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Counselor Identity and Accreditation: Inclusion and Right to Work
Richard Hann, LCPC
Jill Ritchie, LMHC

Jill Ritchie:

I am so pleased and privileged to speak with you all today. I want to thank Susan (Hammonds-White) for inviting me to do so. And I want to thank the Massachusetts/Rhode Island chapter of ACES for funding me to be here. I think that the members of AASCB with their collective knowledge and experience of how licensed counselors have operated in their respective states are perhaps in the best position to speak to issues of counselor professional identity and licensure portability. I'm also happy that members of ACA, AMHCA, NBCC, CORE and CACREP are here to take part in this dialogue. I am humbled to be among many of the thought leaders in our profession who have given much time and energy to our ongoing professional identity and development.

I'm pleased to be partnered with Richard Hann from Maryland. The state chapters of AMHCA in our 2 states have been very active in addressing concerns regarding what we view as threats to the training programs and licensed professional counselors in our states. If you haven't read it, I would encourage you to read the excellent article "What you don't know could hurt your practice and your clients" published in last July's issue of Counseling Today by Larry Epp and Courtenay Culp from Maryland and Midge Williams and David McAllister from Massachusetts that outlines these concerns.

I want to speak about our experience in Massachusetts and my co-presenter, Richard Hann will address perspectives from Maryland. But hopefully our talks will resonate for all counselors in all states. When I saw that our talk had been labeled "Gales Ahead" – I must say I got a little nervous. Oh, I hope that you all don't think we're just blowing a lot of hot air!!! Rather I hope you see our presentation as reflective of the commitment we have to the counseling profession. And as we have been emphasizing here at this meeting, contributing to our need for continuing process and dialogue.

As all knowledge and understanding is socially constructed, let me offer you a little bit about me for context. I am proud to be a licensed mental health counselor in the state of Massachusetts and have been so since the inception of licensure in the state. I have served on the Board of Registration for Allied Mental Health and Human Services Professionals since 2005 including serving on a subcommittee that is currently updating our regulations. Reluctantly, I will step down this year from this appointment as I have served the term limits set by regulation in our state. I have

been active in MaMHCA, serving for many years on its continuing education board, and was honored by them with a community service award.

My identity has always been as a counselor. As a licensed mental health counselor, I have been able to work in a variety of settings-state hospitals, community mental health centers, vocational rehab, college counseling centers, private practice, and graduate teaching. I have supervised, consulted and been a college counseling center director. I have been able to do much with my license and value the opportunities I have had. I would hope for the same opportunities for future licensed counselors.

As the associate director of field training for my program, I support on average 120 students each year in their placement search and internship year. Having spent the past 14 years in a graduate program that trains masters level mental health counselors and school guidance and school adjustment counselors, I consider myself a "counselor educator" – though some in this room might argue I don't have the proper degree to claim so.

I worry about the future of our profession based on some recent developments. That's why I am here today to speak to the topic of inclusion and the right to work.

As we have been talking throughout this conference, there is no doubt that licensed professional counselors across the country need to be understood and recognized as legitimate mental health providers with a clear scope of practice and foundational preparation standards. This is necessary to earn consumer trust, to insure competent practice, to gain reimbursement status, to lobby for inclusion under Federal programs, and to allow for portability of licensure across states.

I have the utmost respect for all the hard work that the 20/20 vision project has accomplished to advance our profession with the development of a consensus title and a consensus scope of practice to recommend to AASCB and state licensure boards. The parameters of the work we want counselors to be capable of doing seems relatively clear. How we get there is less clear. As noted yesterday in Sam's (Gladding) presentation, the 20/20 Vision delegates did not reach a consensus agreement on education requirements nor on a single accrediting body to represent the counseling profession.

The Institute of Medicine study (2010) gave a significant push to our profession when it identified in its recommendations to TRICARE the lack of common licensing and preparation standards nationally for licensed mental health counselors, and when it raised a significant concern that counselors be adequately trained in diagnosis, treatment and evidenced-based practice in order to treat military personnel.

As you are all aware, TRICARE's recommendation requiring graduation from a CACREP accredited program became part of the "solution" to determining counselor

legitimacy in its interim regulations. While well-intentioned, this requirement negates the experience and expertise of many professional licensed counselors, disrespects the regulations for competent practice diligently set by our state licensure boards, and has done a grave disservice to the future graduates of the majority of training programs across the country. By not understanding the complexities and diversity of the counseling field, the IOM study has hurt the very military personnel it was seeking to help by limiting the provider status of duly licensed counselors.

Please don't get me wrong – this is not an anti-CACREP talk. Since the 1980's, CACREP has provided ongoing service and leadership to the counseling profession. I just reread Carol Bobby's thorough and informative article in last January's 2013 JCD that documents CACREP's work over the past 30 years to create standards for professional practice and preparation. There has been much impressive work done. It is widely agreed that many states' licensure requirements are based on or include many of the CACREP standards for coursework and field based experience.

However, CACREP does not represent the full range of programs that are training competent and license eligible masters level counselors throughout the country and therefore should not be the sole pathway to counselor legitimacy.

In response to the TRICARE interim regulations in a letter to Jonathan Woodson, Asst Secretary of Defense in February 2012, Richard Yep, ACA Executive Director and CEO, representing the ACA's Executive Board, discussed several items to reconsider in the TRICARE regulations so as to be more inclusive and representative of all licensed professional counselors. These recommendations included that TRICARE consider removing the stipulation that only counseling degrees from CACREP accredited programs be recognized under TRICARE after the grandfathering period (recommendation #4).

TRICARE received over 300 comments to its interim regulations and it is my sincere hope that when the final regulations are issued that more inclusive language reflective of all licensed mental health counselors will be outlined.

I was honored to have the opportunity to represent the Mass Mental Health Counselors Association and join a contingent led by Larry Epp, President of the Maryland state chapter of AMHCA to meet with Dr. John Davison, Chief, Behavioral Branch, Defense Health Agency and 3 of his colleagues at the Department of Defense this past November to give direct feedback on the TRICARE rulings. Dr. Davison reports to Dr. Woodson. The meeting also included several individuals representing Maryland counselor training programs at both state and private universities, veterans who are licensed counselors ineligible under this ruling, veterans in graduate training programs that are not CACREP accredited, and Art Terrazas from ACA, to discuss the TRICARE ruling and its negative impact on the delivery of services to military personnel and their families due to the restrictions placed on licensees. It was an excellent meeting with perhaps the most compelling testimony

coming from several veterans who are licensed professionals or are currently in graduate programs to become counselors so as to work with other veterans. They spoke with passion and concern about the mental health needs of veterans and how the TRICARE regulations will significantly hurt services to their fellow vets.

Speaking on behalf of MaMHCA at this meeting, I noted that LMHCs have been licensed in Massachusetts since 1991 and have been mandated providers since 1996 receiving reimbursement from all payers except MEDICARE. There are currently just over 5200 LMHCs in our state. It is estimated that the percentage of graduates from CACREP accredited programs is roughly 4% of these licensees.

The 14,000 Massachusetts service members deployed since 9/11 and their 32,000 dependents are not served by the TRICARE ruling. On a more promising note, the Army One Source pilot program seeking to directly link military personnel to behavioral health services chose Massachusetts as one of 5 states to test its program and has been working with MAMHCA for assistance in having LMHCs to be trained and provide services under that program.

In Massachusetts, of the 19 masters level programs training students to become license mental health counselors, only one is CACREP accredited. There is one school in the application process with CACREP. A third school has gone with an alternative path to accreditation and has been recently accredited by MCAC (Masters in Counseling Accreditation Committee of the Masters in Psychology and Counseling Accreditation Council).

It will perhaps come as no surprise to this audience that one of the main reasons many schools in Massachusetts have not considered CACREP accreditation is the limitations placed on the background and qualifications of core faculty stipulating that they be graduates of counselor education doctoral programs (with some exceptions for experienced faculty to be grandfathered in) In contrast, AMHCA's scope of practice standards and the MCAC standards support faculty from diverse disciplines who embrace clinical mental health counseling.

I work at Lesley University in the Division of Counseling & Psychology, a program within the Graduate School of Arts & Social Sciences. I am proud to say that we are well-represented here with Susan Hammond-White, AASCB's current President and Karen Enegess, just this morning elected President-elect, as our alums. Our program has been in existence for almost 40 years and has on average 300 full and part-time students. And yes, counseling has always been part of our name and identity. It's not an add-on. Our passion is that we train counselors. We have no doubt of that. And we do it from a holistic, developmental, strength-based approach, with a strong understanding of the impact of trauma, oppression and power within a social justice and feminist framework. As the person responsible for field placement, I can tell you that in a very competitive Boston training environment, our students are sought after as interns, and as employees upon graduation.

We have a diverse core faculty – yes, someone with a doctorate in a counselor education but others from the fields of developmental psychology, neuropsychology, educational psych, rehab counseling, and social work. We have LMHCs, licensed school counselors, licensed psychologists and a licensed social worker in our department. We are members of ACA, AMHCA, and ASCA and teach the ethical codes of these organizations. Our core faculty promotes the professional identity of counselors, and mentor adjunct faculty teaching foundational coursework to do the same. We seek LMHCs as adjuncts and clinical supervisors in our program based on their expertise and their current work as active practitioners in the counseling field so as to bring real world knowledge to our students. In our experience, this diversity creates rich learning for our students and supports their development as professional counselors.

In recent years, I've been told on more than one occasion at national professional conferences that because our program is called "Counseling & Psychology" that we should pursue our own licensure. Pardon me? I've been told that "the train had left the station for counselors and it had only one ticket you can use if you want to be on board". How sad, how divisive.

I could only smile knowing that our program was one of the leaders in gaining licensure for our state, and later honored for such with a leadership award by MaMHCA. So we did get licensure for masters level mental health counselors for our students, and for students from all the mental health programs in Massachusetts, and we wish to maintain it for ALL counselors, who meet our high state standards.

And while the personal is political and has led me to be speaking with you today, lest you think I am only here for the sake of my own program and my own state, let me talk a little more about how this may be playing out in other places. I do not think my program nor the state of Massachusetts is alone in its concern for inclusiveness in the counseling profession.

Peterson's Guide to Graduate Programs on-line website shows 620 masters level programs under the heading "counselor education" and these programs are situated in many different academic "houses" – School of Education, College of Behavioral Science, Graduate School of Art and Social Sciences, School of Education & Human Development, Department of Psychology, School of Professional Studies, College of Liberal Arts, College of Social Sciences among many others. I quit listing them all but fair to say many paths leading to the same goal.

If you look under the heading of "Counseling and Psychology", 494 masters level programs come up and also housed in a number of academic departments or schools, not just in psychology departments. Between the two lists – there are a little over 1100 programs. I did not do an exhaustive search of the two lists but I would guess there is some overlap between the two. But a goodly number either way.

If you look at the CACREP website, under accredited programs for clinical mental health, mental heath, and community counseling programs – the programs most aligned with TRICARE's needs for mental health counseling competency- there are 254 masters programs currently accredited. (23% of the 1100, or if you prefer to look more narrowly, 40% of the 620 counselor ed programs listed). Only 8 of those programs are in the New England states with the entire North Atlantic region having 44. Only 16 are in the Rocky Mountain states, and 17 in the Western states. The majority of the CACREP approved programs (67%) are in the North Central states (with 71), and the Southern states (with 102). If we took a map of the United States and put a pin where all the CACREP accredited schools are, you would certainly see a pattern.

This regional pattern holds true for counselor education doctoral programs. According to Peterson's Guide, there are 197 counselor education doctoral programs. Currently 62 of them are CACREP approved, about a third. None of the CACREP approved programs are in New England, 2 are in NY, 2 in PA, 7 are in the combined Rocky Mountains and Western states, with the 51 remaining programs, or 82% of them in the North Central and Southern states.

It should be clear from this information, that CACREP, while a worthy champion of counseling standards, is largely a regional phenomenon and does not represent the majority of counseling programs across the country.

While it may be appealing to think that a single accreditation entity could solve the issues of licensure portability and counselor credibility, the current reality does not support that choice.

We need a national model that can serve to unite the counseling field not divide it. ACA, AASCB, AMHCA and all professional counseling organizations need to: yes, define who professional counselors are; yes, define scope of practice; and yes, develop educational standards that will prepare competent practitioners to provide mental health services.

AMHCA first developed standards of practice in 1979 for clinical mental health counselors and those standards were adapted by CACREP in 1988 when it established its first accreditation standards for masters programs in clinical mental heath counseling. AMHCA has since revised these standards 4 times – most recently in 2011 and offer another view of a "gold standard" for mental health counseling. While there are many overlaps with CACREP standards, the AMHCA standards add additional clinical subject matter. Notably, in terms of faculty, these standards outline strong requirements for faculty regarding the knowledge and skill base needed and welcome faculty who have "an earned doctorate in a field related to clinical mental health counseling and identify with the field of clinical mental health counseling". (AMHCA standards, 2011, p.9)

While a newcomer in counselor program accreditation, MCAC (Masters in Counseling Accreditation Committee) represents another voice committed to excellence in the counseling field and expands our collective thinking. I think that AASCB and all the professional organizations here today need to consider why dedicated counselor educators felt the need for an alternative path for accreditation and would take the significant time and energy necessary to make MCAC happen. We need to bring these voices into our discussions of professional identity and licensure portability.

We need to support the concept that faculty identify with the counseling profession, but we do not think it should be required of them to have a specific degree in counselor education. Our experience in the Division of Counseling & Psychology at Lesley University continues to inform us of the value of multi-disciplinarity. We are not alone in believing this. To lose this multi-disciplinarity deprives students of a diverse and multi-talented faculty with unique expertise across many domains.

Multidisciplinarity integrated within the field of counseling produces stronger practitioners and prepares students to embrace a diverse work world. Theories of counseling, assessment, and research that guide effective practice have emerged from the multiple fields of mental health practice, e.g. counseling, psychology, social work, and marriage & family therapy among others. To believe otherwise is an unjustified assumption. Think back on many of the keynote speakers at ACA or AMHCA in recent years – have they all been from counselor education doctoral programs? I think not. Thumb through any text on Theories of Counseling – do you think about what discipline the major theorists have emerged from?

As Cirecie (West-Olajunti, ACA President) noted in her talk yesterday, we need to see our profession in an ecological context – as full partners and stakeholders with the range of mental health providers, and work to create alliances with all mental health disciplines. We need to unite in our passion and commitment to the welfare of the clients we serve, and not seek to further divide and splinter our profession.

Thank you very much for your kind attention.