

Solutions to Concerns over Growing CACREP Restrictions on Practice and Higher Education

Maryland and Massachusetts Chapters of AMHCA & Counselors for Social Justice

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The overwhelming majority of professional counselors graduated from programs that were not accredited by CACREP. At present, only one third to one half of master's degree programs in mental health or professional counseling is accredited by CACREP. It is very important at the outset of these recommendations to establish that our goal is not to argue against the value of national accreditation for universities who freely seek it, but to alert ACA of the dangers of CACREP only language entering insurance, licensure, and faculty selection policies. Should these restrictions spread quickly, it could jeopardize the careers and livelihood of Non-CACREP Counselors and ultimately the professional associations who depend on those counselors for their support. In the spirit of protecting our profession, strengthening our professional organizations, and insuring equity for those who have devoted their lives to helping others, we offer these recommendations.

1. ACA recommits to following its bylaws by advocating for all counselors.

- a. Clarify to government agencies and insurers ACA's longstanding position that accreditation is a voluntary process.*
- b. Address the unfounded perception that graduates of programs not accredited by CACREP are not well prepared.*
- a. Add language and actions to the ACA strategic plan to reaffirm ACA's commitment to all counselors.*
- b. Revisit and ask the Governing Council to consider rescinding the recent ACA Governing Council resolution that is inconsistent with ACA by laws as it does not support all counselors.*
- c. Advocate and work proactively to assure that CACREP, CORE and other organizations chartered by or affiliated with ACA, such as NBCC and CSI, support all counselors and counselors-in-training.*
- c. Provide alternate views/balanced reporting in Counseling Today to educate members about the above including, if necessary, potential dangers of CACREP-only restrictions.*
- d. Sponsor a town hall meeting at the ACA convention to discuss ways to support all counselors and the inclusive diversity of all counselors in counselor education and training.*

e. *Take a public stand against any position that discriminates against any counselor educators with degrees in Counseling Psychology and other related disciplines.*

2. ACA should address policy/legislative/licensure issues in a way that supports all counselors.

a. *Actively promote licensure and school certification for all qualified applicants.*

b. *Affirm its commitment to include and advocate for all licensed counselors in Medicare/VA/Tricare and other federal and insurance regulations. (See letter from ACA Past-President Evans, 2011).*

c. *Work with constituents and relevant officials to develop long term inclusive and equitable hiring and credentialing policies for all licensed counselors.*

d. *Work to create grandfathering language in VA regulations and Tricare that is more inclusive, using language such as:*

“These requirements may be waived for the following licensed mental health counselors if:

1. *Their license is from a state that includes the diagnosis and treatment of mental and emotional disorders in their scope of practice; and,*

2. *The state in which they are licensed legislate specific course requirements that are equal to or greater than those required for CACREP accredited graduate programs based on the CACREP standard established at the time of their completion of their degree program.*

e. *Work with legislators and the DOD to re-open the IOM study based upon new or additional information not available to the IOM committee in 2008.*

f. *Fund and initiate independent research that may support the qualifications and performance of all licensed mental health counselors who are licensed to diagnose and treat as compared to social workers and psychologists.*

g. *Share the fact that the most experienced mental health counselors cannot qualify under IOM recommendations because CACREP did not widely accredit programs when they went to graduate school. IOM excluded the vast majority and the most experienced licensed mental health counselors.*

