



Date: December 27, 2021

To: 2024 CACREP Standards Revisions Committee

From: The American Rehabilitation Counseling Association (ARCA) Board

Dear Standards Revisions Committee:

The ARCA board would like to extend our gratitude to you for the work you are doing to revise the CACREP Standards. Please consider ARCA as a resource as you move forward with incorporating more disability-related competencies in the CACREP core standards. The ARCA-endorsed Disability-Related Counseling Competencies are available on the ACA website at <https://www.counseling.org/knowledge-center/competencies>.

Our recommendations are listed below. We hope that you will consider our feedback as you move forward with finalizing the 2024 revisions to the CACREP standards.

Recommendations

THE LEARNING ENVIRONMENT: FACULTY AND STAFF (pp. 4-5)

As recommended in our previous letter, the ARCA Board recommends developing asset-based criteria which are inclusive rather than exclusionary.

Recommendations:

Delete the following language: "Core counselor education faculty must meet one of the following qualifications: have earned doctoral degrees in counselor education, preferably from a CACREP accredited program, or have related doctoral degrees and have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013, or 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."

Replace the standards language above with inclusive language emphasizing knowledge, skill, and experience: "Core counselor education faculty must 1) have the necessary knowledge, skills, and experience needed to teach in a Counselor Education program, 2) identify as Counselors through licensure, certification, etc., and 3) contribute to the Counseling profession through activities such as involvement in Counseling professional organizations, conference presentations, publication in Counseling professional journals etc."

FOUNDATIONAL COUNSELING CURRICULUM (pp. 12-17)

Disability inclusion is a concept that should be clearly infused throughout the eight core curriculum areas. Currently in Draft 2 there is only one mention of disability in the eight core

curriculum areas in the Lifespan Development section 1. “models of psychosocial adjustment to illness and **disability**” on page 14.

Recommendation:

Change the third sentence in the first paragraph of the FOUNDATIONAL COUNSELING CURRICULUM section on page 12 to read “Ethical behavior, diversity, **disability inclusion**, and critical thinking are integral to counselor preparation and should be infused throughout the curriculum.”

REHABILITATION COUNSELING specialty area (p. 27)

It is a hardship for rehabilitation counseling programs to be accredited under two separate CACREP specialty standards (both Clinical Mental Health and Rehabilitation Counseling specialty areas) to meet education standards for state mental health counselor licensing and the Veterans Administration (VA). It is also a hardship for students to complete two separate fieldwork experiences in order to graduate from a CACREP accredited program that includes two specializations per CACREP Policy 5.c.

Rehabilitation counselor education programs emphasize medical aspects of disability including DSM-5 diagnoses, mental health counseling competencies, and psychiatric rehabilitation. Most state mental health counselor license education requirements require graduation from a CACREP accredited program emphasizing clinical mental health competencies. The VA has declared that only graduates of CACREP-accredited **Clinical Rehabilitation** Counseling programs can serve as Licensed Professional Mental Health Counselors in the VA system:

VA HANDBOOK 5005/106, Section 3.b. **Education.** Hold a master’s or doctoral degree in: Clinical Mental Health Counseling; **Clinical Rehabilitation Counseling**; Clinical Mental Health Counseling and Clinical Rehabilitation Counseling; or a related field, from a program accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). Examples of related mental health counseling fields include, but are not limited to Addiction Counseling; Community Counseling; Gerontology Counseling; Marital, Couple, and Family Counseling. CACREP defines the date when graduates are considered to have graduated from a CACREP accredited program. Additional information may be obtained from <http://www.cacrep.org/directory/>.

NOTE: Traditional Rehabilitation counseling programs that are accredited by CACREP do not meet the LPMHC qualification standards as Traditional Rehabilitation counseling differs from Clinical Rehabilitation counseling.

(reference: https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=942&FType=2)

Integrating elements of the Clinical Mental Health Counseling specialty area and changing the name of the Rehabilitation Counseling specialty area is needed to best serve students graduating from rehabilitation counseling programs.

Recommendation:

CHANGE the CACREP Policy 5.c so that if a student wants to be considered a graduate of multiple specialty areas, the student **DOES NOT** have to complete separate, distinct, and complete internships for each specialty area.

Programs can then be dually accredited in both Rehabilitation Counseling and Clinical Mental Health Counseling in order to meet state mental health counselor and VA mental health counselor education requirements.

OR

Change the title of the specialty area to **Clinical Rehabilitation Counseling**.

Elements of the Clinical Mental Health Counseling specialty area on page 24 then need to be incorporated into the Clinical Rehabilitation Counseling specialty area.

KEEP (from Draft 2 Rehabilitation Counseling specialty area):

- 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

ADD (from Draft 2 Clinical Mental Health Counseling specialty area):

- u. etiology, nomenclature, treatment, referral, and prevention of mental, behavioral, or neurodevelopmental disorders
- v. 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
- w. legislation and government policy relevant to clinical mental health counseling
- x. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
- y. techniques and interventions for prevention and treatment of a broad range of mental health issues
- z. strategies for interfacing with the legal system regarding court-referred clients
- aa. strategies for interfacing with integrated behavioral health care professionals
- bb. strategies to advocate for persons with mental, behavioral, or neurodevelopmental conditions
- cc. strategies for community collaboration and outreach
- dd. regulatory processes, continuum of care, and service delivery in clinical mental health counseling
- ee. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling

GLOSSARY TO ACCOMPANY THE 2024 CACREP STANDARDS DRAFT 2 (pp. 36-42)

We commend the standards revision committee on including disability related concepts in the glossary. There are definitions of disability and related concepts in the glossary including 1) **disability** (as defined by The World Health Organization), 2) **accessibility**, 3) **accommodation**, 4) **employment models**, 5) **inclusive learning environment**, 6) **legal rights (of individuals with disabilities)**, and 7) **universal design**. It should be noted that the Family Medical Leave Act (FMLA) listed in the definition of “legal rights” is available to all individuals regardless of disability status. Eligibility guidelines for FMLA are on the Department of Labor website at <https://www.dol.gov/agencies/whd/fmla>

Recommendation:

Change the glossary term “legal rights (of individuals with disabilities)” to “**legal rights**” because the policies listed are applicable to all individuals served by counselors, not only individuals with disabilities.

Thank you for considering the feedback of our members and the ARCA Board.

Sincerely,



Sonia Peterson, ARCA President, and members of the ARCA board:

Valerie Russell

President-Elect

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