by internship supervisor. Clinical Skills Item 12 (culturally appropriate: did the counselor provide culturally appropriate counseling) completed by faculty based on a taped session with a client.

	Stage 1		Stage 2		Stage 3	
Disposition Assessments (Target for meeting standard is a rating of proficient; 3 on a 4 point scale)						
7. Demonstrates respect for human diversity, community, and cultural perspectives	3.26/4 (N = 125)	100% Rating as meeting standard	3.61/4 (N = 86)	100% Rating as meeting standard	3.80/4 (N = 28)	100% Rating as meeting standard
Candidacy Paper Rubric (Target for meeting standard is a rating of meets expectations; 2 on a 3 point scale)						
3. Respect for Cultural Differences	2.2/3 (N = 5)	80% Rating as meeting standard				
Clinical Skills Rubric (Target for meeting standard is a rating of 3 on a 5 point scale)						
12. Culturally appropriate: Did the counselor provide culturally appropriate counseling?	3.65/5 (N = 23)	65% Rating as meeting standard	3.46/5 (N = 13)	30% Rating as meeting standard	4.77/5 (N = 23)	100% Rating as meeting standard
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)						
16. Demonstrate Awareness of clients' social and cultural background and their implications for the therapeutic relationship					4.54/5 (N = 27)	96% Rating as meeting standard

3. Human Growth and Development

This area is not currently assessed. Discussion on possible assessments have begun with the faculty member (Dr. Krell) teaching the course, and will be pursued if the program pursues CACREP.

4. Career Development

This area is not currently assessed. Discussion on possible assessments have begun with the faculty member (Dr. Adams) teaching the course, and will be pursued if the program pursues CACREP.

5. Counseling and Helping Relationships

Area selected to be assessed: *Theories and models of counseling*

Assessments:

- a) Stage 1: Scores on specific questions on the Counseling Theories midterm and final exam requiring students to differentiate the different theories of counseling
- b) Stage 3: Internship evaluation Item 12 (considers various approaches and their relevance) completed by the internship supervisor.

	Stage 1		Stage 2		Stage 3	
Counseling Theories Test (Target for meeting standard is 2 of 3 questions correct)						
Midterm (3 questions)	2.21/3 (N = 24)	79% Rating as meeting standard				
Final exam (2 -3 questions/scaled)	2.24/3 (N = 20)	80% Rating as meeting standard				
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)						
12. Considers various approaches and their relevance					4.5/5 (N = 28)	96% Rating as meeting standard

6. Group Counseling and Group Work

This area is not currently assessed. Discussion on possible assessments have begun with the faculty member (Dr. Hancock) teaching the course, and will be pursued if the program pursues CACREP.

7. Assessment and Testing.

Area selected to be assessed: *Use of assessments for diagnostic and intervention planning purposes*

Assessments:

- a) Stage 3: Internship evaluation Item 19 (able to utilize appropriate sources of data and information) and 20 (able to integrate and analyze clients' data/information) completed by the internship supervisor. CWS Item 6 (Assessment Strategies include behaviors being assessed, baseline behavior targeted with dates for review,

assessment along the way and at the end of the intervention) completed by faculty based on work sample.

	Stage 1	Stage 2	Stage 3		
Counselor Work Sample (Target for meeting standard is a rating of meets standard; 2 on a 3 point scale)					
6. Assessment Strategies include behaviors being assessed, baseline behavior targeted with dates for review, assessment along the way and at the end of the intervention				2.85/3 (N = 20)	100% Rating as meeting standard
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)					
19. Able to utilize appropriate sources of data and information				4.55/5 (N = 27)	100% Rating as meeting standard
20. Able to integrate and analyze clients' data/information				4.46/5 (N = 26)	100% Rating as meeting standard

8. Research and Program Evaluation

Area selected to be assessed: *Evaluation of counseling interventions and programs*

Assessments:

- a) Stage 3: Internship evaluation Item 24 (able to conduct on-going assessment, utilize new information and conduct follow-up) completed by the internship supervisor. CWS Item 10 (Use of assessment data to track client/student behavioral changes) and CWS Item 11 (use of assessment data to communicate with client/student) completed by faculty based on work sample.

	Stage 1		Stage 2		Stage 3	
Counselor Work Sample (Target for meeting standard is a rating of meets standard; 2 on a 3 point scale)						
10. Use of assessment data to track client/student behavioral changes					2.69/3 (N = 21)	100% Rating as meeting standard
11. Use of assessment data to communicate with client/student					2.65/3 (N = 21)	95% Rating as meeting standard
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)						
24. Able to conduct on-going assessment, utilize new information and conduct follow-up					4.58/5 (N = 26)	100% Rating as meeting standard

C1. Foundations

Area selected to be assessed: *Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning*

Assessments:

- a) Stage 3: Internship evaluation Item 9 (able to organize and conceptualize case materials) and item 10 (recognizes implications of case materials) completed by the internship supervisor. CWS Item 2 (notes contextual factors such as client/student-counselor interactions, environmental factors, individual needs, and differences).

	Stage 1		Stage 2		Stage 3	
Counselor Work Sample (Target for meeting standard is a rating of meets standard; 2 on a 3 point scale)						
2. Notes contextual factors such as client/student counselor interactions, environmental factors, individual needs, and differences					2.91/3 (N = 22)	100% Rating as meeting standard
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)						
9. Able to organize and conceptualize case materials					4.54/5 (N = 28)	100% Rating as meeting standard
10. Recognizing implications of case materials					4.48/5 (N = 28)	100% Rating as meeting standard

C2. Contextual Dimensions

Area selected to be assessed: *Diagnosis processes, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classifications of Diseases (ICD)*

Assessments:

- a) Stage 2: Scores in Diagnosis role-play in Psychopathology I as rated by the faculty member.
- b) Stage 3: Internship evaluation Item 21 (able to utilize the DSM or similar diagnosis tool) as completed by the internship supervisor.

	Stage 1		Stage 2		Stage 3	
Psychopathology Role-Play (Target for meeting standard is a rating of at least 17 out of 20)						
Diagnosis questions in Psychopathology role-play			18.14/20 (N = 25)	84% Rating as meeting standard		
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)						
21. Able to utilize the DSM or similar diagnosis tool					4.46/5 (N = 26)	100% Rating as meeting standard

C3. Contextual Dimensions

Area selected to be assessed: *Techniques and interventions for prevention and treatment of a broad range of mental health issues*

Assessments:

- a) Stage 1: Clinical Skills Item 4 (Interventions: How well did the counselor employ appropriate interventions for the client and their problem) completed by faculty in Counseling Theories
- b) Stage 2: Clinical Skills Item 4 (Interventions: How well did the counselor employ appropriate interventions for the client and their problem) completed by faculty in during student role-plays.
- c) Stage 3: Internship evaluation Item 22 (able to formulate treatment goals and plans) as completed by the internship supervisor. Clinical Skills Item 4 (Interventions: How well did the counselor employ appropriate interventions for the client and their

problem) completed by faculty for taped sessions with clients.

	Stage 1		Stage 2		Stage 3	
Clinical Skills Rubric (Target for meeting standard is a rating of 3 on a 5 point scale)						
4. How well do the counselor employ appropriate interventions for the client and their problem	3.58/5 (N = 26)	54% Rating as meeting standard	3.46/5 (N = 13)	30% Rating as meeting standard	4.43/5 (N = 14)	93% Rating as meeting standard
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)						
22. Able to formulate treatment goals and plans					4.57/5 (N = 28)	100% Rating as meeting standard

Impressions based on the CACREP learning outcome data:

- 1) For CACREP, 9 of the 12 learning outcomes are already being assessed within the existing assessment plan. Because these items are heavily knowledge-based, most CACREP programs utilize the Counselor Preparation Comprehensive Examination to provide data for these knowledge-based learning outcomes. This is an assessment that we should consider instituting for the future if the program moves for CACREP accreditation. However, it would still be necessary to show assessment across the program, which the current assessment program does achieve.
- 2) The data provided at Stage 3 (graduation) and by outside supervisors appears to reflect very favorability on our students and our program. For the vast majority of the measures, 100% of our students are meeting standards.
- 3) The data also generally shows improvement across the stages, providing evidence of change over time.
- 4) There is one measure that does seem out of alignment with the rest, which is the new clinical skills rubric which is currently in pilot testing. Faculty need to further discuss this item, and come to a consensus as to how to score items that are not clearly represented in the experience. In addition, the measure still needs to have each of the rating areas defined. Further developing this scale could have significant benefits as it appears to meet many learning outcomes.

B. FSU Learning outcomes

As previously noted, the CACREP learning outcomes are generally focused on knowledge in the field. It also covers ethical behaviors/knowledge and sensitivity to cultural diversity. The FSU

counseling program also has learning outcomes reflecting 1) demonstration of effective counseling skills, 2) engaging in professional behavior 3) displaying caring for clients and 4) demonstration of communication skills. Data for these outcomes can be found across the assessment measures. Although there is some overlap with earlier data, only new items are reported here.

1) Students will demonstrate effective counseling skills

	Stage 1		Stage 2		Stage 3	
Clinical Skills Rubric (Target for meeting standard is a rating of 3 on a 5 point scale)						
1. Opening: Was the beginning of the session appropriately structured?	4.11/5 (N = 18)	83% Rating as meeting standard	3.86/5 (N = 14)	71% Rating as meeting standard	4.75/5 (N = 8)	100% Rating as meeting standard
3. Pacing: How well paced was the session?	3.5/5 (N = 26)	62% Rating as meeting standard	4.29/5 (N = 14)	71% Rating as meeting standard	4.35/5 (N = 14)	93% Rating as meeting standard
5. Vocabulary level: Was the vocabulary used by the counselor appropriate for the person being counseled?	3.62/5 (N = 26)	62% Rating as meeting standard	4.21/5 (N = 14)	71% Rating as meeting standard	4.85/5 (N = 13)	100% Rating as meeting standard
6. Closing: Was time allowed for summation? Was the stage set for the next session?	N/A	N/A	4.25/5 (N = 8)	75% Rating as meeting standard	4.75/5 (N = 8)	100% Rating as meeting standard
7. Preparedness: Was the counselor appropriate prepared for the session?	3.85/5 (N = 26)	62% Rating as meeting standard	3.79/5 (N = 14)	50% Rating as meeting standard	4.92/5 (N = 14)	100% Rating as meeting standard
11. Did the session appear conducive to therapeutic change?	3.38/5 (N = 26)	35% Rating as meeting standard	4.54/5 (N = 13)	85% Rating as meeting standard	4.36/5 (N = 14)	93% Rating as meeting standard
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)						
1. Able to conduct an interview effectively					4.54/5 (N = 28)	100% Rating as meeting standard
5. Focuses on the content or problem					4.57/5 (N = 28)	96% Rating as meeting standard
14. Maintains an awareness of the clients' readiness to change					4.57/5 (N = 28)	96% Rating as meeting standard
18. Able to utilize appropriate data and information methods					4.59/5 (N = 27)	100% Rating as meeting

						standard
26. Able to help clients and others accumulate, integrate, and interpret information pertinent to expressed needs					4.54/5 (N = 28)	96% Rating as meeting standard
28. Able to make reasonable and effective referrals					4.52/5 (N = 28)	96% Rating as meeting standard

2) Students will engage in professional behavior

	Stage 1		Stage 2		Stage 3	
Disposition Assessments (Target for meeting standard is a rating of proficient; 3 on a 4 point scale)						
2. Demonstrates preparedness for course work and/or field work	3.24/4 (N = 130)	96% Rating as meeting standard	3.43/4 (N = 88)	97% Rating as meeting standard	3.78/4 (N = 25)	96% Rating as meeting standard
3. Interacts with others in a thoughtful and considerate manner	3.17/4 (N = 131)	98% Rating as meeting standard	3.64/4 (N = 89)	100% Rating as meeting standard	3.75/4 (N = 26)	96% Rating as meeting standard
4. Reflects on his/her work, behavior and/or practice	3.26/4 (N = 121)	98% Rating as meeting standard	3.56/4 (N = 84)	98% Rating as meeting standard	3.73/4 (N = 26)	92% Rating as meeting standard
9. Meets all delegated obligations	3.24/4 (N = 131)	93% Rating as meeting standard	3.64/4 (N = 88)	97% Rating as meeting standard	3.77/4 (N = 26)	100% Rating as meeting standard
10. Demonstrates professional demeanor and a passion for counseling	3.21/4 (N = 131)	98% Rating as meeting standard	3.73/4 (N = 88)	98% Rating as meeting standard	3.87/4 (N = 26)	96% Rating as meeting standard
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)						
34. Personal appearance					4.68/5 (N = 28)	100% Rating as meeting standard
35. Able to maintain appropriate boundaries					4.71/5 (N = 28)	100% Rating as meeting standard
37. Ability to be honest and accurate in self-evaluation					4.64/5 (N = 28)	100% Rating as meeting standard
38. Openness to growth and learning					4.75/5 (N = 28)	100% Rating as meeting standard

3) Students will display caring for others

	Stage 1		Stage 2		Stage 3	
Disposition Assessments (Target for meeting standard is a rating of proficient; 3 on a 4 point scale)						
8. Demonstrates respect for clients/students differences and shows empathy when working with clients/students	3.24/4 (N = 131)	92% Rating as meeting standard	3.64/4 (N = 88)	97% Rating as meeting standard	3.85/4 (N = 26)	100% Rating as meeting standard
Candidacy Paper Rubric (Target for meeting standard is a rating of meets expectations; 2 on a 3 point scale)						
2. Potential success in forming effective counseling relationships	2.2/3 (N = 5)	92% Rating as meeting standard				
Clinical Skills Rubric (Target for meeting standard is a rating of 3 on a 5 point scale)						
2. Reflection of feelings: Did the counseling reflect and react to feelings appropriately?	3.38/5 (N = 26)	46% Rating as meeting standard	3.64/5 (N = 14)	50% Rating as meeting standard	4.64/5 (N = 13)	93% Rating as meeting standard
8. Rapport: Did the counselor establish rapport with the counselee, setting the stage for a productive meeting?	3.34/5 (N = 26)	42% Rating as meeting standard	4.29/5 (N = 14)	79% Rating as meeting standard	4.92/5 (N = 12)	100% Rating as meeting standard
9. Counseling Relationship: Was a counseling relationship conducive for productive counseling?	3.46/5 (N = 26)	54% Rating as meeting standard	4.42/5 (N = 14)	79% Rating as meeting standard	4.78/5 (N = 14)	100% Rating as meeting standard
10. Acceptance: Was the counselor accepting of the counselee's emotions and expressed thoughts?	3.54 (N = 26)	54% Rating as meeting standard	4.79 (N = 14)	100% Rating as meeting standard	4.86/5 (N = 14)	100% Rating as meeting standard
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)						
2. Demonstrates sensitivity to client					4.71/5 (N = 28)	100% Rating as meeting standard
4. Focuses on clients as persons of worth					4.71/5 (N = 28)	100% Rating as meeting standard
6. Initiates a working relationship					4.78/5 (N = 28)	100% Rating as meeting standard
7. Communicates understanding and acceptance					4.68/5 (N = 28)	100% Rating as meeting standard

4) Students will demonstrate effective written and oral communication skills

	Stage 1		Stage 2		Stage 3	
Disposition Assessments (Target for meeting standard is a rating of proficient; 3 on a 4 point scale)						
1. Communicates effectively in speech and in writing	3.35/4 (N = 131)	95% Rating as meeting standard	3.56/4 (N = 88)	98% Rating as meeting standard	3.71/4 (N = 26)	96% Rating as meeting standard
Candidacy Paper Rubric (Target for meeting standard is a rating of meets expectations; 2 on a 3 point scale)						
4. Written Communication	2.2/3 (N = 5)	92% Rating as meeting standard				
Clinical Skills Rubric (Target for meeting standard is a rating of 3 on a 5 point scale)						
13. Presentation to the class: Was the presentation to the class appropriate and thoughtfully prepared?	N/A	N/A	N/A	N/A	4.79/5 (N = 14)	100% Rating as meeting standard
Internship Evaluation (Target for meeting standard is a rating of competent, 4 on a 5 point scale)						
19. Able to convey information orally					4.56/5 (N = 27)	100% Rating as meeting standard
20. Able to convey information in written form					4.46/5 (N = 26)	96% Rating as meeting standard
21. Able to communicate effectively with clients					4.46/5 (N = 26)	100% Rating as meeting standard
22. Able to communicate effectively with colleagues					4.57/5 (N = 28)	96% Rating as meeting standard
22. Able to communicate effectively with supervisor					4.48/5 (N = 27)	96% Rating as meeting standard

Impressions based on the FSU learning outcome data:

- 1) The Counseling program assesses our four additional learning outcomes across multiple time periods, using both faculty and site supervisor raters. Students are assessed on their written work as well as on their clinical skills. Overall, the assessment data appears to comprehensively address the learning outcomes.

- 2) Similar to the CACREP data, the data provided at Stage 3 (graduation) and by outside supervisors appears to reflect very favorability on our students and our program. All of the Stage 3 data shows more than 90% of students meeting the program standard for the individual item.
- 3) Again, the clinical skills rubric seems out of alignment with significantly lower ratings, even of the same students. For instance, 92% of students in Stage 1 were rated as demonstrating sensitivity to others on the disposition assessment, but only 42% successfully developed rapport with the client during the Counseling Theories role-play. One aspect to be discussed by faculty is the appropriateness of this particular role-play. For instance, students may demonstrate classic psychodynamic therapy, which does not require strong rapport with the client. The structure of the assignment may not be appropriate for this rubric.

Ongoing changes made to the program based on assessment data:

As previously discussed, student performance was rated very favorably in the assessment data, particularly by internship supervisors. Improvement in scores was observed from Stage 1 to 3, corresponding in student growth in these skills. No specific student weaknesses were observed.

However, the program has begun to make changes to the clinical skills rubric as a result of this data. As a reminder, this rubric can be applied to either taped sessions with actual clients or role-plays of interactions. Faculty have met to discuss their ratings (i.e., calibration), and differences in approaches have been noted. In particular, faculty need to be more consistent in their ratings when the evidence for a particular domain may not be well-defined. For instance, faculty vary in their approach to rating the item involving culturally appropriate counseling when aspects of culture are not clearly expressed in the session. The program will continue to work on this measure regardless of the decision to move forward with CACREP and this work is listed below in the action plan section. It does appear to be a highly useful assessment device and it is possible that it could identify areas that need further development once it is further refined.

Trend Data:

The five-year average retention rate for students in the program is 78.67%. The four-year graduation rate for master's students ranged from 66.67% in AY 14 to 85.71% in AY 11. There was little difference in the six year graduation rate, suggesting that student drop-out occurs before this time period. Although we do not have formal data as to why students discontinue the program, the most common reason given involves the pull of outside obligations which prohibit them from continuing their schooling.

The graduation rates for CAGS students were lower, ranging from 44.44% in AY 12 to 71.43% in AY 10. This difference could be due to the nature of CAGS students, in which many of them are

fulfilling requirements for licensure and may not be inherently interested in the CAGS degree. As a result, they may be discontinuing their education once they meet their licensure requirements.

Analysis and Action Plan for the Future

1. Comparative strengths and distinctiveness, and areas of improvement across all program levels

A. Faculty. The counseling faculty is comprised of 3 tenured/tenured track full-time faculty members with a demonstrated commitment to cover graduate courses, often in addition to a full undergraduate load of coursework. Two other members make up the committee this year (1 retired, one temporary). Despite being pulled from two different undergraduate programs, the full-time counseling faculty work very well together. The program is also staffed by a solid group of counseling professionals who adjunct in the program. Many of these adjunct faculty have consistently taught in the program (e.g., 18 or more years) which gives the students and the coursework stability from year to year. The strength of the faculty is also supported by student reports of satisfaction with advising (see appendix).

B. Student performance. Overall, the assessment data indicate that site supervisors rate our students highly across multiple program learning outcomes. In particular, the finding that 100% of site supervisors would recommend our students for a position speaks highly of both our students as well as their preparation for the field. As the LinkedIn results suggest that students generally work locally in the field of mental health, Fitchburg State is providing a valuable resource to the community.

C. Enrollment. Another strength is the increasing number of students in the program since 2016 (increasing from 282 seats to 428 seats in 2019), as well as a small increase in Hispanic students (1 in 2014 increasing to 9 in 2018). Preparing counselors with diverse background is important, as the area we are serving is also diverse.

D. Assessment. The program also collects extensive assessment data, across different time periods in the program. Although there has not yet been a directed effort to design assessment measures for CACREP standards, many of these aspects were already being assessed.

In terms of the distinctiveness of the program as well as improvements, the Fitchburg State program includes an additional 50-hour field placement, above and beyond what is required for licensure to better prepare our students for the field and for later practicum experiences. As previously mentioned, areas of improvement have included requiring classes in Crisis and Substance to better prepare students for current trends in the field as well as CACREP requirements. More hybrid/online classes have been added to the curriculum. The social media presence of the program has been strengthened. The physical space of the program has been greatly improved, and the program is now demonstrating a more consistent counseling education identity. Another improvement of the program is the newly launched 2-year accelerated program, which increases program flexibility, allowing students to progress part-time or through the newly launched 2-year accelerated program.

2. Opportunities to extend existing strengths and resources in place or needed

Because many of our graduates have remained local to Fitchburg State, this provides us with an opportunity to develop local partnerships with agencies. One way we would like to build on this strength is to form an advisory board of those working in the field, including both alumni and non-alumni to stay apprised of current needs in the field and how we can strengthen these relationships. More information is provided in the action plan section.

Although the field placement experiences strengthen our students' preparation, they are costly in terms of faculty reimbursement for site visits. As previously mentioned, the program budget has not been sufficient to cover these required site visits.

We would also like to continue to build on the increase in student enrollment, particularly with diverse students. More information is provided in the action plan section.

3. Weaknesses found during self-study

A. Assessment process. Despite the quality of assessment data collected by the program, data entry and analysis is currently time-consuming and cumbersome. The responsibility for data entry needs to be distributed so that more frequently reporting of data is possible. In addition, the clinical skills rubric needs to be refined so that faculty utilize the same interpretation of the different aspects of the measure. This is not unexpected as this measure was only recently launched and it still is in the pilot-testing phase. However, it did demonstrate its usefulness across multiple classes and, in particular, was used for mapping of CACREP learning outcomes.

B. Diversity. The trend data reveal that there is an overall lack of diversity in both the student population as well as the faculty teaching in the program. Notably, faculty lack ethnic diversity. The student population would benefit from more ethnic as well as gender diversity. Although these numbers do represent the problems as a field as a whole (e.g., for gender see this article: <https://www.nytimes.com/2011/05/22/health/22therapists.html? r=1>), it is a concern among faculty.

C. Staffing. As previously noted, the counseling program is staffed mostly by adjunct faculty along with a few full-time faculty members whose primary responsibility is teaching in the undergraduate program. This structure results in a significant strain on faculty and can result in a lack of communication between faculty teaching in the program. We have many wonderful and dedicated adjuncts and it would be beneficial to increase the communication and engagement with this important group of professionals. Although there is a biennial professional development opportunity for GCE faculty (including adjuncts), there has been a noticeable drop-off in adjunct faculty attendance at these events. Current efforts to engage faculty include the chair communicating with faculty over email to see if they need resources or support. More support may be needed, particularly when it

comes to assessment and licensure issues. In addition, full-time faculty do not have the support they need to pursue new initiatives such as new programs or changes.

4. Opportunities for addressing weaknesses

Communication with the assessment office regarding the automating data entry has already begun to utilize Blackboard to input the data into TK20. Although there have been some challenges in getting this process launched, IT and Assessment are working to make this process possible.

Other opportunities for addressing weaknesses include development community partnerships for recruiting as well as providing more opportunities to reach out to faculty. More information is provided in the action plan section.

5. Positioning of the program to address future direction of the discipline in the next five years

As previously discussed, the program meets Massachusetts licensure board requirements for the LMHC license. Though attendance at MARIACES, it does not appear that there will be challenges in the program's ability to prepare students for Massachusetts licensure in the foreseeable future.

However the potential for licensure portability as well as the ability to work with certain populations (e.g., veterans) is an issue without CACREP accreditation. In terms of curriculum, the program is well-positioned to meet CACREP requirements. The program already assesses many of the required CACREP learning outcomes. The internship and practicum hours required by CACREP are also included in the FSU program.

However, the challenge in meeting CACREP, which has been discussed extensively, is the need for full-time faculty members with a counselor-education identity.

With regards to other accreditors, the program meets most of MPCAC requirements except for one curriculum area (biological basis of behavior). As previously noted, MPCAC is not CHEA accredited and this accreditation would not offer any specific benefits (e.g., working at VA) at this time. However, it does not have the requirements of full-time faculty or faculty identity demands. It is unclear what APA's standards would include if they were to pursue accreditation of master's level programs.

6. Action plan for the next five years

Note: For clarity, sections a, b, and c are combined in one section to connect the strategies with the timeline as well as the mechanisms needed to achieve those outcomes. See a description of those headers below.

- a. Key objectives and strategies/actions to achieve each objective
- b. Timeline, with milestones and measurable outcomes to determine progress and measure success

c. Method of achieving objectives

1) Key objective: Strengthen assessment

Strategy 1: Refine clinical skills rubric

- a) The clinical skills rubric will be refined to include descriptors for the categories. The response options will be changed as well as result of faculty discussion
- b) Completed during 2019-2020 year
- c) Megan Krell will complete the first draft and submit it to the graduate curriculum committee. Faculty will begin testing the new version on a volunteer basis across the curriculum.

Strategy 2: Automate assessment

- a) We will continue to work with Merri to enter data into TK20 using Blackboard. There are currently technical/computer issues that are being worked out with the IT office.
- b) Pilot-test completed during 2019-2020 year
- c) Daneen Deptula has offered two classes to be used to pilot-test the process. If the process is successful, this can be rolled out to other classes in upcoming semesters.

2) Key objective: Increase student enrollment, particularly diverse student enrollment

Strategy 1: Work with marketing and GCE to advertise the program

- a) Using the newly scheduled mechanism of monthly check-ins with our department liaison, we will work with Amber to find ways to better market the program to incoming students
- b) To be completed all years
- c) Daneen Deptula will work on this issue with GCE staff.

Strategy 2: Develop community partnerships through advisory board

- a) In fostering relationships with agencies, we may be given more visibility and the opportunity to recruit students from those agencies. We plan to hold an advisory board meeting in the Fall semester (alternating with Spring for school counseling).
- b) Starting in Fall 2019
- c) Daneen Deptula will be responsible for organizing the meetings. All faculty will be encouraged to submit names and will attend the meeting if possible.

3) Key objective: Increase faculty involvement in the program

Strategy 1: Form a faculty focus group for adjunct faculty

- a) Although faculty have not been active in GCE events, it is possible that they would be open to attending counseling-specific meetings. A faculty focus group could allow faculty to share concerns about students, ask questions, and interact with each other.
- b) Interest will be gauged in Fall 2020, with a possible meeting to be held in Spring 2021
- c) If there is interest, Daneen Deptula will be responsible for organizing the meetings.

Strategy 2: Invite tenured/tenure-track faculty to join graduate counseling committee

- a) Due to questions involving CACREP, the committee has held off on asking new hires to become involved in the graduate committee as they would not meet CACREP requirements. However, this has resulted in few faculty involved in the organization and running of the program. As the CACREP process will likely take some time, any new full-time tenured/tenure-track faculty who are teaching part-time in the program will be invited to join the committee.
- b) Starting in Fall 2019
- c) Completed by Daneen Deptula

Strategy 3: Increase full-time teaching in counseling

- a) Although the lack of full-time counseling faculty is a CACREP issue, it is also an independent issue with regards to providing the appropriate level of support to running the program. Assigning full-time faculty and/or increasing the load of faculty teaching in the counseling program could help to elevate this this problem. The program will continue to advocate for full-time faculty and/or increasing the commitment of faculty beyond one course per semester.
- b) Timeline to be determined by administration
- c) Completed by Daneen Deptula and administration

4) Key objective: Address accreditation issue for the program

Strategy 1: Continue discussions with administration regarding pursuing accreditation

- a) Administration and the faculty will continue to explore the feasibility of pursuing accreditation. Ideally, there would be one meeting a semester to discuss this issue.
- b) Starting in Fall 2019
- c) Completed by Daneen Deptula and administration

d. Resources necessary to achieve the plan

Many of these objectives can be achieved with the existing staff and budgetary resources. However, additional funding for food for the focus groups/advisory board would help to foster attendance at

these events. It should also be noted that more funds for supervision travel is also needed (see page 14).

Hiring of full-time or increasing the day graduate teaching load of current full-time faculty would also require resources.

In addition, if CACREP or another accreditation source were pursued, release time would be needed for writing the report and preparing for the process. CACREP standards also require that site supervisors be provided supervision resources which could also require additional resources.

APPENDIX A

Program Review Required Components

1. Student Data (from ORP Office)

Note: CAGS students may pursue either the clinical mental health or school counseling track. Unfortunately, it is not possible to separate them so both groups are reported.

A. New Student Data

	2014	2015	2016	2017	2018
New Enrollment – MS	11	13	15	23	22
New Enrollment – CAGS	5	7	4	6	0

B. Overall Enrollments

	2014	2015	2016	2017	2018
All counseling courses	359	319	282	405	428

Note: These numbers represent all students in counseling, including school counseling

C. Student Enrollment by Race/Ethnicity

	2014	2015	2016	2017	2018
Asian	0	1	0	0	2
Black	3	2	0	1	4
Hispanic	1	2	4	9	9
Two or More	2	0	0	0	0
White	82	79	70	79	84
Unknown	3	3	3	2	2

Note: These numbers represent all students in counseling, including school counseling

D. Student Enrollment by Gender

	2014	2015	2016	2017	2018
Female	71	65	58	78	89
Male	20	22	19	12	12

Note: These numbers represent all students in counseling, including school counseling

E. Retention in the Program

	2014	2015	2016	2017	2018
Retention	82.35%	86.96%	67.86%	69.23%	84.62%

F. Graduation Rates

	2009	2010	2011	2012	2013	2014
4 year Grad Rates (M.S.)	84.21%	85.71%	83.33%	74.07%	73.91%	66.67%

4 year Grad Rates (CAGS)	62.50%	71.43%	64.29%	44.44%	45.45%	60%
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G. Class Size (Calculated by Department)

Class caps range from 10 for classes that require a field experience (as determined by licensure regulations for supervision) to 20. For Fall 2018, the average number of students enrolled in a course that was either clinical mental health or combined clinical mental health/school was: 13.5 per section (n = 8 sections; range = 9 to 21).

2. Academic Advising

As per the GCE contract, academic advising is the responsibility of the chair/coordinator of the program. All master's students (n = 89 for AY 18, including school counseling) are advised by the Graduate Counseling Chair: Daneen Deptula. CAGS students (n = 12) are advised by the CAGS coordinator: John Hancock.

3. Effectiveness of Advising

Prior to this semester, advising data was not collected. In Fall 2018, following the advising period, a survey through Survey Monkey was sent to all counseling students (including school counseling) in the program. A total of 42 students responded in a one week period. The results are below:

1. My advisor is able to meet with me as needed.

Strongly Agree = 56% (n = 23)
 Agree = 34% (n = 14)
 Neither Agree or Disagree = 9.6% (n = 4)

2. I have been able to spend as much time with my advisor as I needed.

Strongly Agree = 36% (n = 15)
 Agree = 55% (n = 23)
 Neither Agree or Disagree = 5% (n = 2)
 Disagree = 5% (n = 2)

3. I feel comfortable reaching out to my advisor with questions.

Strongly Agree = 57% (n = 24)
 Agree = 29% (n = 12)
 Neither Agree or Disagree = 7% (n = 3)
 Disagree = 2% (n = 1)

4. Overall, how would you rate the overall quality of the advising you have received?

Excellent = 43% (*n* = 18)
Very Good = 38% (*n* = 16)
Good = 12% (*n* = 5)
Fair = 5% (*n* = 2)
Poor = 2% (*n* = 1)

4. Integration into the department – clubs, departmental committee representation

There are no clubs as part of the counseling program. A student serves on the counseling graduate committee, attends meetings, and is responsible for representing student concerns. Student representation alternates mental health and school counseling on a yearly basis.

5. After graduation – employment, graduate school

No standardized method exists to track graduate student employment. As noted in the main document, a review of LinkedIn found that 85% of identified graduates were working in the field. The places of employment included: Bridge, YOU Inc., Community Health Link, NFI Massachusetts, Spectrum Health, the Counseling and Assessment Clinic in Fitchburg, Tara Vista Behavioral Health, and LUK.

Demographic Faculty Summary

Note: All faculty members teach part time;
Core faculty are those responsible for program administration

	Core Faculty	Non-core Faculty
Women	2	7
Men	3	2
<i>Ethnicity</i>		
White/Caucasian	5	9
Asian	0	0
Hispanic/Latino	0	0
Black/African American	0	0
American Indian	0	0
International or Other	0	0
<i>Credentials - highest degree held</i>		
Bachelor's Degree	0	0
Master's Degree	0	4
Doctorate	5	5
<i>Experience at FSU</i>		
0-3 years	0	4
4-7 years	0	2
8-11 years	2	0
12-15 years	1	0
16-24 years	0	1
25+ years	2	2

Faculty Credential Table

* indicate member of curriculum committee for 2018-2019

Name	Rank	Type of Appt	FT/PT	Highest Degree	Professional Certs	Day Load	Very Brief Description of Activity		
							Teaching	Scholarship	Service
Chris Adams*	Assoc Prof	T	FT	Ph.D.	Licensed Psychologist, North Carolina	No	Family Therapy, Lifestyles and Career Development	Religion and spirituality in counseling; Counselor training; Career development	Editorial Board for Journal of Counseling & Development, ACA Conference reviewer, past FSU Graduate Council
Daneen Deptula*	Prof	T	FT	Ph.D.	None	1 per semester plus 1 release per year for chair	Counseling Theories, Psychopathology I	Cyberbullying, Bystander behavior, Adolescent sexual activity	Editorial Board for Journal of School Psychology, past FSU Graduate Council
Megan Krell*	Assoc Prof	T	FT	Ph.D.	Approved Clinical Supervisor, National Certified Counselor	1 per semester plus internship coord.	Group Work and Leadership, Lifespan Development, Practicum/ Internship	Supervision mapping, syllabus development, College and career readiness for students with autism	FSU Faculty award for service, President NARACES, Treasurer MA School Counseling Association, ACES Financial Investment Committee, FSU Graduate Council
Henry Culver*	Visit Assoc Prof	NTT	Temp. Appt.	EdD.	Certified Ohio Risk Assessment System Trainer	No	Introduction to Professional Counseling, Crisis Intervention for Counselors	Interpersonal problem solving	2012 Trial Court Excellence Award Winner, past member of the Gardner/Winchen don High Risk Domestic Violence Taskforce
John Hancock*	Visit Prof	NTT (Retired)	PT	Ph.D.	LMHC LCSW	No	Group Work and Leadership, Internship/Practicum	Clinical supervision	CAGS Advisor, Treasurer of MARIASES,

									Human Rights Core Committee for Seven Hills Foundation
Kori Ryan	Asst Prof	TT	FT	Psy.D.	Certified trainer for Municipal Police Training Committee	No	Social and Cultural Foundations: Issues in Counseling; Psychopathology 1: Diagnosis and Assessment	Role of forensic psychology in correctional mental health. Policing and race conscious behavior	Chair of Scientific Committee for the International Assoc of Forensic Mental Health Services, LUK Mentoring Advisory Board Member, Substance Abuse and Beh. Health Working Group for the Community Health Network of North Central Mass
Rob Hynes	Visit Assoc Prof	NTT	PT	Ph.D.	MA Mental Health Counselor	No	Psychopathology II, Research, Couns. Techniques and Case Analysis	Gambling Education, Men/Masculinity, Mental Health of College Students	Director of FSU Counseling Services
Holly Brockmire	Visit Instr	NTT	PT	CAGS	School Psychologist	No	Research		School Psychologist at West Boylston, member of the School Intervention Team, Data Team, and PBIS Leadership Team
Margaret O'Hearn-Curran	Assoc Prof	NTT	PT	Ph.D.	LMHC, Licensed School Counselor, Principal, Special Education Director, School Psychologist. Psychologist	No	Psychological Testing		Principal of Johnny Appleseed, Principal's Advisory Council for Department of Elementary and Secondary Education
Gordon Benson	Visit	NTT	PT	Ph.D.	Licensed Marriage	No	Professional Practice,		Director of

	Instr				and Family Therapist Licensed Psychologist		Standards and Ethics Mental Health and Family Counseling		Special Projects Community Health Link, Past member and Vice-Chair of MA Board of Allied Mental Health and Human Services Professionals, President of MA Association for Marriage and Family Therapy
Lauren O'Brien	Visit Instr	NTT	PT	M.S.	LMHC	No	Counseling Techniq and Case Analysis		Assistant Director FSU Counseling Services
Nadya Abbas	Visit Inst	NTT	PT	CAGS	LMHC, Licensed Alcohol and Drug Counselor	No	Alcohol Abuse and other Addictive Disorders	Understanding and treating addicted youth	Assistant Executive Director at Devereaux Advanced Behavioral Health
Meg Philling	Visit Asst Prof	NTT	PT	Psy.D.		No	Group Work and Leadership		Post doc and clinical case manager at LUK
Lynn D'Agostino	Visit Instr	NTT	PT	M.S.	ESL Teacher	No	Social and Cultural Foundations: Issues in Counseling		Field Placement and Partnership Coordinator for FSU Education Unit

3. Resources

1. Operating Budget

\$1000 for travel (used for supervision travel)

\$1500 for teaching supplies

Office supplies provided through Behavioral Sciences Budget

2. Library

See report still to come from the library. We have met once to discuss the library draft.

3. Space/facilities

Full-time counseling faculty and classes are located on the 2nd floor of McKay. This location has been ideal for students, with the well-lighted parking light being well-suited for the night classes. In addition, the building is well-traveled on Saturdays due to Education classes being offered on those days as well.

The Counseling department shares McKay 224 with the Psychological Science Department as well as Human Services program. This space consists of two rooms which are divided by a one-way mirror. The clinical room has space to be set up as either an individual therapy session or a small group. Projectors aid in the ability of the class to hear the interaction in the other room.

The program also utilizes four large cabinets located in the shared adjunct space. These cabinets are used to store testing equipment, licensure paperwork, and forms for the program.

Adjunct faculty have access to the mail room and copy machine.

4. Equipment/materials

In addition to the clinical rooms detailed above, there are a few shared resources available for faculty. Specifically, testing supplies consist of two WISC kits, the BASC-3 assessments, as well as some historical testing supplies. There is also a DSM video which is shared between faculty and there is some space for shared teaching supplies. However, the courses at the graduate level are specialized such that many of the materials are applicable to just one course. For instance, COUN 8215 Lifestyles and Career Development utilizes career-specific measures that are purchased by the program.

APPENDIX B
Assessment Measures

FITCHBURG STATE UNIVERSITY – GRADUATE COUNSELING PROGRAM
MENTAL HEALTH COUNSELING

INTERNSHIP EVALUATION BY FIELD SITE SUPERVISOR

STUDENT INTERN: _____

FIELD SITE: _____

ADDRESS: _____

FIELD SITE SUPERVISOR: _____

LICENSE #: _____

POSITION OF SITE SUPERVISOR: _____

DATES COVERED BY THIS EVALUATION: _____

This evaluation form is to be completed by the individual who is supervising the student counselor at the Internship Site. Please discuss the evaluation with the student before giving it to the supervising professor at the final on-site evaluation interview.

INSTRUCTIONS:

Please evaluate the Intern on each of the following competencies using the rating scale below.

We recognize that each student is likely to demonstrate unevenness in his or her skill development. We are asking you to reflect those variations in your evaluation.

RATING SCALE

5 – OUTSTANDING
performance.

A rating of “5” is reserved for superior

4 - COMPETENT, ABOVE AVERAGE

A grade of “4” reflects a competent counselor.

3 – AVERAGE, SOMEWHAT
COMPETENT

While the grade of “3” is passing, it implies a
need for improvement.

2 – BELOW AVERAGE, BUT PASSING

1 - FAILURE

N - NOT OBSERVED

<u>1. The Student's Counseling Skill</u>	5	4	3	2	1	N
Able to conduct an interview effectively						
Demonstrates sensitivity to client						
Facilitates clients' expressions						
Focuses on client's as persons of worth						
Focuses on content or problem						
Initiates a working relationship						
Communicates understanding and acceptance						
Responds at an appropriate level when working with clients.						
Able to organize and conceptualize case materials						
Recognizes implication of case materials						
Recognizes discrepancies and meaning of inconsistent information						
Considers various approaches and their relevance						
Willingness to work with broad range of clinical issues						
Maintains awareness of the clients' readiness to change						
Respects clients' confidentiality						
Demonstrates awareness of clients' social and cultural background and their implications for the therapeutic relationship						
Terminates a case professionally						

<u>2. Student Counselor's Assessment and Appraisal Skills</u>	5	4	3	2	1	N
Able to utilize appropriate date and information methods (gathering procedures)						
Able to utilize appropriate sources of data and information						
Able to integrate and analyze clients' data/information						
Able to utilize DSM 5 or similar diagnostic tool						
Able to formulate treatment goals and plans						
Able to help others understand and work with clients.						
able to conduct on-going assessment, utilize new information and conduct follow-up.						

<u>3. The Student Counselor's Information and Referral Skills</u>	5	4	3	2	1	N
Knowledge of Information Sources						
Able to help clients and other accumulate, integrate and interpret information pertinent to						
Knowledgeable of available programs and/or referral sources						
Able to make reasonable and effective referrals						

<u>4. The Student Counselor's General Communication Skills</u>	5	4	3	2	1	N
Able to convey information orally						
Able to convey information in written form						
Able to communicate effectively with clients						
Able to communicate effectively with colleagues						
Able to communicate effectively with supervisor						

<u>5. The Student Counselor's Professional Skills</u>	5	4	3	2	1	N
Personal appearance (neatness, appropriate dress, etc.)						
Able to maintain appropriate boundaries (clients, colleagues, supervisor, etc.)						
Able to operate in a legal and ethical fashion in interactions with clients, colleagues and others						
Ability to be honest and accurate in self-evaluation						
Openness to growth and learning						

<u>6. Other Site-Specific Skills</u>	5	4	3	2	1	N

Please comment on the student counselor's potential for continual growth:

It is the goal of every internship to prepare students for entry level counseling employment. Given economic and/or organizational constraints, if you were able to do so, would you recommend employment to this intern as a counselor in your agency?

Yes _____ No _____

Have you discussed this evaluation with the student counselor?

Yes _____ No _____

Clinical Skills Rubric

This evaluation form can be used for self-evaluations, supervisor evaluations, and peer feedback.

Candidate Name: _____ Date: _____

Evaluator Name: _____ Circle: SELF SUPERVISOR

Course: _____ PEER FACULTY

Counseling Skills	Rating 1 = poor → 5 = excellent	Qualitative Feedback
Opening: Was the beginning of the session appropriately structured?	1 2 3 4 5	
Reflection of Feelings: Did the counselor reflect and react to feelings appropriately?	1 2 3 4 5	
Pacing: How well paced was the session? Did the counselor allow time for the client to respond and allow for silence when appropriate?	1 2 3 4 5	
Interventions: How well did the counselor employ appropriate interventions for the client and their problem?	1 2 3 4 5	
Vocabulary Level: Was the vocabulary used by the counselor appropriate for the person being counseled?	1 2 3 4 5	
Closing: Was time allowed for summarization? Was the stage set for the next session?	1 2 3 4 5	
	1 2 3 4 5	

Overall Quality	Rating 1 = poor → 5 = excellent	Qualitative Feedback
Preparedness: Was the counselor appropriately prepared for the session?	1 2 3 4 5	
Rapport: Did the counselor establish rapport with the counselee, setting the stage for a productive meeting?	1 2 3 4 5	
Counseling Relationship: Was a counseling relationship conducive for productive counseling?	1 2 3 4 5	
Acceptance: Was the counselor accepting of the counselee's emotions and expressed thoughts?	1 2 3 4 5	
Session Productivity: Did the session appear conducive to therapeutic change?	1 2 3 4 5	
Culturally Appropriate: Did the counselor provide culturally appropriate counseling?	1 2 3 4 5	
Presentation to Class: Was the presentation to class appropriate and thoughtfully prepared?	1 2 3 4 5	
	1 2 3 4 5	
	1 2 3 4 5	
	1 2 3 4 5	

**Candidacy Paper Rubric Template
(Matched to CACREP requirements)**

Criterion (Score 0 if element is absent)	Below Expectations (1)	Meets Expectations (2)	Exceeds Expectations (3)	Score
Relevance of Career Goals	Paper does not demonstrate a clear direction for the student's career, or reflects an orientation/goals for a different field	Paper demonstrates a clear direction for their career with beginning personal reflection	Paper demonstrates a clear direction with strong personal reflection	
Potential Success in Forming Effective Counseling Relationships	Lacks a clear connection between personal characteristics/background and how these characteristics will assist the student/candidate in working with others	Some connections are made between personal characteristics/background and how these will assist the student/candidate in working with others	Strong connections are made between personal characteristics/background and how these will assist the student/candidate in working with others	
Respect for Cultural Differences	Lacks understanding of how to address and/or demonstrate respect for different cultures. Possible approaches are vague (e.g., learn more)	Some awareness of how to demonstrate respect for different cultures. Some analysis of one's own culture is also included	Paper clearly identifies an understanding of one's own culture as well as specific approaches (and examples) of how to demonstrate respect	
Aptitude for Graduate-Level Study as assessed by:				
Written Communication	Written work needs to be more clearly presented and/or multiple grammatical errors	Written concepts are clear. Occasional grammatical errors	Written concepts are clearly presented and at a high level of professional writing. Few grammatical errors	
Depth of Analysis	Paper overall reflects a lack of personal reflection. Statements are superficial and vague	Some personal reflection demonstrated. Some specifics in statements are provided	Paper includes both strong personal reflection and specifics	
Integration of Academic Material	Few academic citations used overall or an entire section may lack academic citations	Some academic material used for establishing rationale. Includes citations for all areas	Strong use of academic material, demonstrating unique connections to the source	
			TOTAL	

CANDIDATE DISPOSITIONS ASSESSMENT

Indicator	1—Unsatisfactory	2—Needs Improvement	3—Proficient	4—Exemplary	Rating	Comments
Candidate is knowledgeable. (Conceptual Framework Component 1)						
1. Communicates effectively in speech and in writing	Oral communication often needs to be articulated more accurately, more clearly, or in a more appropriate tone. Written communication, including email, often needs to be better organized and ideas often need to be more clearly presented. Oral and written communication often lack Standard English Conventions (SEC).	On occasion oral communication needs to be articulated more accurately, more clearly, or in a more appropriate tone. On occasion written communication, including email, needs to be organized better with ideas more clearly presented. On occasion oral and written communication lack Standard English Conventions (SEC).	Oral communication is well-articulated and clear, with appropriate tone. Written communication, including email, is well-organized and ideas are presented clearly. Oral and written communication follow Standard English Conventions (SEC).	Communication skills are appropriate to the audience and the level of English proficiency, open and honest, and invite and encourage participation of others. Always presents material clearly and explicitly, with well-chosen examples and vivid and appropriate language. Demonstrates active listening skills.		
2. Demonstrates preparedness for course work and/or field experience; understands when more information is needed and knows how to find it.	Often needs to better prepare for class/field experience assignments and activities. Often lacks information needed to be prepared and/or is unaware of how to find information needed.	On occasion needs to better prepare for class/field experience assignments and activities. Needs to obtain information to be prepared.	Well-prepared for all class/field experience assignments and activities; obtains information as needed through research and questioning.	Goes well beyond required preparation for class and/or field work. Evidence of extensive planning with probing questions, written notes, learning materials, etc. Preparation positively impacts classwork and counseling.		
Candidate is skillful. (Conceptual Framework Component 2)						
3. Interacts with others (faculty, supervising practitioners, peers, clients, students, and parents) in a thoughtful and considerate manner.	Often needs to interact with others in a more polite and professional manner. Often needs to be more considerate of multiple perspectives. Lacks appropriate response to conflict or misunderstandings.	On occasion needs to interact with others in a more polite and professional manner, which considers multiple perspectives. Needs to respond more appropriately to conflict or misunderstandings.	Interacts in a polite and professional manner with others. Communicates respectfully by considering multiple perspectives and responds appropriately to conflict or misunderstandings.	Always collaborates with others to promote positive group interactions and productivity. Listens and supports others to ensure a collaborative environment. Analyzes interactions to make appropriate adjustments to ensure a supportive and nurturing environment.		
4. Reflects on his/her work, behavior, and/or practice.	Often needs to recognize personal strengths and challenges. Often needs to respond more appropriately to suggestions and feedback from others and often needs to adjust work, behavior, and/or practice.	On occasion needs to recognize personal strengths and challenges. On occasion needs to respond more appropriately to suggestions and feedback from others and needs to adjust work, behavior, and/or practice.	Recognizes personal strengths and challenges. Responds appropriately to suggestions and constructive feedback from others and uses it to adjust work, behavior, and/or practice.	Always receptive of critical examination of personal strengths and challenges and solicits feedback on teaching effectiveness. Makes data driven decisions. Reflection results in changing work, counseling behaviors, and/or interactions with others.		
Candidate is ethical. (Conceptual Framework Component 3)						
5. Follows the ethics of the field.	Lacks judgment reflecting integrity, honesty, fairness, respect for intellectual property of others, and/or trustworthiness. Needs to protect the confidentiality of others.	On occasion judgment reflecting integrity, honesty, fairness, respect for intellectual property of others, and/or trustworthiness is questionable. Needs to better protect confidentiality of others.	Demonstrates sound judgment reflecting integrity, honesty, fairness, respect for intellectual property of others, and trustworthiness. Protects confidentiality of others.	Always demonstrates ethical behavior and serves as a role model/mentor for others. Deals directly with the consequences of actions and events; and works proactively to pursue positive outcomes.		
6. Demonstrates clear understanding of legal and moral obligations of the profession, mandated reporting responsibilities, and organizational rules and procedures.	Unaware of state and national laws and codes of ethics, mandated reporting responsibilities, and/or organizational rules and procedures or aware of this knowledge but unaware or fails to apply it.	Needs to be aware of state and national laws and codes of ethics, mandated reporting responsibilities, and/or organizational rules and procedures. Needs to apply this knowledge as appropriate.	Is aware of state and national laws and codes of ethics, mandated reporting responsibilities, and organizational rules and procedures. Applies this knowledge as appropriate.	Serves as a resource for others in the profession. Shares the roles and responsibilities that apply to teachers and counselors within guidelines, including rules for safety and emergency procedures.		

Indicator	1—Unsatisfactory	2—Needs Improvement	3—Proficient	4—Exemplary	Rating	Comments
Candidate is caring. (Conceptual Framework Component 4)						
7. Demonstrates respect for human diversity, community, and cultural perspectives.	Interactions with others lack equity. Practices to create and maintain an environment in which the diverse backgrounds, identities, and perspective of others are respected are limited.	On occasion equitable interactions with others are questioned. Needs to consistently use practices to create and maintain an environment in which the diverse backgrounds, identities, and perspective of others are respected.	Interacts equitably with others. Consistently uses practices to create and maintain an environment in which the diverse backgrounds, identities, and perspective of others are respected.	Always demonstrates consideration for people and multiple perspectives. Shows warmth, caring respect, and fairness for all clients/students and builds strong relationships. Looks for and creates opportunities to respond to and enhance cross-cultural understandings. Invites and integrates clients'/students' individual differences into the counseling environment.		
8. Demonstrates respect for clients'/students' differences and shows empathy when working with clients/students.	Often lacks empathy when working with clients/students or interacting with peers. Lacks the use of appropriate practices and strategies to accommodate differences in learning and/or social emotional needs	Sometimes lacks empathy when working with clients/students or interacting with peers. Needs to consistently use appropriate practices and strategies to accommodate differences in learning and/or social emotional needs	Demonstrates empathy when working with clients/students or interacting with peers. Uses appropriate practices and strategies to accommodate differences in learning and/or social emotional needs	Demonstrates without exception empathy when working with clients/students or interacting with peers. Achieves a high level of rapport with clients/students and is consistent in taking the student's/client's needs into account		
Candidate behaves in a professional manner.						
9. Meets all delegated obligations.	Course work and/or field experience responsibilities are not met on a regular basis and/or are late. Needs to be engaged in course work and/or field experiences.	On occasion course work and/or field experience responsibilities are not met and/or are late. Needs to be more engaged in course work and/or field work.	Fulfills all course and/or field experience responsibilities. Is consistently punctual and present.	Shares responsibility with others to complete assigned tasks, as appropriate. May fulfill obligations early. Notifies appropriate people of unavoidable tardiness and absences.		
10. Demonstrates professional demeanor and a passion for counseling.	Often lacks demonstration of professional demeanor, conduct, and/or appearance. Appropriate and prompt responses to communications are limited. Needs to show enthusiasm for counseling.	On occasion needs to demonstrate more professional demeanor, conduct, and/or appearance. Needs to appropriately and promptly respond to communications on a more consistent basis. Needs to show more enthusiasm for counseling.	Consistently demonstrates professional demeanor, conduct, and appearance. Appropriately and promptly responds to communications. Shows enthusiasm for counseling.	Models professional demeanor, conduct, and appearance for others as well as a passionate commitment to and understanding of counseling as lifelong learning.		

Adapted in part from CAEP University Dispositional Rubric, Charlotte Danielson's Framework for Teaching, Kim Marshall's Teacher Evaluation Rubrics, Robert Marzano's Teacher Evaluation Model, and the Massachusetts Model System for Teacher Evaluation

Reviewer Name Print: _____ Reviewer Signature: _____ Date: _____

Reviewer is (check one): Supervising Practitioner University Supervisor University Advisor Course Instructor

Candidate Name Print: _____ Candidate Signature: _____ Date: _____

If a candidate objects to the Dispositions Assessment by any individual, the candidate should follow the Student Grievance procedure as outlined in the University Catalog.

MHC students—White: (licensure) Student for future licensure application Yellow & Pink: Program departmental secretary.

SGC students—White: (licensure) & Yellow to Program Advisor Pink: Student Records

Form #5C CDA

Graduate Student: _____ **ID:@** _____ **Date:** _____

Instructions: Provide a score using the following evaluation criteria.

3	2	1	N/O
Comprehensively Meets Standard Meets expectations for standard; is confidently and consistently meeting the standard; needs little, if any, support/guidance.	Meets the Standard Meets expectations for standard; needs occasional minimal support.	Does Not Meet Standard; Needs Further Development Does not consistently meet minimal expectations for standard; often needs support to perform at acceptable level.	N/O Not able to observe. This must be addressed with the student.

PROCESS ITEM	3	2	1	N/O	COMMENTS:
a. Contextual Factors					
1. Provides a client/student history with an emphasis on relevant factors that relate to the presenting problem.					
2. Notes contextual factors such as client/student-counselor interactions, environmental factors, individual needs and differences.					
b. Counseling Goals and Objectives					
3. Identifies counseling goals and provides rationale.					
4. Goals written in a positive frame identifying what will happen.					
5. Concrete, observable goals should be SMART: specific, measurable, attainable, realistic, timely					
c. Assessment Plan					
6. Assessment strategies include behaviors* being assessed, baseline behaviors targeted with dates for review, assessment along the way and at the end of intervention. <i>*Note: In schools, sometimes we are not assessing specific personal/social behaviors, but focusing on the academic or career domains (i.e. grades, GPA, attendance, college or career planning, etc.)</i>					
d. Counseling Plan					
7. Descriptions of interventions used.					
e. Decision Making					
8. Description of client/student progress evaluation					
9. Description of adjustments or interventions.					
f. Outcomes and Analysis					
10. Use of assessment data to track client/student behavioral changes.					
11. Use of assessment data to communicate with client /student.					
g. Reflection and Self Evaluation					
12. Analysis of the relationship between interventions and client/student's achievement of counseling goals and objectives					
13. Evidence of how you will apply knowledge to improve future counseling skills					
h. Format					
14. Cover page includes your name, program of study, program advisor, field site, field site supervisor, Fitchburg State University site supervisor, and date submitted.					
15. Table of Contents: List all sections and attachments, number of pages, charts, graphs, and attachments (all substantiating material).					
16. References and credits: Works Cited page, in-text citations, and correct use of APA style.					
17. Respect client/student confidentiality					

APPENDIX C
CACREP STANDARDS

2016 CACREP Standards



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

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

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

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INTRODUCTION TO THE 2016 CACREP STANDARDS CACREP

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

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

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

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

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

The 2016 CACREP Standards are organized into six sections. Section 1, The Learning Environment, includes standards pertaining to the institution, the academic unit, and program faculty and staff. Section 2, Professional Counseling Identity, includes foundational standards and the counseling curriculum, comprising the eight required core content areas. Section 3, Professional Practice, refers to standards required for entry-level practice, practicum, internship, supervisor qualifications, and practicum and internship course loads. Section 4, Evaluation in the Program, provides standards relevant to evaluation of the program, assessment of

students, and evaluation of faculty and site supervisors. Section 5, Entry-Level Specialty Areas, provides standards relevant to specialty areas offered by the program. These include addictions; career; clinical mental health; clinical rehabilitation; college counseling and student affairs; marriage,

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

SECTION 1: THE LEARNING ENVIRONMENT

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

THE INSTITUTION

- 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 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 points	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 Chi Sigma Iota (CSI) and the National Board for Certified Counselors (NBCC).
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.