

Professional Counselor Credentialing and Program Accreditation in the United States: A Historical Review

Linda H. Foster

Troy University, Montgomery Campus

Professional identity of counselors begins with professionalization. Through credentialing and program accreditation, the identity of the counseling profession is strengthened. This article provides a comprehensive history of the development of the counseling profession in the United States, including the origin of credentialing, the development of program accreditation standards and the importance of these elements to the counseling profession.

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Our profession is still a relatively new one and our identity as “professionals” is still evolving. As early as the 13th century, guilds and craftsmen, doctors, lawyers, and others began to see a need for professionalization. During the early 20th century, a movement surfaced which began to recognize the need for a “counseling” profession in response to social, political and economic events of the early 1900s. Vocational guidance was the primary emphasis in the early days of the counseling profession and was incorporated into the normal educational experience of students (Glosoff, 2005). As vocational guidance was gaining acceptance in the school setting, early psychologists promoted the mental health movement and research into helping people with emotional and behavioral problems. The influence of World War I and World War II along with economic conditions such as the Great Depression continued to propel vocational and career counseling into the realm of everyday life. These same circumstances also promoted the use of psychological testing in military, educational, and clinical settings. Early pioneers in the field of psychology began to recognize the need for counseling in many venues. A shift occurred as the focus on psychological and personal well-being of the general population played a significant role in the development of a general mental health movement and development of the counseling profession.

What is Professionalization?

During the past 50 years, the counseling profession expanded from a specific focus on vocational guidance to include many specialty areas. In the early 20th century, the United States experienced rapid growth creating more societal problems. The prevalence of

these concerns prompted interested groups to begin advocacy efforts for issues such as poverty, child abuse, and mental illness resulting in growth of the counseling profession. However, the progress of the counseling profession did not come without challenges and growth pains. It has been argued that the increase of specialty areas within the counseling profession has created diversity but has not contributed to a collective professional identity (Gale & Austin, 2003). Goldberg believes all helping professions “are interested in changing human behavior” (Goldberg, 1998, p. 352, as cited in Gale & Austin, 2003). Many leading educators and practitioners today argue that specializations are contrived barriers and firmly believe in mastery of a common base of knowledge including counseling theories and knowledge of human development in order to facilitate changes in human behavior (Gale, 1998, as cited in Gale & Austin).

Development of the Counseling Profession

Klatt (1967) outlined the steps in defining a profession. The steps include: the requirement of a systematic body of knowledge, requiring specific training; the requirement of an emphasis on service to others and the development of a code of ethics; an experimental attitude towards information; and the establishment of an organization establishing a course of training, creation of an examination, which then becomes a condition for entry into the profession. The counseling profession has taken these steps.

Glosoff (2005) agreed with Klatt’s steps and echoed the following as evaluative criteria: a specialized body of knowledge and research based in theory, a professional society or membership association, standards for training programs, a code of ethics, and entry standards for practitioners. Further, Glosoff believes that the counseling profession has met the majority of these conditions. Other authors also believe the counseling profession has definitely met the conditions necessary to be recognized as a distinct and unique profession (Gale & Austin, 2003).

As counseling professionals we recognize the title of “professional” requires a certain degree of skill to engage in a professional activity. And also implied is a “fiduciary duty” wherein the duty of utmost good faith, trust, confidence, honesty and loyalty is owed by the professional to the client. For counseling professionals, fidelity and fiduciary duty are one in the same. Fiduciary duty implies counselors are accountable for client welfare and client rights (Stauffer & Kurpius, 2005). Professional bodies within the mental health profession maintain adherence to ethical codes as a prerequisite for use of the title and for the practice of counseling.

Klatt (1967) proposed that the body of knowledge required for a profession must be distinct and specific. The practice of professional counseling involves the application of mental health, psychological and human development principles through cognitive, affective, and behavioral strategies. The counseling profession is oriented towards health and wellness rather than psychopathology and mental illness. Counseling professionals are equipped to help clients address issues from a wellness perspective which is one of the distinguishing and singular characteristics of counseling (NBCC, 1993).

Klatt (1967) also stated that an experimental attitude towards information is necessary for the development of a profession. Moreover Skovholt and Ronnestad (1992) point out that growth and development is a part of the process in becoming a professional. Through experience we gain knowledge. Professional development can be influenced by

multiple sources (e. g. supervisors, professors, mentors, therapist, experts, peers, and colleagues). The development of a profession and the professional has been described as a long, slow, changeable process wherein the professional base is built, expanded and individualized. A changeable process allows for growth. The counseling profession has adopted the attitude of lifelong commitment to continuing education as an important component in the growth and developmental process of our profession.

Another step in the development of the profession is the establishment of an organization defining the training of professionals and the creation of an entry level exam. The counseling profession has taken this step as well. The American Counseling Association (ACA) was known as the American Personnel and Guidance Association from 1952 until 1983. Our professional membership association began in 1952 as a result of several organizations merging to promote guidance, counseling and personnel matters. The four original founding divisions were: American College Personnel Association; National Vocational Guidance Association; Student Personnel Association for Teacher Education; and National Association of Guidance Supervisors and College Trainers. From 1983 until 1992, it was called the American Association for Counseling and Development. Finally in 1992, the name American Counseling Association was adopted (Glosoff, 2005). ACA is a not-for-profit, professional and educational organization that is dedicated to the growth and enhancement of the counseling profession. One mission of ACA has been to set professional and ethical standards for the counseling profession. Additionally ACA has been instrumental in promoting accreditation, licensure and national certification.

Accreditation of counselor education programs was an important step in the development of the profession because it defined the specialized training necessary for a professional counselor. Programs granted accreditation gained the public recognition of certain established qualifications and periodic evaluations to assure quality control.

Standards for counselor education programs were developed in the late 1960s by the Association for Counselor Education and Supervision (ACES). By the early 1970s, major influences in the political and social environment prompted ACES to develop preparation program standards incorporating both school counseling preparation programs and community counseling preparation programs. Standards for counselor education programs were developed and finally adopted in 1979 by ACA. In 1981, ACA established The Council for Accreditation of Counseling and Related Education Program (CACREP) to begin the review and accreditation of counselor education programs at the entry (master's), intermediate (specialist) and doctoral levels (Sweeney, 1995). CACREP standards are revised generally every 7 years through broad-based dialogue and feedback from the profession. This revision process allows counselor education programs to remain current by gathering information from practitioners as well as counselor educators.

Klatt (1967) outlined steps that he believed differentiated an occupation from a profession. One of those steps is an experimental attitude toward information when applied to the counseling profession might be equated to the belief that research provides the tool for counseling professionals to demonstrate the effective of their counseling interventions (Sheperis & Miller, 2008). As more counselors adopt a "scientist-practitioner" disposition, the experimental attitude toward gaining more information will enhance the counseling profession along the continuum of development.

Counselor Certification

In general there are two types of certification. A state certification is issued by a governmental agency and is based on mandated criteria. This type of certification is non-voluntary and is required for teachers, counselors, administrators and other school personnel. There is also a voluntary certification process which promotes uniformity in the counseling profession by promoting rigorous standards for training, knowledge and supervised experience. Professional certification is a process by which a professional certifying board grants formal recognition to an individual who has met certain predetermined standards as set out by the certifying board. This type of certification implies a verification or endorsement of a professional's qualifications and can be awarded by voluntary associations, agencies or governmental bodies (Sweeney, 1991).

Just as accreditation developed, certification and licensure issues also gained momentum. In 1982, ACA (then known as the American Personnel and Guidance Association) created a Special Committee on Registry Efforts. This Committee's work led to the formation of the National Board for Certified Counselors (NBCC). The NBCC immediately began work on creating a professional certification based on certain criteria such as a national examination; code of ethics; and continuing education requirements. Lloyd Stone was appointed as the first Chair of NBCC and began the task of creating the policies and procedures for the operation of NBCC whose primary task was the certification of counselors on a national level which has now evolved into an international level.

Based on ACA's goal to strength the professional identity of counselors, NBCC was charged with creating an effective certification process based on the highest professional standards. The NBCC recognized the importance of ensuring that the certification process clearly reflected the current practice of counseling professionals. Today, NBCC maintains this commitment through continuous investigation of counseling practice activities and periodic refinement of the certification process.

The flagship credential, the National Certified Counselor (NCC) is a general practice certification. Today there are over 43,000 National Certified Counselors (NCCs) throughout the United States and in more than 40 countries. The requirements for this credential include educational coursework, professional endorsements, documented experience, and acceptable performance on the standardized National Counselor Examination (NCE). Counselors may want to demonstrate specialty areas of practice and may pursue one or more of NBCC's specialty certifications such as the National Certified School Counselor (NCSC) credential, the Certified Clinical Mental Health Counselor (CCMHC) credential, and or the Master Addictions Counselor (MAC) credential. These specialty certifications require additional education, experience or examinations.

Specific requirements must be met in order to gain the NCC credential. All applicants must hold a Master's degree or higher in counseling or have a major in counseling from a regionally accredited university. The specific course content areas are consistent with the requirements set out by CACREP. Two years of professional counseling experience under the supervision of a qualified mental health professional are needed. The last requirement is successfully passing the National Counselor Examination for Licensure and Certification (NCE).

Klatt's (1967) ideas about development of a profession included "the establishment of an organization which sets an examination and a course of training to qualify members

and then makes passing of the examination a *sine qua non* for entry into the profession” (p. 509). The NBCC conducted its first full scale national job analysis between 1989 and 1991 which created the first ever complete look at the many roles of professional counselors. Since that time, NBCC has formulated many new ways to achieve data gathering in a more efficient way. Continual development of the various NBCC examinations and periodically renewing the job analysis data with completely new surveys, maintains an ongoing picture of what is really happening in Counseling practice (Clawson, personal communication, 2007). The NBCC has created the National Counselor Examination (NCE) which fulfills another of the developmental steps necessary to create a profession.

Like CACREP, NBCC takes an experimental attitude toward information in agreement with the developmental steps of Klatt (1967). In addition, NBCC standards are periodically reviewed and revised, surveys of practitioners are conducted to determine work activities of professional counselors, and examinations are reviewed and revised in accordance with information gleaned. This attitude keeps the profession from become static. This procedure also ensures continued development of a valid certification program based on current practice of counseling professionals. NBCC’s approach to standards and practice definitions can be considered experimental in nature. New examination and credentialing ideas result from continued job analyses and monthly reviews of examination items (Clawson, personal communication, 2007).

According to Glossoff (2005) “there is a common core of knowledge that is shared by all professional counselors, regardless of any area of area of specialization” (p. 34). As the accreditation organization, CACREP ensures training programs include this common core. The NBCC as the certification organization includes these core area on the NCE which is the entry level examination for professional counselors. Accreditation and certification work together to uphold the specific body of knowledge for the counseling profession. Licensure also works in tandem to regulate the title and practice of the counseling profession. Currently, all 50 states, the District of Columbia and Puerto Rico have enacted licensure/certification laws regulating the counseling profession. The NCE one of NBCC examinations is used by all states as the required examination for counselor credentialing.

Other Counselor Certifications

In the 1960s two organizations, The American Rehabilitation Counseling Association (ARCA) and the National Rehabilitation Counseling Association (NRCA), began collaboration to create a certification program. The goal of these organizations was to enhance the quality of service delivery to persons with disabilities. A Joint Committee on Rehabilitation Counselor Certification was formed by these two organizations and the result was the establishment of the Commission on Rehabilitation Counselor Certification (CRCC). The CRCC was created as an independent not-for-profit organization setting standards for rehabilitation counselor certification in the United States and Canada and has been certifying rehabilitation counselors since 1973. The purpose of a rehabilitation certification is to ensure that the professionals engaged in rehabilitation counseling meet acceptable standards of quality in practice. As of December, 2007 there were approximately 10,628 Certified Rehabilitation Counselors (CRC) (Sosa, personal communication, 2008).

The certification offered by CRCC is the Certified Rehabilitation Counselor (CRC) credential. Requirements for certification include a master's degree in counseling or rehabilitation counseling, along with supervised professional experience as a rehabilitation counselor working under the supervision of a CRC. The supervised experience requirement varies based on the type of degree earned. Additionally, the supervised experience requirement is waived for graduates of training programs accredited through the Council on Rehabilitation Education (CORE). Education and experience are two components but successfully passing an examination is also required. The examination offered by CRCC consists of 200 multiple choice questions across twelve domains of knowledge specific to rehabilitation counseling. The examination for the CRC credential is divided into two parts assessing both knowledge of counseling theories and knowledge of rehabilitation and disabilities issues. Again, the body of knowledge required to practice as a rehabilitation counselor is specific and distinct. The specialized body of knowledge again in one of the developmental steps deemed necessary in evaluating whether an occupation has achieved the status of profession (Klatt, 1967). The Commission on Rehabilitation Counselor Certification also adheres to the experimental attitude toward information cited as a necessary developmental step by Klatt. This attitude is evidenced by continual research at regular intervals which insures the validity of the CRCC examination.

The most widely recognized national counselor certifying organizations are NBCC and CRCC; however there are other organizations which also certify specialists in counseling and counseling-related specialties. Other organizations include: the National Association of Alcoholism and Drug Abuse Counselors (NAADAC); the International Certification Reciprocity Consortium (ICRC); the American Association of Marriage and Family Therapy (AAMFT); and the National Career Development Association (NCDA).

Counselor Licensure

Licensure is a credential and gives the practitioner the legal right to practice. Protection of the public is the most often cited reason for licensure to regulate any profession. However, licensure may also be considered as part of the development of the counseling profession. Licensure is also steeped in a rich history beginning in the early 13th century with the first practice act in the medical field. The first practice act in essence set forth the requirements for practice as well as acceptable training standards. Guilds of the Middle Ages developed into modern day professional associations promoting professional identities of their members (Hosie, 1991). Early in its history, the United States struggled because of the lack of a formalized higher education system; consequently the apprenticeship system was utilized well into the early 20th century. As states' rights grew, deregulation of many professions eventually ensued. The deregulatory trend reversed after the Civil War and the licensure movement began to quickly expand from the medical field to other professions including the counseling profession.

Licensure works in tandem with professional certification to promote the counseling profession. It is the most inclusive type of credential, is usually legislatively based, limits the use of a particular title and protects the right to practice. The movement towards licensure for psychologists began in the late 1940s continued throughout the late 1950s and 1960s motivated in part by the pursuit of third party insurance reimbursements. The social work profession followed the pursuit of licensure and has been

achieved across the United States. The licensure of psychologists began to be somewhat restrictive creating stringent licensure laws denying licensure to other professionals such as counselors thus denying them from providing psychological services. As a result the American Association for Counseling and Development (later known as the American Counseling Association) began the promotion of counseling licensure in 1974. As a result, the Virginia Personnel and Guidance Association convinced the Virginia Legislature to enact a counselor regulatory law in 1975 and eventually in 1976 created licensure. Arkansas and Alabama following suit shortly thereafter and in 1979 licensure was created in both states. Today all 50 states, the District of Columbia, and Puerto Rico have adopted licensure laws regulating the profession of counseling .

Requirements for licensure vary somewhat state by state however the basic requirements include most of the ACA's criteria: a minimum of a master's degree from a regionally accredited institution, a certain number of years of experience, and passing a performance examination. Examinations for licensure are constructed to assess knowledge of practice and are not considered evaluative of an individual's efficacy however. State regulatory boards are charged with regulating the practice of counselors within each state based on state rules and regulations, and ethical codes. Forty-nine states, Puerto Rico and the District of Columbia utilize either the National Counselor Examination (NCE) or the Certified Clinical Mental Health Examination (CCMHC) as the required performance examination. Both of these examinations were created by NBCC and test results are reviewed several times per year by the test development committees (T. Clawson, personal communication, October 2002). There is some variance in the title of the license awarded by each state regulatory board however successfully passing a nationally normed examination is a commonality. There is also some variance among states regarding the number of semester hours required for a master's degree. The range is from 30 to 60 semester hours but again the stipulation of a degree from a regionally accredited institution maintains integrity of the masters' degree. The number of years of supervised experience years required also varies by-state but generally two to four years is required.

Maintaining a license requires documented continuing education every 2 years and is regulated by each state licensing board (Hosie, 1991; Glosoff, et. al., 1995; ACA, 2008). Documented continuing education is also a requirement by NBCC to maintain professional certification as well. Continuing education encourages professional counselors to maintain current awareness of professional information, and to continue to hone their counseling skills (Gladding, 1992; Glosoff, 2005).

Although discrepancies still exist in the requirements for licensure of professional counselors, it demonstrates the developmental progress of the counseling profession. In a moderately short period of time (since the late 1970s) licensure has become the accepted regulatory status for professional counselors.

The Importance of Professional Credentials

Credentialing in its broadest sense includes registry, certification (voluntary and regulatory) and licensure. Sweeney (1991) defined credentialing as a method of identifying individuals by occupational group. Further, credentialing is a necessary step in the professionalization of counseling (Remley, 1991). Since the time both of these authors wrote these statements, professionalization of counseling has been achieved. This is

evidenced by the number of professional counselors who maintain a professional credential, license or membership in a professional organization.

In the early days of the profession, registry was a voluntary listing of individuals providing counseling services without regulation or standards of practice. As the profession grew, verification of one's qualifications became important - hence the birth of counselor certification. Both NBCC and CRCC offer a voluntary certification process which attests to one's qualifications based on education, experience and examination. Legislatively based certification also became common as governmental agencies established criteria needed for the practice of counseling in schools and other public agencies. Certification, both non-legislative and legislative, served to define the practice of professional counseling. According to Hosie (1991) licensure legislation is viewed as the single most important ingredient in enabling an occupation to reach professional status.

The importance of credentialing for counselors and the profession is far reaching. First and foremost, professional identity and recognition of specialized knowledge, training and skills is vital to the professionalization of counseling. Gale and Austin (2003) believe counseling meets the criteria necessary to be considered a profession, but argue that a sense of collective identity is missing. Daniels (2002) defines collective identity as shared goals, resources, and aspirations of the professional social system. Credentialing is an important component of our profession as it promotes focused training and a sense of collective purpose, yet there is room for diversity in our approach and diversity in our specialty areas. Throughout the history of the counseling profession there have been turf wars existent among between psychologists, social workers and counselors. This conflict has involved scope of practice as well as issues around the use of psychological tests. Therefore, recognition and verification of counselors' qualifications is necessary to achieve parity with other professionals (Glosoff, 2005; Remley, 1991). Other issues such as third party insurance reimbursement again are dependent upon recognition of professional counselors as qualified providers of mental health services (Glosoff, 2005). This is achieved through public recognition that counseling is a well-defined profession, distinct from other mental health professionals (Daniels, 2002).

Protection of the public is usually cited as a benefit of credentialing. This is based on the notion that the general public may not have sufficient knowledge to decide whether a counselor is skilled and capable to practice (Remley, 1991). The licensure of professional counselors sets standards that determine who can practice and seeks to prevent untrained and incompetent practitioners (Hosie, 1991). The 1994 ACA Model Legislation specifically addresses protection of the public and sets forth clear guidelines for unlawful practice, grounds for denial, suspension or revocation of a license and procedures for licensure boards to follow. Glosoff, et. al. , (1995) stated the fundamental purpose of any licensure law is to protect the public from unscrupulous practitioners and they believe the 1994 ACA Model Legislation creates a strong guide for advancement of the profession as well as protection of the public. Other professional organizations also believe that licensure protects the public. In January 2000, The American Association of State Counseling Boards (AASCB), established a partnership with the National Board for Certified Counselors (NBCC) to standardize licensure testing and enhance portability, with the overall goal of protecting the health and welfare of the public.

Voluntary credentials also give the public some assurance that an individual has met certain criteria and met entry level standards. Many voluntary credentials require

experience, continuing education and adherence to a code of ethics. Holding a voluntary credential displays to the general public the willingness of a counselor to distinguish themselves professionally.

Ethical Issues related to Counselor Credentialing

The American Counseling Association (ACA) is the membership organization of the counseling profession and in 2005 adopted a new Code of Ethics (“Code”). The first code of ethics was developed in 1963 and since that time has been updated to reflect changes in society and the profession. The purpose of the ACA Code of Ethics follows:

1. The *Code* enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members.
2. The *Code* helps support the mission of the association.
3. The *Code* establishes principles that define ethical behavior and best practices of association members.
4. The *Code* serves as an ethical guide designed to assist members in constructing a professional course of action that best serves those utilizing counseling services and best promotes the values of the counseling profession.
5. The *Code* serves as the basis for processing of ethical complaints and inquiries initiated against members of the association (ACA, 2005).

Shortly after the NBCC was established, a Code of Ethics was developed that is regularly updated and revised (Clawson, personal communication, 2008). The NBCC code of ethics provides a minimal ethical standard for the professional behavior of all NCCs. This code provides an expectation of and assurance for the ethical practice for the general public who use the professional services of an NCC. The code also provides an enforceable standard for all NCCs and assures the general public recourse in case of a perceived ethical violation.

The CRCC has also adopted a Code of Professional Ethics for CRCs. CRCC mandates that CRCs adhere to these standards in order to give assurance to the general public that the rehabilitation counseling profession believes a code of ethical behavior is professionally responsible and is intended to provide optimal service to disabled clients. The CRCC also has a set of guidelines and procedures for complaints filed against CRCs. Like NBCC, CRCC has an Ethics Committee and due process for all individuals involved.

In the case of professional counselors who hold other voluntary credentials from an organization with a code of ethics, there is usually a process for possible violations of the ethical standards. An investigation of claims made may be conducted, disciplinary action taken if needed, and there is usually an appeal process for the parties involved. State regulatory boards or licensure boards also have a similar process for complaints of ethical violations. The American Association of State Counseling Boards website provides ethics resources including the ethical standards of the aforementioned credentialing organizations.

The development of a code of ethics is again a part of the evolutionary progress of a profession (Klatt, 1967). Client welfare is part of the counseling profession and is

mandated by our professional membership organization as well as the largest counselor certification organization in the world. Professional counselors must be accountable for client welfare and client rights. It is incumbent as professional counselors to uphold our fiduciary responsibility to our clients (Stauffer & Kurpius, 2005).

Counseling Program Accreditation

Sweeney (1995) defined accreditation as a process whereby a private, non-governmental agency or association grants public recognition to an institution or program of study that meets certain established qualifications and periodic evaluations. Gloff (2005) equates accreditation with accountability. Moreover, accreditation can be thought of as a means of quality control and part of the regulatory process for the counseling profession. If we review Klatt's (1967) important developmental steps to achieve professionalization, one component was the "establishment of an organization which sets an examination and a course of training to qualify members..." (p. 509). Today, both the creation of an entry level examination and a course of training have been accomplished thus propelling the counseling profession towards higher stature as a distinct profession.

Accreditation of counselor education programs has been achieved through the Council for the Accreditation of Counseling and Related Educational Programs (2009). In Many ways, CACREP has worked towards professionalization of the counseling profession by helping to define the specific body of knowledge and skills that have practical application for the public good. This effort in defining the specialized body of knowledge continues through the standards revision process. Additionally, CACREP has worked to help the counseling profession self-regulate through accreditation of counselor education programs. Accreditation is not a static condition. Accredited counselor education program are charged with a duty to self-regulate, self-improve and strive towards excellence as defined by the CACREP Standards (C. Bobby, personal communication, December 2, 2007).

History of CACREP

Accreditation of counselor education programs began in 1978 as the Association for Counselor Education and Supervision (ACES) Commission on Standards Implementation recommended that programs voluntary seek review. This resulted from nearly two decades of discussion and standards development from such groups as ACES and the American Personnel Guidance Association (now known as ACA) and California ACES. Three sets of standards were in existence: Standards for Preparation of Secondary School Counselors; Standards for the Preparation of Elementary School Counselors; and Guidelines for Graduate Programs in Student Personnel Work in Higher Education. A merging of these three sets of standards resulted in the combined Standards for Entry Preparation of Counselors and Other Personnel-Services Specialists ("Standards") in 1973. However, it was not until 1979 that these Standards were officially adopted by the Governing Council of APGA (later known as ACA). Later, in 1981, the ACA Governing Council and ACES established CACREP as the accrediting agency for ACA and its member divisions (Sweeney, 1995; Altekruze & Wittmer, 1991).

For over 25 years, CACREP has maintained high standards for the training of counselors and related practitioners through accreditation of counselor education

programs. Continuous development of standards reflective of changes in society is ongoing and counselor education programs are encouraged to likewise improve programming by staying current with society's need for prepared practitioners. According to CACREP, a full review of CACREP standards occurs approximately on a seven-year cycle and a periodic review of the accreditation standards ensures the relevancy of the standards in preparing future counseling professionals.

The latest review of CACREP standards took place recently and the 2009 Standards were launched on July 1, 2009. The Standards Revision Committee (SRC) began the revision process by identifying a broad range of stakeholders in order to gain feedback. Stakeholders included: counselor educators, students, program coordinators, higher education administrators, practitioners, consumers, other accrediting organizations, state counseling and certification board members, site supervisors, CACREP team members and employers of counseling program graduates. Further, the SRC set up a step-by-step process for gaining feedback. The revision process has taken place over several years and included several opportunities on a regular and systematic basis for direct feedback. Opportunities for feedback included surveys, open dialogues, focus groups, and submission of written feedback to CACREP. Not only has CACREP sought feedback for the revision standards but has also asked stakeholders for rationale for any changes. The Standards revision process occurs every 7 years and has been cited as a key activity in the professionalization of a profession by utilizing an experimental attitude towards gaining information from stakeholders. This ensures equal consideration for all requested changes and ensures 2009 Standards will remain current with the evolving field of counseling and changes in society. Changes throughout the years have included the preparation of future counselors on issues such as multiculturalism, spirituality and equity issues (C. Bobby, personal communication, December 2007).

Accreditation in counselor education programs began from a specialty perspective and continues to include specialty areas. Although specialty program areas are the focus of CACREP accreditation, eight common core areas of knowledge must be taught through clinical experiences and demonstrated knowledge. The eight common core areas include: (a) professional identity, (b) social and cultural diversity, (c) human growth and development, (d) career development, (e) helping relationships, (f) group work, (g) assessment, and (h) research and program evaluation. These eight common core areas have remained constant throughout the development and evolution of the accreditation process (Altekruse & Wittmer, 1991). The standards for preparation and training of counselors include these common core areas but also focus on specialty disciplines including: career counseling; college counseling; community counseling; gerontological counseling; marital, couple and family counseling/therapy; mental health counseling; school counseling; student affairs; and doctoral degree programs in counselor education and supervision.

The CACREP accreditation standards define a sequence of curricular and clinical experiences which are considered minimal criteria for preparation programs. Accreditation of higher education programs is considered the hallmark of a program's excellence. Further, continued accreditation of training programs requires a commitment to sustained compliance with the CACREP Standards and continuous evaluation of a program's quality.

Counselor education programs must provide documentation demonstrating eligibility. The CACREP accreditation process takes approximately one year from start to

finish. Counselor education programs must undertake a self-study providing evidence of a clear mission, goals and objectives. A review of the program's resources, strengths and weaknesses is also part of a self-study. Accreditation of counselor education programs can be considered a part of program improvement to enhance educational effectiveness. The accreditation process also provides counselor education programs with an opportunity for advice from an on-site review team visit. The review team provides feedback, both oral and written, which can be used for long-range planning, and improvement for program planning. Accreditation is awarded for an eight year period then an application for reaccreditation must be submitted.

Current issues affecting accreditation include the most recent revision of accreditation standards by CACREP. The 2009 Standards went through several years of scrutiny by stakeholders were adopted and implemented on July 1, 2009. Several changes in the previous standards have been controversial. Changes in the Standards affect the areas of: Learning Environment, Professional Identity, Professional Practice, Program Area changes, and changes in the Doctoral level Standards.

One of the most controversial changes involves faculty qualifications for those teaching in a CACREP approved program. Full time faculty qualifications will now require a doctorate in counselor education for all new full-time faculty members hired that do not have previous experience teaching in a counselor education program. A period of "grandfathering" those teaching with other types of degrees (i. e. , counseling psychology, psychology, etc.) will be extended to 2013. Beginning in 2013, all new faculty hired in a CACREP approved program will be required to have an earned doctorate in counselor education. The purpose of this requirement is to strengthen the professional identity of the counseling profession. This new requirement does not affect those persons already teaching in a counselor education program without a doctorate in counselor education nor does it preclude teaching as an adjunct or part-time faculty.

Other changes in the 2009 Standards include: (a) infusion of emergency preparedness language into the eight (8) core curriculum areas; (b) infusion of addiction counseling language into the core curriculum areas; and (c) including a focus on the impact of multicultural awareness and diversity issues throughout counselor preparation programming. These changes are reflective of CACREP's thrust towards strengthening the professional identity of counselors. Additional changes in the areas of professional practice include promoting a unified requirement for clinical instruction utilizing supervision contracts and a minimum 600-hour internship for all program areas.

The CACREP standards were formulated with specialty areas of counselor preparation in mind. As mentioned earlier, the Standards Revision process of CACREP seeks to keep counselor education programs current by addressing changes in counseling practice stemming from societal changes. The Standards for Program Areas have also been changed in the 2009 Standards. Gerontological Counseling has been deleted as a separate program area, but Addictions Counseling has been added. College Counseling and Student Affairs program areas have been merged into College Counseling and Student Development. Another controversial change has been the merging of Community Counseling and Mental Health Counseling. Rationale of the SRC of CACREP is based on feedback received. Feedback received indicates that graduates from both Community Counseling and Mental Health Counseling frequently work in the same type of clinical setting and are subject to the same licensure and credentialing requirements. Mental

Health Counseling programs maintain a 60-hour degree program as an entry level requirement for the practice of mental health counseling. Moreover, moving Community Counseling programs to a 60-hour program would again unify the profession in terms of similar preparation programs. Accordingly, the 2009 Standards reflect this change by allowing Community Counseling programs to raise the required number of hours in a systematic approach. Changes in doctoral level standards mirror the changes in the master's level standards. Primarily changes in the doctoral level training program standards affect the Learning Environment, Professional Identity and Professional Practice Standards.

The Role of Counselor Advocacy in Program Accreditation

Advocacy for the counseling profession takes many different forms such as legislative lobbying (local and national), public relations, membership in a professional membership organization or through credentialing. Counselor advocacy in program accreditation can be achieved through continued recognition and support for high standards promoting programs of excellence. Counselor advocacy can also be achieved through participating in activities such as the Standards Revision process by organizations such as CACREP, which recognizes the need for all counselors to participate in program accreditation. This has been demonstrated through the invitation for feedback on the 2009 Standards involving counselors, counselor educators, students, state counseling and certification boards, and others. The need for active involvement from practitioners and others is vital to continued development of the counseling profession.

Program accreditation is a sign of quality and demonstrates the willingness of a counselor education program to voluntarily meet high standards for training counselors. Adherence to such high standards requires a commitment to continuous assessment and accountability. Not only does accreditation affect students and counselor educators, but graduates and the consumer as well. Accreditation assures graduates of a quality education providing a solid foundation for the practice of counseling. Consumers of counseling are likewise assured that a graduate of a CACREP accredited program has the knowledge and skills necessary to practice effectively.

Conclusion

Professional counseling continues to evolve and grow. While there are growth pains and lively debate among the specialty areas, counseling has achieved "professionalization". The steps identified by Klatt in 1967 are still relevant to the progress made by the counseling profession. The need for a specialized body of knowledge focused on a holistic and developmental approach helping people achieve wellness has been recognized. Further, the need for this specialized knowledge created counselor education training programs which are unique in scope focused on a wellness model. Program accreditation assures the public that counselor education programs stay current with societal trends and experiences thereby producing effective and well-prepared counselors.

Klatt (1967) also identified creation of an ethical code as important in creating a professional identity. The ethical behavior of counseling professionals is assured by professional organizations which develop, promote and update ethical codes regularly.

Professional organizations have a well-established system of regulating professional counselors through disciplinary actions for non-adherence to ethical standards. A specialized body of knowledge, unique training standards created by accreditation organizations, and an ethical code of conduct were the earliest steps taken in creating the counseling profession. The creation of an entry level examination was also an early step taken by the counseling profession and just as accreditation standards are kept current with societal changes the examination process also demands continuous evaluation in order to ensure qualified entry level practitioners.

As the profession continues to evolve and grow, counseling professionals will also continue to develop and grow. Initially, counselors in training focus on completing a training program. Then the new professional may focus on completing the examination, certification and licensure processes. As these developmental steps are completed, the counseling professional may then begin to look towards their own professional growth and development. Skovholt & Ronnestad (1992) stated counseling professionals professional development is influenced by multiple sources (e. g., supervisors, professors, mentors, therapists, colleagues) and is a process. This process has been described as a long, slow and changeable process wherein the professional base is built, expanded and individualized. Our development does not stop at the masters, specialist or doctoral level. Our professional identity continues to grow and develop. And as the growth continues, it is mandated that we as counselors also continue our professionalization through advocacy, education, experience and professional identity enhancing our skills and effectiveness.

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