

**BEHAVIORAL SCIENCES REGULATORY BOARD
PROFESSIONAL COUNSELING ADVISORY COMMITTEE MEETING
Monday, April 4, 2022**

Due to COVID-19, the Board office is practicing social distancing. The office space does not allow for a meeting while practicing social distancing, therefore, the meeting will be conducted virtually on the Zoom platform.

You may view the meeting here: https://youtu.be/9_2TUFuT63c

To join the meeting by conference call: 877-278-8686

The pin: 327072

If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240. The Behavioral Sciences Regulatory Board may take items out of order as necessary to accommodate the time restrictions of Board members and visitors. All times and items are subject to change

Monday, April 4, 2022, 10am

- I. Call to Order and Roll Call**
- II. Agenda Approval**
- III. Review and Approval of Minutes from Previous Meeting on February 7, 2022**
- IV. Executive Director's Report**
- V. Old Business**
 - A. Continued Discussion on Topics for Committee Work this Year**
- VI. New Business**
 - A. Discussion on BSRB Unprofessional Conduct Regulations**
 - B. Discuss Council for Accreditation and Related Educational Programs (CACREP) 2024 Standards – Draft 2**
 - C. Discussion on Pre-Approved Providers for Continuing Education**
- VII. Next Meeting Monday, June 6, 2022**
- VIII. Adjournment**

**Behavioral Sciences Regulatory Board
Professional Counselor Advisory Committee
February 7, 2022, 10:00 a.m.**

Advisory Committee Members Present: Advisory Committee members who participated by Zoom were Laura Shaughnessy, Jessica Allison, Harriett Bachner, Robert Kircher, Kenton Olliff, Edil Torres-River, and Andrew Secor.

BSRB Staff Present: David Fye and Leslie Allen were present by Zoom.

Guests Present: None.

1. **Call to Order.** Laura Shaughnessy, Chair of the Advisory Committee, opened the meeting and called roll.
2. **Agenda Approval.** No changes were made to the agenda.
3. **Minutes Approval:** Bob Kircher moved to approve the minutes for the Advisory Committee meeting on December 6, 2021. Jessica Allison Second. The motion passes.
4. **Executive Director's Report.** David Fye, Executive Director for the BSRB, reported on the following topics:
 - a. **BSRB Staff Update.** As of January 4, 2022, all BSRB licensing staff is back in the office full-time. Investigators are using a hybrid model, working in the office three days each week and utilizing the BSRB Telework Pilot two days each week. The BSRB filled an open Administrative Assistant position at the end of December. The BSRB was closed Wednesday, February 2, 2022, due to inclement weather, but most staff were still able to work remotely due to current technology.
 - b. **January Board Meeting.** The Executive Director provided updates from the Board meeting on January 10, 2022. The previous Board Governance Policy was last modified in 2011. In the fall, the Board recommended significant changes and the document has been replaced by two new documents: (1) an Expectations of Board Members Policy and (2) an Advisory Committee Policy. The Board discussed whether to pursue statutory changes to allow persons with more than one license to be able to renew their license at the same time. The Board was supportive of allowing syncing of the expiration date of multiple licenses, but not to make it a requirement. The BSRB will be working on proposed language to make this change.
 - c. **2022 Legislative Session.** On January 11, 2022, the Governor provided the State of the State address. Legislation was requested on behalf of BSRB in the Senate Committee on Public Health and Welfare. The bill including the recommendations of the Board of the BSRB is Senate Bill 387. An announcement about the bill is on the BSRB website. The Executive Director provided a summary of the three items in the bill. The bill hearing will be in the Senate Public Health and Welfare Committee on Wednesday, February 9, 2022, at 8:30am.
 - d. **Budget Update.** The Governor's recommendation for the agency's budget was the same amount as the BSRB's revised estimates in FY 2022 and FY 2023. The budget for the BSRB

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was approved by the House Budget Committee and was reported out of House Appropriations Committee favorably with no changes. The agency's budget will be heard by the Senate Transparency and Ethics Committee on Wednesday, February 9, 2022, and is scheduled to be reported out of the Senate Ways and Means Committee on Friday, February 11, 2022.

- e. **FARB Conference.** The Executive Director was invited to speak at the Federal Association of Regulatory Boards (FARB) annual conference in Fort Worth, Texas, on the topic of Public Protection Through Creative Access to Information. On Friday, February 4, 2022, the Executive Director attended Day 1 of the annual meeting of the American Association of State Counseling Boards (AASCB). One of the topics discussed at the conference was telehealth standards. Day 2 of the annual meeting will be on Friday, February 18, 2022.

5. **New Business**

- a. **Training for Board Members.** The Executive Director provided training to Board members and Advisory Committee members serving on the Advisory Committee, including an overview of the Expectations of Board Members Policy, the Advisory Committee Policy, Guidelines for Public Attendees of Meetings, and a summary of Board Member and Advisory Committee Orientation prepared by Assistant Attorney General Janet Arndt.
- b. **Discussion on Unprofessional Conduct Regulations.** The Executive Director noted Advisory Committee members received a copy of the unprofessional conduct regulations for the profession and asked members to review the regulations to be able to discuss whether any changes are needed at the next Advisory Committee meeting. The Executive Director noted the importance of Advisory Committees reviewing the statutes and regulations for the professions to make sure those documents do not contain outdated terminology and take into consideration changes in technology, such as social media and telehealth.
- c. **Discussion on Committee Work for the Upcoming Year.** The Chair noted the importance of members of the Advisory Committee reviewing the statutes and regulations for potential changes. The Executive Director noted the Advisory Committee could continue to review the proposed multi-state compact.

6. **Next Meeting.** Monday, April 4, 2022, at 10am.

7. **Adjournment.** Kenton Olliff moved to adjourn the meeting and Jessica Allison seconded. The motion passed.

Agency 102
Behavioral Sciences Regulatory Board

Article 3.—Professional Counselors; Fees

[Printable Format](#)

102-3-12a. Unprofessional conduct. (a) Any license may be suspended, limited, conditioned, qualified, restricted, revoked, not issued, or not renewed upon a finding of unprofessional conduct.

(b) Any of the following acts by a licensed professional counselor, a licensed clinical professional counselor, or an applicant for a professional counselor license or a clinical professional counselor license shall constitute unprofessional conduct:

(1) Obtaining or attempting to obtain a license or registration for oneself or another by means of fraud, bribery, deceit, misrepresentation, or concealment of a material fact;

(2) except when the information has been obtained in the context of confidentiality, failing to notify the board, within a reasonable period of time, that any of the following circumstances apply to any person regulated by the board or applying for a license or registration, including oneself:

(A) Had a professional license, certificate, permit, registration, certification, or professional membership granted by any jurisdiction, professional association, or professional organization that has been limited, conditioned, qualified, restricted, suspended, revoked, refused, voluntarily surrendered, or allowed to expire in lieu of or during investigatory or disciplinary proceedings;

(B) has been subject to any other disciplinary action by any credentialing board, professional association, or professional organization;

(C) has been demoted, terminated, suspended, reassigned, or asked to resign from employment, or has resigned from employment, for some form of misfeasance, malfeasance, or nonfeasance;

(D) has been convicted of a crime; or

(E) has practiced the licensee's or registrant's profession in violation of the laws or regulations regulating the profession;

(3) knowingly allowing another person to use one's license or registration;

(4) impersonating another person holding a license or registration issued by this or any other board;

(5) having been convicted of a crime resulting from or relating to the licensee's professional practice of professional counseling or clinical professional counseling;

(6) furthering the licensure or registration application of another person who is known or reasonably believed to be unqualified with respect to character, education, or other relevant eligibility requirements;

(7) knowingly aiding or abetting any individual who is not credentialed by the board to represent that individual as a person who is credentialed by the board;

(8) failing to recognize, seek intervention, and otherwise appropriately respond when one's own personal problems, psychosocial distress, or mental health difficulties interfere with or negatively impact professional judgment, professional performance and functioning, or the ability to act in the client's best interests;

(9) failing or refusing to cooperate in a timely manner with any request from the board for a response, information, or assistance with respect to the board's investigation of any report of an alleged violation filed against oneself or any other applicant or professional who is required to be licensed or registered by the board. Any person taking longer than 30 days to provide the requested response, information, or assistance shall have the burden of demonstrating that the person has acted in a timely manner;

(10) offering to perform or performing professional counseling, assessments, consultations, or referrals clearly inconsistent or incommensurate with one's training, education or experience or with accepted professional standards;

(11) treating any client, student, directee, or supervisee in a cruel manner;

(12) discriminating against any client, student, directee, or supervisee on the basis of color, race, gender, religion, national origin, or disability;

(13) failing to advise and explain to each client the respective rights, responsibilities, and duties involved in the professional counseling relationship;

(14) failing to provide each client with a description of what the client can expect in the way of services, consultation, reports, fees, billing, and therapeutic regimen or schedule, or failing to reasonably comply with the description;

(15) failing to provide each client with a description of the possible effects of the proposed treatment when the treatment is experimental or when there are clear and known risks to the client;

(16) failing to inform each client, student, directee, or supervisee of any financial interests that might accrue to the professional counselor or clinical professional counselor from a referral to any other service or from using any tests, books, or apparatus;

(17) failing to inform each client that the client is entitled to the same services from a public agency if the professional counselor or clinical professional counselor is employed by that public agency and also offers services privately;

(18) failing to inform each client, student, directee, or supervisee of the limits of client confidentiality, the purposes for which the information is obtained, and the manner in which the information may be used;

(19) revealing information, a confidence, or a secret of any client, or failing to protect the confidences, secrets, or information contained in a client's records, except when at least one of these conditions is met:

(A) Disclosure is required or permitted by law;

- (B) failure to disclose the information presents a clear and present danger to the health or safety of an individual or the public; or
- (C) the professional counselor or clinical professional counselor is a party to a civil, criminal, or disciplinary investigation or action arising from the practice of professional counseling or clinical professional counseling, in which case disclosure is limited to that action;
- (20) failing to obtain written, informed consent from each client, or the client's legal representative or representatives, before performing any of these actions:
- (A) Electronically recording sessions with that client;
- (B) permitting a third-party observation of their activities; or
- (C) releasing information concerning a client to a third person, except as required or permitted by law;
- (21) failing to protect confidences of, secrets of, or information concerning other persons when providing a client with access to that client's records;
- (22) failing to exercise due diligence in protecting the information regarding and the confidences and secrets of the client from disclosure by other persons in one's work or practice setting;
- (23) engaging in professional activities, including billing practices and advertising, involving dishonesty, fraud, deceit, or misrepresentation;
- (24) using alcohol or illegally using a controlled substance while performing the duties or services of a professional counselor or clinical professional counselor;
- (25) making sexual advances toward or engaging in physical intimacies or sexual activities with one's client, student, directee, or supervisee;
- (26) making sexual advances toward, engaging in physical intimacies or sexual activities with, or exercising undue influence over any person who, within the past 24 months, has been one's client;
- (27) exercising undue influence over any client, student, directee, or supervisee, including promoting sales of services or goods, in a manner that will exploit the client, student, directee, or supervisee for the financial gain, personal gratification, or advantage of oneself or a third party;
- (28) directly or indirectly offering or giving to a third party or soliciting, receiving, or agreeing to receive from a third party any fee or other consideration for the referral of the client or in connection with performing professional counselor or clinical professional counselor services;
- (29) permitting any person to share in the fees for professional services, other than a partner, employee, associate in a professional firm, or consultant authorized to practice as a professional counselor or clinical professional counselor;
- (30) soliciting or assuming professional responsibility for clients of another agency or colleague without attempting to coordinate continuity of client services with that agency or colleague;
- (31) making claims of professional superiority that one cannot substantiate;
- (32) guaranteeing that satisfaction or a cure will result from the performance of professional services;
- (33) claiming or using any secret or special method of treatment or techniques that one refuses to disclose to the board;
- (34) continuing or ordering tests, procedures, or treatments or using treatment facilities or services not warranted by the condition, best interests, or preferences of the client;
- (35) failing to maintain a record for each client that conforms to the following minimal requirements:
- (A) Contains adequate identification of the client;
- (B) indicates the client's initial reason for seeking the services of the professional counselor or clinical professional counselor;
- (C) contains pertinent and significant information concerning the client's condition;
- (D) summarizes the interventions, treatments, tests, procedures, and services that were obtained, performed, ordered, or recommended and the findings and results of each;
- (E) documents the client's progress during the course of intervention or treatment provided by the professional counselor;
- (F) is legible;
- (G) contains only those terms and abbreviations that are comprehensible to similar professional practitioners;
- (H) indicates the date and nature of any professional service that was provided; and
- (I) describes the manner and process by which the professional counseling or clinical professional counseling relationship terminated;
- (36) taking credit for work not personally performed, whether by giving inaccurate or misleading information or failing to disclose accurate or material information;
- (37) if engaged in research, failing to fulfill these requirements:
- (A) Consider carefully the possible consequences for human beings participating in the research;
- (B) protect each participant from unwarranted physical and mental harm;

- (C) ascertain that the consent of each participant is voluntary and informed; and
- (D) preserve the privacy and protect the anonymity of each subject of the research within the terms of informed consent;
- (38) making or filing a report that one knows to be false, distorted, erroneous, incomplete, or misleading;
- (39) failing to notify the client promptly when termination or interruption of service to the client is anticipated;
- (40) failing to seek continuation of service, or abandoning or neglecting a client under or in need of professional care, without making reasonable arrangements for that care;
- (41) abandoning employment under circumstances that seriously impair the delivery of professional care to clients and without providing reasonable notice to the employer;
- (42) failing to terminate the professional counseling or clinical professional counseling services when it is apparent that the relationship no longer serves the client's needs or best interests;
- (43) if the professional counselor or clinical professional counselor is the owner or custodian of client records, failing to retain these records for at least five years after the date of termination of the professional relationship, unless otherwise provided by law;
- (44) supervising or directing in a negligent manner anyone for whom one has supervisory or directory responsibility;
- (45) failing to inform a client if professional counseling services are provided or delivered under supervision or direction;
- (46) engaging in a dual relationship with a client, student, or supervisee;
- (47) failing to inform the proper authorities as provided in K.S.A. 38-2223, and amendments thereto, that one knows or has reason to believe that a client has been involved in harming or has harmed a child, whether by physical, mental, or emotional abuse or neglect or by sexual abuse;
- (48) failing to inform the proper authorities as required by K.S.A. 39-1402, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to a resident, as defined by K.S.A. 39-1401(a) and amendments thereto:
 - (A) Has been or is being abused, neglected, or exploited;
 - (B) is in a condition that is the result of abuse, neglect, or exploitation; or
 - (C) is in need of protective services;
- (49) failing to inform the proper authorities as required by K.S.A. 39-1431, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to an adult, as defined in K.S.A. 39-1430 and amendments thereto:
 - (A) Is being or has been abused, neglected, or exploited;
 - (B) is in a condition that is the result of abuse, neglect, or exploitation; or
 - (C) is in need of protective services;
- (50) intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing the filing of a report or record required by state or federal law, or inducing another person to take any of those actions;
- (51) offering to perform or performing any service, procedure, or therapy that, by the accepted standards of professional counseling or clinical professional counseling practice in the community, would constitute experimentation on human subjects without first obtaining the full, informed, and voluntary written consent of the client or the client's legal representative or representatives;
- (52) practicing professional counseling or clinical professional counseling in an incompetent manner;
- (53) practicing professional counseling or clinical professional counseling after one's license expires;
- (54) using without a license, or continuing to use after the expiration of a license, any title or abbreviation prescribed by law for use solely by persons currently holding that type or class of license;
- (55) diagnosing or treating any client who a professional counselor practicing under direction or a clinical professional counselor has reason to believe is suffering from a mental illness or disease, as opposed to a mental disorder; or
- (56) violating any provision of this act or any regulation adopted under it. (Authorized by K.S.A. 2007 Supp. 65-5809 and 74-7507; implementing K.S.A. 2007 Supp. 65-5809; effective Dec. 19, 1997; amended July 19, 2002; amended Jan. 9, 2004; amended Aug. 8, 2008.)

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(1) Obtaining or attempting to obtain a license or registration for oneself or another by means of fraud, bribery, deceit, misrepresentation, or concealment of a material fact;

(2) except when the information has been obtained in the context of confidentiality, failing to notify the board, within a reasonable period of time, that any of the following circumstances apply to any person regulated by the board or applying for a license or registration, including oneself:

(A) Had a professional license, certificate, permit, registration, certification, or professional membership granted by any jurisdiction, professional association, or professional organization that has been limited, conditioned, qualified, restricted, suspended, revoked, refused, voluntarily surrendered, or allowed to expire in lieu of or during investigatory or disciplinary proceedings;

(B) has been subject to any other disciplinary action by any credentialing board, professional association, or professional organization;

(C) has been demoted, terminated, suspended, reassigned, or asked to resign from employment, or has resigned from employment, for some form of misfeasance, malfeasance, or nonfeasance;

(D) has been convicted of a crime; or

(E) has practiced the licensee's or registrant's profession in violation of the laws or regulations regulating the profession;

(3) knowingly allowing another person to use one's license or registration;

(4) impersonating another person holding a license or registration issued by this or any other board;

(5) having been convicted of a crime resulting from or relating to the licensee's professional practice of professional counseling or clinical professional counseling;

(6) furthering the licensure or registration application of another person who is known or reasonably believed to be unqualified with respect to character, education, or other relevant eligibility requirements;

(7) knowingly aiding or abetting any individual who is not credentialed by the board to represent that individual as a person who is credentialed by the board;

(8) failing to recognize, seek intervention, and otherwise appropriately respond when one's own personal problems, psychosocial distress, or mental health difficulties interfere with or negatively impact professional judgment,

professional performance and functioning, or the ability to act in the client's best interests;

(9) failing or refusing to cooperate in a timely manner with any request from the board for a response, information, or assistance with respect to the board's investigation of any report of an alleged violation filed against oneself or any other applicant or professional who is required to be licensed or registered by the board. Any person taking longer than 30 days to provide the requested response, information, or assistance shall have the burden of demonstrating that the person has acted in a timely manner;

(10) offering to perform or performing professional counseling, assessments, consultations, or referrals clearly inconsistent or incommensurate with one's training, education or experience or with accepted professional standards;

(11) treating any client, student, directee, or supervisee in a cruel manner;

(12) discriminating against any client, student, directee, or supervisee on the basis of color, race, gender, religion, national origin, or disability;

(13) failing to advise and explain to each client the respective rights, responsibilities, and duties involved in the professional counseling relationship;

(14) failing to provide each client with a description of what the client can expect in the way of services, consultation, reports, fees, billing, and therapeutic regimen or schedule, or failing to reasonably comply with the description;

(15) failing to provide each client with a description of the possible effects of the proposed treatment when the treatment is experimental or when there are clear and known risks to the client;

(16) failing to inform each client, student, directee, or supervisee of any financial interests that might accrue to the professional counselor or clinical professional counselor from a referral to any other service or from using any tests, books, or apparatus;

(17) failing to inform each client that the client is entitled to the same services from a public agency if the professional counselor or clinical professional counselor is employed by that public agency and also offers services privately;

(18) failing to inform each client, student, directee, or supervisee of the limits of client confidentiality, the purposes for which the information is obtained, and the manner in which the information may be used;

(19) revealing information, a confidence, or a secret of any client, or failing to protect the confidences, secrets, or information contained in a client's records, except when at least one of these conditions is met:

(A) Disclosure is required or permitted by law;

(B) failure to disclose the information presents a clear and present danger to the health or safety of an individual or the public; or

(C) the professional counselor or clinical professional counselor is a party to a civil, criminal, or disciplinary investigation or action arising from the practice

of professional counseling or clinical professional counseling, in which case disclosure is limited to that action;

(20) failing to obtain written, informed consent from each client, or the client's legal representative or representatives, before performing any of these actions:

(A) Electronically recording sessions with that client;

(B) permitting a third-party observation of their activities; or

(C) releasing information concerning a client to a third person, except as required or permitted by law;

(21) failing to protect confidences of, secrets of, or information concerning other persons when providing a client with access to that client's records;

(22) failing to exercise due diligence in protecting the information regarding and the confidences and secrets of the client from disclosure by other persons in one's work or practice setting;

(23) engaging in professional activities, including billing practices and advertising, involving dishonesty, fraud, deceit, or misrepresentation;

(24) ~~using alcohol or illegally using a controlled substance~~ Being under the influence of any substance that impairs professional judgement while performing the duties or services of a professional counselor or clinical professional counselor;

(25) engaging in sexual behavior including sexual harassment, making sexual advances toward, ~~or~~ engaging in physical intimacies or engaging in

sexual activities with one's active client, active student, directee, or supervisee or anyone with whom they have power or authority;

(26) engaging in sexual behavior including sexual harassment, making sexual advances toward, engaging in physical intimacies or sexual activities with, or exercising undue influence over any person who, within the past ~~24~~ 60 months, has been one's client, client's romantic partners, or the client's family member, or anyone with whom they have power or authority;

(27) exercising undue influence over any client, student, directee, or supervisee, including promoting sales of services or goods, in a manner that will exploit the client, student, directee, or supervisee for the financial gain, personal gratification, or advantage of oneself or a third party;

(28) directly or indirectly offering or giving to a third party or soliciting, receiving, or agreeing to receive from a third party any fee or other consideration for the referral of the client or in connection with performing professional counselor or clinical professional counselor services;

(29) permitting any person to share in the fees for professional services, other than a partner, employee, associate in a professional firm, or consultant authorized to practice as a professional counselor or clinical professional counselor;

(30) soliciting or assuming professional responsibility for clients of another agency or colleague without attempting to coordinate continuity of client services with that agency or colleague;

(31) making claims of professional superiority that one cannot substantiate;

(32) guaranteeing that satisfaction or a cure will result from the performance of professional services;

(33) claiming or using any secret or special method of treatment or techniques that one refuses to disclose to the board;

(34) continuing or ordering tests, procedures, or treatments or using treatment facilities or services not warranted by the condition, best interests, or preferences of the client;

(35) failing to maintain a record for each client that conforms to the following minimal requirements:

(A) Contains adequate identification of the client;

(B) indicates the client's initial reason for seeking the services of the professional counselor or clinical professional counselor;

(C) contains pertinent and significant information concerning the client's condition;

(D) summarizes the interventions, treatments, tests, procedures, and services that were obtained, performed, ordered, or recommended and the findings and results of each;

(E) documents the client's progress during the course of intervention or treatment provided by the professional counselor;

(F) is legible;

(G) contains only those terms and abbreviations that are comprehensible to similar professional practitioners;

(H) indicates the date and nature of any professional service that was provided; and

(I) describes the manner and process by which the professional counseling or clinical professional counseling relationship terminated;

(36) taking credit for work not personally performed, whether by giving inaccurate or misleading information or failing to disclose accurate or material information;

~~(37) if engaged in research, failing to fulfill these requirements:~~ Failing to consider the possible consequences on participants, failing to take all reasonable precautions on behalf of participants' welfare, or causing emotional, physical, or social harm to participants throughout the research process, according to all current state and federal laws and statutes for conducting research

~~(A) Consider carefully the possible consequences for human beings participating in the research;~~

~~(B) protect each participant from unwarranted physical and mental harm;~~

~~(C) ascertain that the consent of each participant is voluntary and informed; and~~

~~(D) preserve the privacy and protect the anonymity of each subject of the research within the terms of informed consent;~~

(38) making or filing a report that one knows to be false, distorted, erroneous, incomplete, or misleading;

(39) failing to notify the client promptly when termination or interruption of service to the client is anticipated;

(40) failing to seek continuation of service, or abandoning or neglecting a client under or in need of professional care, without making reasonable arrangements for that care;

(41) abandoning employment under circumstances that seriously impair the delivery of professional care to clients and without providing reasonable notice to the employer;

(42) failing to terminate the professional counseling or clinical professional counseling services when it is apparent that the relationship no longer serves the client's needs or best interests;

(43) if the professional counselor or clinical professional counselor is the owner or custodian of client records, failing to retain these records for at least five years after the date of termination of the professional relationship, unless otherwise provided by law;

(44) supervising or directing in a negligent manner anyone for whom one has supervisory or directory responsibility;

(45) failing to inform a client if professional counseling services are provided or delivered under supervision or direction;

(46) engaging in a dual relationship with a client, student, or supervisee;

(47) failing to inform the proper authorities as provided in K.S.A. 38-2223, and amendments thereto, that one knows or has reason to believe that a client has been involved in harming or has harmed a child, whether by physical, mental, or emotional abuse or neglect or by sexual abuse;

(48) failing to inform the proper authorities as required by K.S.A. 39-1402, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to a resident, as defined by K.S.A. 39-1401(a) and amendments thereto:

(A) Has been or is being abused, neglected, or exploited;

(B) is in a condition that is the result of abuse, neglect, or exploitation; or

(C) is in need of protective services;

(49) failing to inform the proper authorities as required by K.S.A. 39-1431, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to an adult, as defined in K.S.A. 39-1430 and amendments thereto:

(A) Is being or has been abused, neglected, or exploited;

(B) is in a condition that is the result of abuse, neglect, or exploitation; or

(C) is in need of protective services;

(50) intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing the filing of a report or record required by state or federal law, or inducing another person to take any of those actions;

(51) offering to perform or performing any service, procedure, or therapy that, by the accepted standards of professional counseling or clinical professional counseling practice in the community, would constitute experimentation on human subjects without first obtaining the full, informed, and voluntary written consent of the client or the client's legal representative or representatives;

(52) practicing professional counseling or clinical professional counseling in an incompetent manner;

(53) practicing professional counseling or clinical professional counseling after one's license expires;

(54) using without a license, or continuing to use after the expiration of a license, any title or abbreviation prescribed by law for use solely by persons currently holding that type or class of license;

~~(55) diagnosing or treating any client who a professional counselor practicing under direction or a clinical professional counselor has reason to believe is suffering from a mental illness or disease, as opposed to a mental disorder.~~ Practicing inappropriate boundaries with clients with regards to use of social media including but not limited to, using a personal profile to connect or communicate with clients on any social media platform, or accessing a client's social media pages without previous consent; or

(56) Disclosing confidential information through public social media;

(57) If engaged in distance-counseling, failing to fulfill these requirements:

(A) Informing the client of risks and benefits of distance counseling,

(B) Disclosing the possibility of technology failure and providing alternative methods of service,

(C) Detailing emergency procedures to follow when the counselor is unavailable, and

(D) Taking appropriate steps to encrypt or ensure the security of confidential client information or any activity which protects confidential client information from risk of privacy breach; and

~~(56)~~ (58) violating any provision of this act or any regulation adopted under it. (Authorized by K.S.A. 2007 Supp. 65-5809 and 74-7507; implementing K.S.A. 2007 Supp. 65-5809; effective Dec. 19, 1997; amended July 19, 2002; amended Jan. 9, 2004; amended Aug. 8, 2008; amended P-_____.)



NATIONAL BOARD FOR CERTIFIED COUNSELORS (NBCC) POLICY REGARDING THE PROVISION OF DISTANCE PROFESSIONAL SERVICES

INTRODUCTION

The National Board for Certified Counselors (NBCC) is a not-for-profit organization dedicated to the identification of counselors who have voluntarily met national standards based on research in the profession. NBCC's mission also includes the promotion of quality assurance and professionalism in counseling practice.

In connection with the mission to promote quality assurance, NBCC recognized the potential impact of computers on the counseling profession decades ago. After conducting research with experts in the field, NBCC adopted the *Standards for the Ethical Practice of WebCounseling* in 1997, the first of such standards in the mental health profession. Given the evolution of the technology in this area, the NBCC Board of Directors has regularly reviewed these standards and adopted revised policies such as *The Practice of Internet Counseling*.

The most recent review of the practice of internet counseling supports a revision in the standards, and the resulting information demonstrated the following fundamental concepts:

1. Counseling through distance means presents unique ethical dilemmas to professional counselors.
2. Related technology continues to advance and be used more by increasing numbers of professional counselors.
3. Use of technology by counselors continues to evolve.

In light of this information, the policy regarding internet counseling has been revised, and this document, the *NBCC Policy Regarding the Provision of Distance Professional Services*, replaces previous editions.

One of the most recognizable differences in this policy is the use of the term "distance professional services." Rather than focusing only on the provision of "internet counseling," this policy expands the terminology to include other types of professional services that are starting to be used more in distance formats.

Other key terms with regard to this policy include:

Face-to-face refers to services that involve the synchronous interaction between an individual or groups of people using what is seen and heard in person to communicate.

Distance professional services involve the use of electronic or other means (e.g., telephones or computers) to provide services such as counseling, supervision, consultation, or education.

Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

Supervision is a contracted, hierarchical relationship between two or more professionals. The intended focus of supervision is on the augmentation of a supervisee's professional services.

Consultation is a deliberate agreement between two or more professionals to work together to increase the effectiveness of professional services in relation to a specific individual (client, student, or supervisee).

Common methods for the provision of distance professional services include the following:

- *Telephone-based* refers to the synchronous distance interaction in which information is received only through audio means.
- *Email-based* refers to the asynchronous distance interaction in which information is received through written text messages or email.
- *Chat-based* refers to the synchronous distance interaction in which information is received through written messages.
- *Video-based* refers to the synchronous distance interaction in which information is received via video and audio mechanisms.
- *Social network-based* refers to the synchronous or asynchronous distance interaction in which information is exchanged through social networking mechanisms.

All of the above-mentioned examples of distance professional services may be conducted with individuals, couples, families, or group members.

The NBCC Policy Regarding the Provision of Distance Professional Services identifies specific actions National Certified Counselors (NCCs) must take when providing distance services. NBCC recognizes that some counselors provide a combination of face-to-face and distance services even in the context of one particular client or supervisee; therefore, the standards described in this policy supplement the directives identified in the National Board for Certified Counselors (NBCC) *Code of Ethics*.

STANDARDS FOR DISTANCE PROFESSIONAL SERVICES

1. NCCs shall adhere to all NBCC policies and procedures, including the *Code of Ethics*.
2. NCCs shall provide only those services for which they are qualified by education and experience. NCCs shall also consider their qualifications to offer such service via distance means.
3. NCCs shall carefully adhere to legal regulations before providing distance services. This review shall include legal regulations from the state in which the counselor is located as well as those from the recipient's location. Given that NCCs may be offering distance services to individuals in different states at any one time, the NCC shall document relevant state regulations in the respective record(s).
4. NCCs shall ensure that any electronic means used in distance service provision are in compliance with current regulatory standards.
5. NCCs shall use encryption security for all digital technology communications of a therapeutic type. Information regarding security should be communicated to individuals who receive distance services. Despite the use of reasonable security safeguards, distance service recipients shall be informed of the potential risks of distance communications. Not the least of these considerations is the warning about entering private information when using a public access or computer that is on a shared network. NCCs shall caution recipients of distance services against using "auto-remember" user names and passwords. NCCs shall also inform recipients of distance services to consider employers' policies relating to the use of work computers for personal communications.
6. To prevent the loss of digital communications or records, NCCs who provide distance services shall maintain secure backup systems. If the backup system is also a digital mechanism, this too shall offer encryption-level security. This information shall be provided to the recipient of professional services.

7. NCCs shall screen potential distance service recipients for appropriateness to receive services via distance methods. These considerations shall be documented in the records.
8. During the screening or intake process, NCCs shall provide potential recipients with a detailed written description of the distance counseling process and service provision. This information shall be specific to the identified service delivery type and include considerations for that particular individual. These considerations shall include the appropriateness of distance counseling in relation to the specific goal, the format of service delivery, the associated needs (i.e., computer with certain capabilities, etc.), the limitations of confidentiality, privacy concerns, the possibility of technological failure, anticipated response time to electronic communication, alternate service deliveries, and any additional considerations necessary to assist the potential recipient in reaching a determination about the appropriateness of this service delivery format for their need(s). NCCs shall discuss this information at key times throughout the service delivery process to ensure that this method satisfies the anticipated goals, and if not, the NCC will document the discussion of alternative options and referrals in the client's record.
9. Because of the ease in which digital communications can inadvertently be sent to other individuals, NCCs shall adopt behaviors to prevent the distribution of confidential information to unauthorized individuals. NCCs shall discuss actions the recipient may take to reduce the possibility that they will send information to other individuals by mistake.
10. NCCs shall provide recipients of distance professional services with information concerning their professional credentials and links to the respective credentialing organization web-sites.
11. NCCs, either prior to or during the initial session, shall inform recipients of the purposes, goals, procedures, limitations, potential risks, and benefits of services and techniques. NCCs also shall provide information about rights and responsibilities as appropriate to the distance service. As a part of this type of service provision, NCCs shall discuss with recipients the associated challenges that may occur when communicating through distance means, including those associated with privacy and confidentiality.
12. In the event that the recipient of distance services is a minor or is unable to provide legal consent, the NCC shall obtain a legal guardian's consent prior to the provision of distance services. Furthermore, NCCs shall retain copies of documentation indicating the legal guardian's identity in the recipient's file.
13. NCCs shall avoid the use of public social media sources (e.g., tweets, blogs) to provide confidential information. To facilitate the secure provision of information, NCCs shall provide in writing the appropriate ways to contact them.
14. NCCs shall discuss with recipients the importance of identifying recipient-named contacts in the event of identified emergency situations. As a part of this discussion, NCCs will identify the circumstances in which the individuals will be contacted and what information will be shared with emergency contacts. NCCs will provide recipients of distance services with specific written procedures regarding emergency situations. This information shall include emergency responders near the recipient's location. Given the increased dangers intrinsic to providing certain distance professional services, NCCs shall take reasonable steps to secure reasonable referrals for recipients when needed.

15. NCCs shall develop written procedures for verifying the identity of the recipient, his or her current locations, and readiness to proceed at the beginning of each contact. Examples of verification means include the use of code words, phrases or inquiries. (For example, “Is this a good time to proceed?”)
16. NCCs shall limit use of information obtained through social media sources (e.g., Facebook, LinkedIn, Twitter) in accordance with established practice procedures provided to the recipient at the initiation of services or adapted through ongoing informed consent process.
17. NCCs shall provide information concerning locations where members of the public may access the internet free of charge or provide information regarding the location of complimentary web communication services. In such cases, the informed consent process shall include the required discussion items, including how this affects confidentiality and privacy.
18. NCCs shall retain copies of all written communications with distance service recipients. Examples of written communications include email/text messages, instant messages, and histories of chat-based discussions even if they are related to housekeeping issues such as change of contact information or scheduling appointments.
19. At a minimum, NCCs shall retain distance service records for a minimum of five years unless state laws require additional time. NCCs shall limit the use of records to those permitted by law, professional standards, and as specified by the agreement with the respective recipient of distance services.
20. NCCs shall develop written procedures for the use of social media and other related digital technology with current and former recipients. These written procedures shall, at a minimum, provide appropriate protections against the disclosure of confidential information and the creation of multiple relationships. These procedures shall also identify that personal accounts are distinct from any used for professional purposes.

CACREP 2024 STANDARDS
DRAFT 2
OCTOBER 2021

THE LEARNING ENVIRONMENT

The following Standards apply to all entry-level and doctoral-level programs for which accreditation is being sought unless otherwise specified, and must be in compliance with applicable institutional and legal requirements.

THE INSTITUTION

- A. The counselor education program 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:
 - 1. the counselor education program
 - 2. the core and affiliate counselor education faculty
 - 3. specialized practice areas offered
 - 4. types of program delivery, including locations
 - 5. admission criteria
 - 6. accreditation status
 - 7. methods of instruction and technology expectations
 - 8. minimum degree requirements
 - 9. matriculation requirements
 - 10. program costs
 - 11. financial aid information
- C. The institution is committed to providing the program with sufficient financial support to ensure continuity, quality, and effectiveness in all program delivery types.
- D. The institution provides opportunities for graduate assistantships for program students in all program delivery types that are commensurate with graduate assistantship opportunities in other clinical graduate 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 in all program delivery types.
- G. The institution provides technology and technical support to all counselor education program faculty and students, in all program delivery types, to ensure access to information systems for learning, teaching, and research.
- H. The institution provides access to counseling skills training environments and necessary technology that are conducive to instruction and supervision of individual and group counseling.
- I. The institution provides dedicated administrative assistance, in all program delivery types, to support faculty/program activities and is commensurate with that provided for similar clinical graduate programs.

THE ACADEMIC UNIT

- J. Entry-level degrees consist of approved, graduate-level study with a minimum of 60 semester credit hours or 90 quarter credit hours required of all students.
- K. The counselor education program makes continuous and systematic efforts to recruit, enroll, and retain a diverse group of students and to create and support an inclusive and equitable learning community.
- L. Entry-level admission decision recommendations are made by the counselor education program 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 with diverse populations,
 - 4) technology aptitude to complete the program, and
 - 5) self-awareness.
- M. Before or at the beginning of the first term of enrollment in the counselor education program, the program provides a new student orientation for all program delivery types 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, for all program delivery types, include:

- 1) the mission statement and objectives of the counselor education program,
- 2) matriculation requirements,
- 3) expectations of students,
- 4) technology resources and competencies needed to complete the program,
- 5) academic appeal policy, including potential outcomes,
- 6) written endorsement policy explaining the conditions for recommending students for credentialing and employment,
- 7) policy for student retention, remediation, and dismissal from the program,
- 8) information about disability services and reasonable accommodation processes at the institution,
- 9) information about personal counseling services provided by professionals other than counselor education program faculty and students,
- 10) program diversity, equity, and inclusion, policies,
- 11) information about professional counseling organizations, opportunities for professional involvement, and activities appropriate for students, and.
- 12) professional counseling certification and licensure requirements and how the degree program prepares students to meet the specific certification and licensure educational standard requirements in the state in which they reside.

O. Syllabi are available for review by all students, in all program delivery types, are distributed at the beginning of each curricular experience, and include:

- 1) content areas, including the essential requirements of the courses offered,
- 2) key performance indicators and student learning outcome expectations,
- 3) methods of instruction,
- 4) required text(s) and/or reading(s),
- 5) student performance evaluation criteria and procedures,
- 6) diversity, equity, inclusion, and accessibility statement, and
- 7) a disability accommodation policy, procedure statement, and institutional contacts.

- P. 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.
- Q. Students in entry-level programs have an assigned advisor at all times during the program who helps them develop and review a planned program of study.
- R. Students have regular, systematic opportunities to evaluate their experience with and access to academic advising and resources within the counselor education program.
- S. Students have regular, systematic opportunities to evaluate counselor education program faculty. The written procedures are available to counselor education program faculty.
- T. The academic unit makes continuous and systematic efforts to recruit, employ, and retain a diverse faculty to create and support an inclusive learning community.
- U. 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. For doctoral programs, the academic unit must employ at least two additional full-time core counselor education program faculty members.
- V. To ensure that students are taught primarily by core counselor education program faculty, for any academic year, the combined number of course credit hours taught by core faculty must exceed the number of credit hours taught by affiliate faculty.
- W. For any academic year, the ratio of full-time equivalent (FTE) students to FTE faculty must not exceed 12:1.
- X. The teaching and advising loads, scholarship, and service expectations of counselor education program faculty members are consistent with clinical graduate programs at the institution.
- Y. The program has policies and procedures for maintaining privacy and confidentiality of all protected health information associated with training requirements that are in compliance with applicable institutional, state, and federal requirements.

FACULTY AND STAFF

- Z. Core faculty must have full-time appointment to the counselor education program. Core counselor education program faculty may only be designated as core faculty at one institution. Core counselor education faculty must meet one of the following qualifications:
 - 1) have earned doctoral degrees in counselor education, preferably from a CACREP-accredited program, or

- 2) 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, or
- 3) have (a) been employed as a full-time faculty member in a CORE-accredited master's program prior to July 1, 2017 or (b) graduated from a rehabilitation doctoral program prior to January 1, 2018.

AA. Core counselor education program faculty participate in professional activities, scholarly activities, and service to the profession. All core counselor education program faculty must identify with the counseling profession through each of the following:

- 1) have sustained memberships in professional counseling organizations,
- 2) maintain certifications and/or licenses related to the counseling profession, and
- 3) show evidence of sustained professional engagement through at least two of the following:
 - a) professional development and renewal activities related to counseling,
 - b) professional service and advocacy in counseling,
 - c) ongoing counseling practice, or
 - d) research and scholarly activity in counseling commensurate with their faculty role.

BB. For each specialized practice area offered by the program, at least one core counselor education program faculty member must identify with the specialized practice area. A faculty member can identify with more than one specialized practice area. The identified faculty member for the area must:

- 1) maintain certifications and/or licenses related to the specialized practice area,
- 2) show evidence of sustained professional engagement through at least two of the following:
 - a) professional development and renewal activities related to the specialized practice area,
 - b) professional service and advocacy in the specialized practice area,
 - c) ongoing counseling practice in the specialized practice area, or
 - d) research and scholarly activity in the specialized practice area commensurate with their faculty role.

CC. 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.

DD. Affiliate faculty may be employed who support the mission, goals, and curriculum of the counselor education program. All affiliate faculty must have graduate or professional degrees in a field that supports the mission of the program.

EE. The core counselor education program faculty orient affiliate faculty to program and accreditation requirements relevant to the courses they teach, and program and institutional policies and procedures.

FF. All core and affiliate counselor education program faculty have relevant preparation and experience in relation to a) the course content they teach and b) delivery type.

GG. A core counselor education program faculty member is clearly designated as the leader for the counselor education program; 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 counselor education program.

HH. A program faculty or staff member is identified as the practicum and internship coordinator for the counselor education program. This individual must:

- 1) have a written job description,
- 2) be responsible for the coordination of practicum and internship experiences in designated counselor education program(s), and
- 3) be responsible for responding to inquiries regarding practicum and internship.
- 4) coordinators hired after July 1, 2024 must meet the minimum qualifications for a site supervisor.

ACADEMIC QUALITY

Counselor education programs must be committed to attaining the highest quality in their preparation of students and must demonstrate the process, tools, and thresholds used to measure quality. Academic quality is determined by evaluation of program mission and objectives and assessment of students' knowledge, skills, and professional dispositions. The purpose of program evaluation is for counselor education program faculty to comprehensively evaluate overall program effectiveness across specific dimensions, and to use findings to inform program modifications. The following standards apply to all entry-level and doctoral-level programs for which accreditation is being sought unless otherwise specified.

PROGRAM EFFECTIVENESS

A. PROGRAM MISSION

The counselor education program has a mission statement that:

- 1) defines and outlines the fundamental purpose of the program;
- 2) reflects input from persons involved in the conduct of the program: counselor education program faculty, current and former students, and personnel in cooperating agencies; and
- 3) is publicly available.

B. PROGRAM OBJECTIVES

The program objectives are consistent with the program mission statement and

- 1) reflect current knowledge and projected needs concerning counseling practice in a diverse society;
- 2) reflect input from persons involved in the conduct of the program: counselor education program faculty, current and former students, and personnel in cooperating agencies;
- 3) are written in measurable terms so they can be evaluated; and
- 4) are publicly available.

C. CONTINUOUS AND SYSTEMATIC IMPROVEMENT OF THE PROGRAM

Counselor education programs have a written comprehensive evaluation plan for systematically evaluating, monitoring, and reporting achievement of program objectives on an annual basis. The plan includes:

- 1) academic quality indicators

- 2) minimum thresholds for meeting program objectives, as determined by counselor education program faculty
- 3) the data that will be collected
- 4) a procedure for how and when data will be collected
- 5) a method for how and when data will be reviewed or analyzed
- 6) a process for addressing unmet minimum thresholds,
- 7) a procedure for identifying and analyzing trends in the data across multiple years, and
- 8) an explanation for how data will be used for curriculum and program improvement.

D. ACADEMIC QUALITY INDICATORS

Programs must collect and analyze the following data annually as part of their comprehensive evaluation plan:

1. Faculty Professional Identity and Engagement

The program provides evidence of analysis of and reports in aggregate counselor education program faculty identity and engagement with the counseling profession in professional activities, scholarly activities, and service to the profession.

2. Aggregate Assessment of Student Success

The program provides evidence of trend analysis of student learning outcome data and reports in aggregate the achievement of minimum thresholds across multiple points in time for:

- a) entry-level programs: key performance indicators for each of the foundational curricular areas and for each specialized practice area;
- b) (If applicable) doctoral programs: key performance indicators for each of the doctoral professional identity areas;
- c) professional dispositions for entry-level students; and
- d) (If applicable) professional dispositions for doctoral students

3. Graduate Outcomes

The program provides evidence of the analysis of graduate outcomes and reports in aggregate by specialized practice area the achievement of minimum thresholds determined by the program for each of the following:

- a) the number of graduates,
- b) pass rates on credentialing examinations,
- c) degree completion rates, and
- d) job placement rates.

4. Diverse Learning Community

As part of the continuous and systematic efforts to recruit, enroll, and retain a diverse group of faculty and students, the counselor education program collects and analyzes disaggregated demographic data with regard to:

- a) Students:
 - 1) applicants,
 - 2) enrolled students, and
 - 3) degree completion rates.
- b) Full-time Faculty:
 - 1) (if applicable) applicants for open faculty positions,
 - 2) employed faculty, and
 - 3) retention rates.

5. Fieldwork

The program reports in aggregate:

- a) student evaluation of practicum and internship placement process,
- b) student evaluation of practicum and internship sites,
- c) student evaluation of practicum and internship site supervisors, and
- d) student evaluation of practicum and internship faculty and doctoral student supervisors.

6. Follow-Up Studies

The program collects and analyzes systematic follow-up studies of:

- a) graduates,
- b) site supervisors, and
- c) employers of program graduates.

E. STAKEHOLDER ENGAGEMENT AND ACCOUNTABILITY

The purpose of stakeholder engagement is to solicit and use feedback from parties outside of the counselor education program faculty who are knowledgeable about the counseling profession and the communities the program serves.

1. The counselor education program solicits feedback from a designated advisory committee regarding proposed curriculum modification and program improvement. . The advisory committee is comprised of representatives from the program and external stakeholders.
2. Counselor education program faculty disseminate an annual report, for entry and doctoral (if applicable) levels, that includes:
 - a) a summary of the program evaluation results,
 - b) subsequent curriculum modifications and program improvement, and
 - c) any other substantial program changes
3. The annual report is published on the program website in an easily accessible location.
4. Students currently in the program, program faculty, institutional administrators, and external stakeholders are notified that the annual report is available.
5. Counselor education program faculty must annually post on the program’s website in an easily accessible location the achievement of program-determined minimum thresholds for the following graduate outcomes , separated by entry-level and doctoral (if applicable) programs:
 - a) the number of graduates for the past academic year,
 - b) passing rates on credentialing examinations,
 - c) degree completion rates, and
 - d) job placement rates.

INDIVIDUAL STUDENT ASSESSMENT

F. In addition to program level evaluation, counselor education program faculty continuously and systematically assess how students individually demonstrate progress toward and mastery of the knowledge, skills, and professional dispositions as required for program graduates.

1. 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:

- a) key performance indicators of student learning in each of the foundational curricular areas and in each specialized practice area (for doctoral programs, each of the doctoral professional identity areas),
- b) minimum performance expectations for each of the key performance indicators,
- c) measurement of student learning conducted via multiple measures and over multiple points in time, and
- d) review or analysis of individual student data for the purpose of retention, remediation, and dismissal.

2. The counselor education program faculty systematically assesses each student's professional dispositions throughout the program. The assessment process includes the following:

- a) identification of key professional indicators of student professional dispositions,
- b) measurement of student professional dispositions over multiple points in time, and
- c) review or analysis of individual student data for the purpose of retention, remediation, and dismissal.

3. The counselor education program faculty systematically review each student's formative and summative fieldwork counseling performance and ability to integrate and apply knowledge as part of individual student assessment.

4. The counselor education program has a systematic process in place for communicating feedback to students on individual assessments of progress and professional dispositions.

FOUNDATIONAL COUNSELING CURRICULUM

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

The curriculum for entry-level programs provides for obtaining essential knowledge, skills, and attitudes necessary to function effectively as a professional counselor. Curriculum knowledge domains and outcome expectations are frequently interrelated and not mutually exclusive. Ethical behavior, diversity, and critical thinking are integral to counselor preparation and should be infused throughout the curriculum. Counselor preparation programs address culturally-responsive content and strategies across the eight foundational curriculum areas. The eight foundational curriculum areas represent the knowledge required of *all* entry-level counselor education graduates. Counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

- a. history and philosophy of the counseling profession and its specialized practice areas
- b. the multiple professional roles and functions of counselors across specialized practice areas
- c. counselors' roles, responsibilities, and relationships as members of specialized practice and interprofessional teams including i) collaboration and consultation, ii) community outreach, and iii) emergency response management
- e. the role and process of the professional counselor advocating on behalf of and with clients and students to address systemic, institutional, architectural, attitudinal, and social barriers that impede access, equity, and success
- f. the role and process of the professional counselor advocating on behalf of the profession
- g. professional counseling organizations, including membership benefits, activities, services to members, and current issues
- h. professional counseling credentialing, including certification, licensure, and accreditation practices and standards for specialized practice areas
- i. legislation, regulatory processes, and government/public policy relevant to and impact on professional counseling and specialized practice areas
- j. current labor market information and occupational outlook relevant to opportunities for practice within the counseling profession
- k. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling and specialized practice areas

- l. self-care, self-regulation, and self-evaluation strategies for ethical and effective practice
- n. the purpose of and roles within counseling supervision in the profession
- o. principles and strategies of caseload management, community resources and referrals, promoting independence, and optimal wellness within a range of professional settings

SOCIAL AND CULTURAL DIVERSITY

- a. theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
- b. the influence of heritage, attitudes, values, beliefs, understandings, within-group difference, and acculturative experiences on individuals' worldviews
- c. the influence of heritage, attitudes, values, beliefs, understandings, within-group difference, and acculturative experiences on help-seeking and coping behaviors
- d. the influence of intersectional individual identities and social and cultural group identities on the development of worldviews within a global context
- e. the effects of historical events, multigenerational trauma, and current issues on diverse cultural groups in the U.S. and globally
- f. the effects of power, oppression, privilege, and marginalization for counselors and clients
- g. The effects of various socio-cultural influences on mental and physical health and wellbeing, including public policies, social movements, and cultural values
- h. health disparities and related needs for medical, physical, psychosocial, and mental health services within systems of care
- i. principles of independence, inclusion, choice and self-empowerment, and universal access to services within and outside the counseling relationship
- j. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination
- k. competencies identified by professional counseling organizations related to social justice, advocacy, and working with individuals with diverse cultural identities
- l. critical thinking strategies to promote awareness and understanding of the influence of stereotypes, discrimination, power, privilege, and oppression on marginalized counselors and clients

LIFESPAN DEVELOPMENT

- a. theories of individual and family development across the lifespan
- b. structures of affectional relationships, couples, marriages, and families
- c. theories of human sexuality
- d. theories of learning
- e. theories of personality and psychological development
- f. theories and neurobiological etiology of addictions

- g. biological, neurological, and physiological factors that affect lifespan development, functioning, behavior, resilience, and overall wellness
- h. systemic and environmental factors that affect lifespan development, functioning, behavior, resilience, and overall wellness
- i. effects of crises, disasters, chronic stress, and trauma across the lifespan
- j. models of resilience, optimal development, and wellness in individuals and families across the lifespan
- k. the influence of mental and physical health conditions on coping, resilience, and overall wellness for individuals and families across the lifespan
- l. models of psychosocial adjustment to illness and disability

CAREER DEVELOPMENT

- a. theories and models of career development, counseling, and decision making
- b. approaches for conceptualizing the interrelationships among and between work, socioeconomic standing, 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 advocating for employment supports for individuals facing barriers in the workplace
- i. culturally responsive strategies for addressing career development
- j. 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
- l. ethical and legal issues relevant to career development and career counseling

COUNSELING PRACTICE AND RELATIONSHIPS

- a. theories and models of counseling
- b. case conceptualization skills using a variety of models and approaches
- c. models and strategies for understanding and practicing consultation
- d. principles of critical thinking and reasoning in the counseling process
- e. ethical and legal issues relevant to establishing and maintaining counseling relationships across service delivery modalities
- f. culturally-responsive strategies for establishing and maintaining counseling relationships across service delivery modalities
- g. application of technology related to individual, couple, and family counseling
- h. counselor characteristics, behaviors, and strategies that facilitate an effective counseling relationship
- i. interviewing, attending, and listening skills in the counseling process
- j. counseling strategies and techniques used to facilitate the client change process
- k. strategies for adapting and accommodating the counseling process to client culture, context, and preferences
- l. goal consensus and collaborative decision-making in the counseling process
- m. developmentally relevant counseling treatment or intervention plans
- n. development of measurable outcomes for clients
- o. record keeping and documentation skills
- p. principles and strategies of caseload management, including community resources and referrals
- q. classification of commonly prescribed psychopharmacological medications
- r. strategies to promote client understanding of and access to a variety of community-based resources to facilitate empowerment
- s. suicide prevention models and strategies
- t. crisis intervention, trauma-informed, community-based, and disaster mental health strategies
- u. processes for developing a personal model of counseling

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. application of technology related to group counseling and group work
- g. types of groups, settings, and other considerations that affect conducting groups

- h. culturally responsive strategies for designing and facilitating groups
- i. ethical and legal considerations relative to the delivery of group counseling and group work
- j. 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

ASSESSMENT AND DIAGNOSTIC PROCESSES

- a. historical perspectives concerning the nature and meaning of assessment and testing in counseling
- b. basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
- c. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
- d. reliability and validity in the use of assessments
- e. culturally relevant considerations for selecting, administering, and interpreting assessments, including individual accommodations and environmental modifications
- f. ethical and legal considerations for selecting, administering, and interpreting assessments
- g. methods of effectively preparing for and conducting initial assessment meetings
- h. use of assessments for diagnostic and intervention planning purposes
- i. use of assessments in academic/educational, career, personal, and social development
- j. use of environmental assessments and systematic behavioral observations
- k. use of structured interviewing, symptom checklists, and personality and psychological testing
- l. diagnostic processes, including differential diagnosis and the use of current diagnostic classification systems
- m. procedures for assessing and responding to risk of aggression or danger to others, self-inflicted harm, and suicide
- n. procedures for assessing clients' experience of trauma
- o. procedures for identifying and reporting signs of abuse
- p. procedures to identify client characteristics, protective factors, risk factors, and warning signs of mental health and behavioral disorders
- q. procedures to identify substance use and how it relates to co-occurring conditions
- r. procedures for using assessment results for referral and consultation

RESEARCH AND PROGRAM EVALUATION

- a. the importance of research in advancing the counseling profession, including the use of research to inform counseling practice
- b. identification and evaluation of the evidence base for counseling theories, interventions, and practices

- c. qualitative, quantitative, and mixed methods research designs
- d. practice-based and action research methods
- e. statistical methods used in conducting research and program evaluation
- f. analysis and use of data in research
- g. use of research methods and procedures to evaluate counseling interventions
- h. program evaluation designs and procedures, including needs assessments, formative assessments, and summative assessments
- i. development of outcome measures for counseling programs
- j. use of accountability data to inform decision making
- k. ethical and legal considerations relevant to conducting, interpreting, and reporting the results of research and program evaluation
- l. culturally responsive strategies for conducting, interpreting, and reporting the results of research and program evaluation

PROFESSIONAL PRACTICE

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. Fieldwork experiences will provide opportunities for students to counsel diverse clients. The following standards apply to entry-level programs for which accreditation is being sought.

ENTRY-LEVEL PROFESSIONAL PRACTICE

- A. The counselor education program provides ongoing support to help students find field experience sites that are sufficient to provide the quality, quantity, and variety of expected experiences to prepare students for their roles and responsibilities as professional counselors within their specialized practice areas.
- B. Students are covered by individual professional counseling liability insurance while enrolled in practicum and internship.
- C. Supervision of practicum and internship students includes program-appropriate cyber-secure audio/video recordings and/or live supervision of students' interactions with clients for all program delivery types.
- D. Students have the opportunity to become familiar with a variety of professional activities and resources, including technology resources, during their practicum and internship.
- E. Programs provide a fieldwork handbook to all students and site supervisors, in all program delivery types, detailing requirements, expectations, policies, and procedures including:
 - 1) CACREP standards and definitions related to supervised practicum and internship,
 - 2) supervision agreement,
 - 3) evaluation procedures and requirements, and
 - 4) policy for student retention, remediation, and dismissal from the program.
- F. 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 AND INTERNSHIP COURSE LOADS

- G. When individual/triadic supervision is provided by the counselor education program faculty or a doctoral student under supervision, each practicum and internship course 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.

- H. When individual/triadic supervision is provided solely by a site supervisor, and the counselor education program faculty or doctoral student under supervision only provides group supervision, each practicum and internship course 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.
- I. Practicum and internship students are not combined for group supervision.
- J. Group supervision for practicum and internship students should not exceed a 1:12 faculty:student ratio.
- K. When counselor education program faculty provide supervision of doctoral 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.

SUPERVISOR QUALIFICATIONS AND EXPECTATIONS

- L. Counselor education program faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have
 - 1) relevant experience for in-person and/or virtual supervision,
 - 2) relevant professional counseling credentials, and
 - 3) proficiency in the use of technology utilized for supervision.
- M. Doctoral students serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs must
 - 1) have completed entry-level counseling degree requirements consistent with CACREP standards,
 - 2) have completed or are receiving preparation in counseling supervision, and
 - 3) be under supervision on a regular schedule from counselor education program faculty.
- N. 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 post-master's professional experience in the specialty area in which the student is enrolled;
 - 4) proficiency in the use of technology utilized for supervision;
 - 5) knowledge of the program's expectations, requirements, and evaluation procedures for students; and
 - 6) relevant training for in-person or virtual counseling supervision.

- O. The program provides orientation to site supervisors regarding program requirements and expectations.
- P. Consultation and professional development opportunities are provided by counselor education program faculty to site supervisors for all program delivery types.
- Q. Written supervision agreements:
 - 1) define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship,
 - 2) include emergency procedures, and
 - 3) detail the format and frequency of consultation to monitor student learning when individual/triadic practicum supervision is conducted by a site supervisor in consultation with counselor education program faculty.

PRACTICUM

- R. Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 8 weeks.
- S. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
- T. 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 core or affiliate faculty member,
 - 2) a doctoral 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.
- U. 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 core or affiliate faculty member or a doctoral student who is under the supervision of a counselor education program faculty member.

INTERNSHIP

- V. After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialized practice area.
- W. Internship students complete at least 240 clock hours of direct service with actual clients.
- X. 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) a site supervisor
 - 2) a counselor education program core or affiliate faculty member, or
 - 3) a doctoral student who is under the supervision of a counselor education program faculty member
- Y. 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 core or affiliate faculty member, or a doctoral student who is under the supervision of a counselor education program faculty member.

ENTRY-LEVEL SPECIALIZED PRACTICE AREAS

All entry-level students are enrolled in at least one specialized practice area. For each specialized practice area, students are expected to develop and demonstrate the knowledge and skills necessary to address a wide range of issues in their specialized practice area. Counselor education programs must document where each of the lettered standards listed for that specialized practice area is covered in the curriculum. The standards may be addressed in the foundational curriculum or in experiences specifically designed for each specialized practice area.

ADDICTION COUNSELING

- a. neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others
- b. factors that increase the likelihood for a person, community, or group to be at risk for or resilient to psychoactive substance use disorders
- c. assessment for symptoms of psychoactive substance toxicity, intoxication, and withdrawal
- d. strategies for enhancing client motivation to change, managing cravings, and preventing relapse
- e. abstinence and harm reduction models of addiction recovery
- f. role of wellness and spirituality in the addiction recovery process
- g. evaluating and identifying individualized strategies and treatment modalities relative to clients' stage of dependence, change, or recovery
- h. pharmacological interventions used to mitigate substance use abuse withdrawal and craving
- i. recovery support tools and systems, to include vocation, family, social networks, and community systems in the addiction treatment and recovery process
- j. culturally and developmentally relevant education programs that raise awareness and support addiction and substance abuse prevention and the recovery process
- k. regulatory processes, continuum of care, and service delivery in addiction counseling
- l. strategies for interfacing with the legal system and working with court referred clients
- m. third party reimbursement and other practice and management issues in addictions counseling

CAREER COUNSELING

- a. factors that affect clients' attitudes toward work and their career decision-making processes
- b. the unique needs and characteristics of multicultural and diverse persons with regard to career exploration, employment expectations, and socioeconomic issues
- c. implications of gender roles and responsibilities for employment, education, family, and leisure
- d. impact of globalization on careers and the workplace
- e. 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
- f. approaches and resources relevant to diverse persons that help clients acquire a set of career planning, employability, job search, job creation, and life-work role transition skills
- g. strategies to assist clients in the appropriate use of technology for career information and planning
- h. approaches to market and promote career counseling activities and services

CLINICAL MENTAL HEALTH COUNSELING

- a. etiology, nomenclature, treatment, referral, and prevention of mental, behavioral, or neurodevelopmental disorders
- b. 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
- c. legislation and government policy relevant to clinical mental health counseling
- d. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
- e. techniques and interventions for prevention and treatment of a broad range of mental health issues
- f. strategies for interfacing with the legal system regarding court-referred clients
- g. strategies for interfacing with integrated behavioral health care professionals
- h. strategies to advocate for persons with mental, behavioral, or neurodevelopmental conditions
- i. strategies for community collaboration and outreach
- j. regulatory processes, continuum of care, and service delivery in clinical mental health counseling
- k. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling

COLLEGE COUNSELING AND STUDENT AFFAIRS

- a. principles of student development and the effect on life, education, and career choices
- b. organizational, management, and leadership theories relevant in higher education settings
- c. organizational culture, budgeting and finance, and personnel practices in higher education
- d. current trends in higher education
- e. diversity of higher education environments
- f. the influence of institutional, systemic, interpersonal, and intrapersonal barriers on learning and career opportunities in higher education
- g. 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
- h. policies, programs, and services that are equitable, preventative, and responsive to the unique needs of individuals in higher education settings
- i. higher education resources to improve student learning, personal growth, professional identity development, and mental health
- j. models of violence prevention in higher education settings
- k. roles of college counselors and student affairs professionals in collaborating with personnel from other educational settings to facilitate college and postsecondary transitions

MARRIAGE, COUPLE, AND FAMILY COUNSELING

- a. sociology of the family, family phenomenology, and family of origin theories
- b. aging and intergenerational influences and related family concerns
- c. impact of interpersonal violence on marriages, couples, and families
- d. interactions of career, life, and gender roles on marriages, couples, and families
- e. impact of unemployment, under-employment, and changes in socioeconomic standing on marriages, couples, and families
- f. the impact of immigration on family functioning
- g. theories and models of marriage, couple, and family counseling
- h. principles and models of assessment and case conceptualization from a systems perspective
- i. family assessments, including genograms and family mapping
- j. techniques and interventions of marriage, couple, and family counseling
- k. conceptualizing and implementing treatment, planning, and intervention strategies in marriage, couple, and family counseling
- l. strategies for interfacing with the legal system relevant to marriage, couple, and family counseling
- m. third party reimbursement and other practice and management issues in addictions counseling

REHABILITATION COUNSELING

- a. classification, terminology, etiology, functional capacity, and prognosis of disabilities
- b. effects of the onset, progression, and expected duration of disability on clients' holistic functioning
- c. individual response to disability, including the role of families, communities, and other social networks
- d. impact of disability on sexuality
- e. strategies to enhance adjustment to disability
- f. effects of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as they relate to disability
- g. principles of independent living, self-determination, and informed choice
- h. rehabilitation service delivery systems, including housing, independent living, case management, educational programs, and public/proprietary vocational rehabilitation programs
- i. benefit systems used by individuals with disabilities, including but not limited to Social Security, governmental monetary assistance, workers' compensation insurance, long-term disability insurance, and veterans' benefits
- j. rehabilitation counseling services within the continuum of care, such as inpatient, outpatient, partial hospitalization and aftercare, and the rehabilitation counseling services networks
- k. career- and work-related assessments, including job analysis, work site modification, transferrable skills analysis, job readiness, and work hardening
- l. role of family, social networks, and community in the provision of services for and treatment of people with disabilities
- m. skills analysis, job readiness, and work hardening in regards to accessibility, Americans with Disabilities Act compliance, and accommodations
- n. evaluation and application of assistive technology with an emphasis on individualized assessment and planning
- o. career development and employment models and strategies for achieving and maintaining meaningful employment for people with disabilities
- p. strategies to analyze work activity and labor market data and trends to facilitate the match between an individual with a disability and targeted jobs
- q. consultation and collaboration with employers regarding the legal rights and benefits of hiring individuals with disabilities, including accommodations, universal design, and workplace disability prevention
- r. techniques to promote self-advocacy skills of individuals with disabilities
- s. facilitating client knowledge of and access to community and technology services and resources
- t. strategies to advocate for persons with disabilities

SCHOOL COUNSELING

- a. models of school counseling programs
- b. models of P-12 comprehensive career development
- c. models of school-based collaboration and consultation
- d. development of school counseling program mission statements and objectives
- e. design and evaluation of school counseling curriculum, lesson plan development, diverse classroom management strategies, and differentiated instructional strategies
- f. school counselor roles as leaders, advocates, and systems change agents in P-12 schools
- g. qualities and styles of effective leadership in schools
- h. advocacy for school counseling roles
- i. techniques of personal/social counseling in school settings
- j. use of data to create and advocate for programs and students
- k. use of accountability data to inform decision making
- l. community resources and referral sources
- m. school counselor consultation with families, P-12 and post-secondary school personnel, and community agencies
- n. skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement
- o. approaches to increase promotion and graduation rates
- p. interventions to promote postsecondary and career readiness
- q. strategies to facilitate school and postsecondary transitions
- r. strategies to promote equity in student achievement and access to postsecondary education opportunities
- s. interventions to promote academic development
- t. strategies for implementing and coordinating peer intervention programs
- u. school counselor roles and responsibilities in relation to the school emergency management plans

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 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 provide evidence that they extend the knowledge base of the profession by inducting students into a climate of scholarly inquiry, demonstrated by all of the following:
 - (a) preparing students to generate new knowledge that can inform professional practice,
 - (b) ensuring students are engaging in scholarly activities under counseling faculty mentorship,
 - (c) supporting students to publish and/or present the results of scholarly inquiry,
 - (d) mentoring students in planning and engaging in advocacy,
 - (e) supporting students to pursue credentialing and licensure appropriate to their career goals,
 - (f) equipping students to assume positions of leadership in the counseling profession, and
 - (g) preparing students to become familiar with and knowledgeable about current trends and technology use in the delivery of counseling, counselor education, and counselor supervision.
3. 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.
4. When counselor education program faculty provide supervision of doctoral 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.
5. Doctoral program admission criteria include
 - (a) academic aptitude for doctoral-level study,
 - (b) previous professional experience,

- (c) dispositions consistent with professional practice, including self-awareness and emotional stability,
 - (d) oral and written communication skills,
 - (e) cultural sensitivity and awareness,
 - (f) potential for scholarship, and
 - (g) potential for professional leadership and advocacy.
6. During the doctoral program admissions process, students' curricular experiences are evaluated to verify completion of coursework including (a) CACREP entry-level foundational curricular standards, (b) CACREP entry-level professional practice standards, and (c) CACREP entry-level specialized practice area requirements so that any missing content can be completed before or concurrently with initial doctoral-level counselor education coursework.
 7. Students in doctoral programs have an approved advisor who is a core counselor education doctoral program faculty member, with whom they work to develop and complete a program of study.
 8. Doctoral students complete a qualifying assessment to demonstrate comprehensive knowledge as outlined in the Doctoral Professional Identity standards.
 9. Doctoral students must complete dissertation research or a capstone project focusing on areas relevant to counseling practice, counselor education, and/or supervision.
 10. Research conducted as part of doctoral dissertations and capstone projects must demonstrate methodological rigor.
 11. Current counseling-related research is infused throughout the doctoral counselor education curriculum.

B. DOCTORAL PROFESSIONAL IDENTITY

Doctoral programs in counselor education address professional roles in five areas: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. These five areas represent the minimum 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 the evidence base for theories relevant to counseling
- b. integration of theories relevant to counseling
- c. conceptualization of clients from multiple theoretical perspectives
- d. selection of counseling modalities (individual, group) and approaches specific to the needs of client populations
- e. application of advanced counseling skills across delivery platforms (in-person, virtual)
- f. advanced skills of group facilitation across multiple settings and contexts
- g. methods for evaluating counseling effectiveness
- h. legal and ethical issues and responsibilities in counseling across multiple settings and delivery platforms
- i. culturally relevant counseling across multiple settings and contexts

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 across multiple settings and platforms
- 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, including individual, triadic, and group supervision
- h. the use of technology in supervision
- i. administrative procedures and responsibilities related to clinical supervision
- j. evaluation, remediation, and gatekeeping in clinical supervision
- k. legal and ethical issues and responsibilities in clinical supervision

- l. 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. andragogy and adult learning theories
 - d. curriculum design and instructional delivery
 - e. the use of technology in instructional design and delivery across teaching platforms
 - f. integration of multicultural and social justice principles in the counselor education curriculum
 - g. universal design to meet the needs of all students with respect for individual differences in learning
 - h. instructional and curricular evaluation methods
 - i. screening, remediation, and gatekeeping functions relevant to teaching
 - j. assessment of student learning and professional dispositions
 - k. legal and ethical issues and responsibilities in counselor education
 - l. culturally relevant strategies for counselor education
 - m. the role of mentoring in counselor education
4. RESEARCH AND SCHOLARSHIP
 - a. research designs appropriate to quantitative, qualitative, mixed methods, and action research questions or hypotheses
 - b. univariate and multivariate research designs and data analysis methods
 - c. quantitative and qualitative approaches to data analysis
 - d. models and methods of sampling relevant to research design
 - e. emergent research practices and processes
 - f. models and methods of instrument design
 - g. models and methods of program evaluation
 - h. research questions or hypotheses appropriate for professional research and publication
 - i. professional writing for journal publication
 - j. professional conference proposal preparation

- k. development of research proposals for a human subjects/institutional review board review
- l. grant proposals and other sources of funding
- m. dimensions and strategies for conducting culturally relevant and competent research
- n. ethical considerations and strategies for conducting research

5. LEADERSHIP AND ADVOCACY

- a. theories, models, and skills of leadership
- b. leadership and leadership development in professional counseling organizations
- c. leadership in counselor education programs
- d. accreditation standards and program accreditation processes including self-studies and program reports
- e. management and administration in agencies, organizations, and other institutions
- f. leadership roles and strategies for responding to crises and disasters
- g. strategies of leadership in consultation
- h. current sociopolitical issues and how those issues affect the daily work of counselors and the counseling profession
- i. models and competencies for 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 multicultural and social justice issues
- l. culturally relevant leadership and advocacy practices
- m. ethical leadership and advocacy practices
- n. role of self-care in advocacy and leadership

C. DOCTORAL PRACTICUM AND INTERNSHIP

PRACTICUM

1. Doctoral students participate in a supervised doctoral-level counseling practicum that is a minimum of 100 hours over a full academic term that is a minimum of 8 weeks. Students complete 40 clock hours of direct counseling services with actual clients. 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 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.
3. Individuals serving as practicum supervisors have (a) a minimum of a master's degree in counseling or a related profession, with preference for a doctoral degree, (b) relevant certifications and/or licenses, (c) knowledge of the program's expectations, requirements, and evaluation procedures for students, and (d) 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 areas (counseling, teaching, supervision, research and scholarship, leadership and advocacy).
8. Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in a counseling or supervision internship.
9. 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. When individual/triadic supervision is provided by

the counselor education program faculty, internship courses should not exceed a 1:6 faculty:student ratio.

10. 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. Group supervision of internship students should not exceed a 1:12 faculty:student ratio.

GLOSSARY TO ACCOMPANY THE 2024 CACREP STANDARDS DRAFT 2

Note: The terms listed in the glossary are those used in this draft of the CACREP standards.

Academic quality indicators	Outcomes that the faculty have chosen to represent the program’s achievement of the critical functions and purposes of the program.
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.
Academic year	an institutionally defined period of time in which regular delivery of courses is included.
Accommodation	any modification or adjustment to enable an individual with a disability to have an equal opportunity and to successfully perform the task to the same extent as people without disabilities.
Accreditation	a system for approving 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.
Accessibility	the ease with which one can obtain and use materials and content, and the degree to which they are usable by people with disabilities
Affiliate	<ul style="list-style-type: none">• faculty to include any faculty teaching in the counselor education program who do not meet criteria for core Counselor Education Faculty and who meet all institutional

requirements for non-core faculty service and retention. For example, full-time faculty in the Counseling program who do not meet Z;

- full-time faculty at the institution but not in the Counseling programs;

part-time or adjunct faculty who may or may not identify as counselors?

Assessment the systematic gathering of information for decision making about individuals, groups, programs, or processes. Assessment 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.

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.

Comprehensive evaluation plan the program's empirically based process for systematically evaluating and monitoring achievement of program objectives including program objective indicators as identified in Academic Quality Standard D, minimum thresholds for successfully meeting each program objective, the data that will be collected, a procedure for how and when data will be collected, a method for how and when data will be reviewed or analyzed, a process for addressing unmet minimum thresholds, an explanation for how data will be used for curriculum and program improvement, and a timeline for report.

Continuous and systematic in a regular, ongoing, planned, and documented 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 and maintains professional counselor identity. 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.
Course credit hours	the number of credit hours of the course, <i>not</i> the number of student 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.
Disability	according to the World Health Organization (2011, p. 4), “Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors).” [https://apps.who.int/iris/handle/10665/44575]
Empirically-based plan	systematic approach to program evaluation based on a regular review of measurable outcomes and goals.
Employment models	(applicable to disability) models to facilitate the career development and job placement of individuals with disabilities, including but not limited to supported employment, customized employment, train-then-place approach, demand-side approach, and person-centered placement.

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 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.
Group supervision	a tutorial and mentoring relationship between a member of the counseling profession and more than two counseling students.
Inclusive learning environment	an educational setting where students of every ability and background receive training in the same place, are supported intellectually and academically, and are extended a sense of belonging regardless of identity.
Individual professional counseling liability insurance	insurance offered by a professional organization that provides legal protection for students during fieldwork.
Individual supervision	a tutorial and mentoring relationship between a member of the counseling profession and one counseling student.

Institutional media	publicly available digital and print sources that provide information about the institution.
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.
Learning resources	texts, videos, software, learning management systems, and other materials/tools used for teaching a course and to assist students in meeting the key performance indicators.
Legal rights (of individuals with disabilities)	accessibility and nondiscrimination rights guaranteed by federal, tribal, state, and local laws and regulations, including but not limited to laws (as amended) such as the Americans with Disabilities Act, Rehabilitation Act of 1973, Family Medical Leave Act, and Individuals with Disabilities Education Act.
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.
Matriculation	enrollment in a counselor education program and movement towards completion of the degree.
Multiple measures	the use of two or more different types of measures per assessment area.

Multiple points	collected at two or more points in at least two academic terms throughout students' program of study.
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 specialized practice areas.
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 delivery type	a program may be delivered solely in person, solely online, or in a hybrid format.
Prospective students	individuals not yet admitted to or enrolled in a program who may have interest and be eligible for application and future enrollment.
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.).
Service delivery modalities (digitally)	The ways in which counseling may be conducted (e.g., in-person, digitally)
Specialized practice areas	a structured sequence of curricular and clinical experiences that assists students to develop and demonstrate the knowledge and skills necessary to address a wide range of issues in an area of specialized practice. In the context of these standards, specialized practice areas are housed within an entry-level master's degree program.

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.
Threshold	baseline performance outcomes for acceptable results associated with program performance, including student achievement, consistent with program mission and objectives (Council for Higher Education Accreditation [CHEA], 2019)
Triadic supervision	a tutorial and mentoring relationship between a member of the counseling profession and two counseling students.
Universal design	design of buildings, products, and environments that makes them usable to the greatest extent possible by all people regardless of their level of ability or disability, without the need for specialized modifications.

102-2-4b. Continuing education approval for sponsors.

(a) Each application to become an approved provider as defined in K.A.R. 102-2-1a (a), or a single-program provider as defined in K.A.R. 102-2-1a(x) shall be submitted on forms provided by the board and shall include the nonrefundable fee prescribed in K.A.R. 102-2-3.

(b) Approved providers.

(1) Each applicant for approved provider status shall submit the application form and application fee for approved-provider status at least three months prior to the first scheduled program.

(2) Each applicant for approved-provider status shall submit an organizational plan that includes a written statement of purpose documenting that social work practice, values, skills, and knowledge are the bases for the provider's educational goals and objectives and administrative procedures.

(3) Each approved provider shall designate a person who meets the educational requirements for licensure to be responsible for the development of the program.

(4) Each approved provider shall develop these systems:

(A) a system for maintaining records for a period of at least three years; and

(B) a system for selection and evaluation of instructors, participant performance requirements, and provision of accessible and adequate space.

(5) Each approved provider shall maintain a summary of each individual program offered for a period of at least three years a summary of each individual program offered that documents the following information:

(A) the relationship of the program to the enhancement of social work practice, values, skills, or knowledge;

(B) the learning objectives for the program and the relationship between the program content and the objectives;

(C) the licensing levels for which the program is designed and any program prerequisites;

(D) the relationship of the format and presentation methods to the learning objectives and the content, and the size and composition of the participant group;

(E) the qualifications of the instructor in the subject matter;

(F) the means of program evaluation;

(G) the program agenda. The agenda shall clearly indicate all coffee and lunch breaks; and

(H) the dates the program was given.

(6) Upon board approval of the application and payment of the initial application fee, a provider shall be provisionally approved for one year;

(7) At least 60 days before the end of the year of provisional approved-provider status and at least 60 days before the end of each succeeding three-year period of approved-provider status, each approved provider seeking renewal shall submit an application to the board. Each application for renewal of approved-provider status shall include the documentation required in paragraph (b)(5) for each program offered during that period of approved-provider status. Upon determination by the board that the approved provider has provided sufficient documentation as specified in paragraph (b)(5) and upon payment of the approved-provider renewal fee established in K.A.R. 102-2-3, approved-provider status shall be granted for a new three-year period.

(8) Any approved providers may be evaluated and monitored by the board by random contact of social work participants attending programs sponsored by the approved provider.

(9) Approved-provider status may be withdrawn by the board if the provider violates this regulation or if quality programs are not maintained to the board's satisfaction.

(c) Single-program providers.

(1) Each applicant for single-program provider status shall submit a separate single-program provider application form and fee for each continuing education activity or each continuing education activity date for which single-program provider status is requested.

(2) The applicant shall submit each application for single-program provider status on a board-approved form that includes a description of the following items:

(A) the relationship of the program to the enhancement of social work practice, values, skills, or knowledge;

(B) the learning objectives for the program and the relationship between the program content and the objectives;

(C) the licensing levels for which the program is designed and any program prerequisites;

(D) the relationship of the format and presentation methods to the learning objectives and the content, and the size and composition of the participant group;

(E) the qualifications of the instructor in the subject matter;

(F) the means of program evaluation;

(G) the program agenda. The agenda shall clearly indicate all coffee and lunch breaks; and

(H) the date or dates the program is to be given.

(3) Each applicant shall submit the required application fee with the completed single-program provider application. If the completed single-program provider application form is not received in the board office at least 30 days prior to the scheduled continuing education activity, the application may not be processed or approved by the board.

(4) Single-program provider status may be withdrawn by the board if the provider violates this regulation or if the quality of the program is not satisfactory to the board.

(d) Each single-program provider and approved provider shall maintain a record of each social worker's attendance for a period of at least three years.

(e) Each single-program provider and approved provider shall provide each social work participant with verification of the participant's attendance. This verification shall be on forms approved by the board.

(Authorized by and implementing K.S.A. 2000 Supp. 74-7507, as amended by L. 1996, Ch. 153, Sec. 43 and K.S.A. 65-6314, as amended by L. 1996, Ch. 153, Sec. 15; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended May 1, 1986; amended May 1, 1988; amended Oct. 24, 1997, amended March 8, 2002)