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CACREP Accreditation: A Solution to License Portability and Counselor Identity Problems

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A confluence of forces addressing counselor identity occurred with the 20/20: A Vision for the Future of Counseling initiative, the 2009 Standards of the Council for Accreditation of Counseling and Related Education Programs (CACREP), and the quest by the American Association of State Counseling Boards to establish license portability. This article provides a historical context for the profession's struggles with these issues, 1 state's experience, TRICARE's impact, and the role CACREP standards can play in their resolution.

Keywords: CACREP, counselor identity, license portability, TRICARE

Over the past 3 decades, counseling leaders have expressed ongoing concern about counselor identity, licensure, portability, and the future of the profession (Altekruse, 1994; Gale & Austin, 2003; Gibson, Dollarhide, & Moss, 2010; Hanna & Bemak, 1997; Hansen, 2005; Maples, Altekruse, & Testa, 1993; Martin & Cannon, 2010; Mellin, Hunt, & Nichols, 2011; Myers, Sweeney, & White, 2002; Swickert, 1997; 20/20: A Vision for the Future of Counseling [herein referred to as 20/20], 2010). Many authors have advised that associations, accrediting organizations, and credentialing bodies, including the American Association of State Counseling Boards (AASCB), American Counseling Association (ACA), Council for Accreditation of Counseling and Related Education Programs (CACREP), and the National Board for Certified Counselors (NBCC), work together to promote unity of the profession. Some cautioned that unless counselors clearly define their profession, it might be defined by counseling psychologists and other professional groups.

Gale and Austin (2003) addressed the same unresolved issues of "training, specialization, professional affiliation and credentialing" (p. 3) that continue to cycle through the profession and in counseling literature with little resolution. Interviews of 22 leaders, primarily former ACA presidents and organizational directors, revealed agreement about what they perceived to be the most important licensing issue(s) facing the counseling profession. In rank order the issues were (a) counselor identity, (b) portability, (c) variance in state licensing requirements, (d) psychologists' attempts to restrict diagnosis and testing in counselor practice, and (e) use of certified clinical supervisors (Mascari, 2004). The counseling profession continues to struggle with these issues, which affect the overall profession and hinder progress toward nationwide licensing portability.

With 50 states licensing counselors, the confluence of three forces is strengthening the identity of the profession: 20/20, the 2009 CACREP Standards, and the quest by AASCB to establish license portability. This article provides a historical context of the counseling profession's struggles to establish license portability and the important role common standards and clearer identity can play in resolving portability. Although school counselors and rehabilitation counselors are significant members of the counseling profession and are affected by these issues, this article focuses on licensed professional counselors (LPCs) and state counselor licensing boards. The experience of one state (New Jersey) is used as an example of the current challenges that standards and accreditation create for licensing boards. The article also examines the critical relationship of the CACREP standards to training, licensing, license portability of professional counselors, the impact of TRICARE, and deterrents to seeking accreditation.

The Question of Professional Identity

Numerous counselor professional identity initiatives were attempted before the 20/20 initiative. In 1998, the Chi Sigma Iota Counselor Advocacy Leadership Conferences identified six related themes, with the first theme's goal addressing counselor identity, "To insure that all counselor education students graduate with a clear identity and sense of pride as professional counselors" (Chi Sigma Iota, 1998, Theme A). In 2007, all 30 delegates to the 20/20 summit agreed to the document *Consensus Issues for Advancing the Future of the Profession* (as cited in Kaplan & Gladding, 2011). Principle I underscored the need for professional and program identity based on unifying preparation standards of CACREP and the Council on Rehabilitation Education (CORE). A consensus issue supporting Principle I.3. pointed to the essential role of common standards: "Counselor education programs should reflect a philosophy that unifies professional counselors who share a body of

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core knowledge and skills" (Kaplan & Gladding, 2011, p. 371). Principle IV identified the creation of a portability system as a priority for strengthening the profession.

Individual Professional Identity

Professional identity is a complex set of behaviors that involves being more than just a member of a professional association (Gibson et al., 2010; Reisetter et al., 2004). Identity is a unique belief system that separates one profession from another and is intertwined with ethical practice (Neukrug & Remley, 2009). Weinrach, Thomas, and Chan (2001) described professional identity as "the possession of a core set of values, beliefs, assumptions about the unique characteristics of one's selected profession that differentiates it from other professions" (p. 168).

Because counselor presence in community agencies has grown as more states achieved licensing, interprofessional relationships develop naturally rather than through formal training. Interprofessional collaboration is not new; the May-June *Journal of Counseling & Development* (volume 68, issue 5) devoted a special section to the topic in 1990. Having a clear understanding of one's own professional identity and scope of practice, while at the same time recognizing differences in other mental health disciplines, can enhance interprofessional collaboration (Mascari & Webber, 2006; Mellin et al., 2011). While mental health disciplines share commonalities, such as the ability to diagnose and treat clients' disorders, counseling is grounded in the primacy of the relationship, emphasizing normal human development, client empowerment, health rather than pathology and disability, and prevention rather than remediation (Gale & Austin, 2003; Neukrug & Remley, 2009; Pistole & Roberts, 2002).

Thus, individual identity is the way professionals see themselves—influenced by the identity of their preparation program. Students in preparation programs can benefit from establishing a clear professional identity and recognizing the limits to their scope of practice that are defined by statutes and regulations.

Program Identity

Program identity is established through common standards accepted by the profession and influenced by the degrees and licenses of the faculty. CACREP has been the national standard for counseling programs since 1982 and has set the profession on a path toward clear counselor identity through its process of preparation program accreditation. With licensure in 50 states, portability is following the same path as the profession seeks to clarify what it means to be a counselor preparation program; however, important questions about the identity of these programs remain unresolved. How do counselor licensing boards determine which programs are counselor preparation programs? When a noncounseling program changes its name to become a counselor preparation program, how will boards determine if this new program qualifies students for counselor licensing? CACREP prohibits use of the terms *CACREP aligned* or *CACREP equivalent* by programs that have not completed the CACREP peer review process. Without the oversight provided by external program accreditation, noncounseling programs may appear to have a counseling program identity.

While counselor educators debate the role of faculty whose professional orientation, training, or licenses are not in counseling, counseling psychologists and clinical psychologists continue to teach in many counselor education programs (Calley & Hawley, 2008; Martin & Cannon, 2010; Randolph, 1990; Weinrach, Lustig, Thomas, & Chan, 1998). Counselor educators with a psychologist or dual identity may contribute to confusion or a lack of clarity in developing students' professional identity (C. H. Emerson, 2010; Mascari & Webber, 2006; Mellin et al., 2011; Zimpfer, Mohdzain, West, & Bubenzer, 1992). Furthermore, the profession's history of inclusiveness may have hindered its collective identity formation; merging psychology and counseling programs could have negative repercussions for counseling program identity, making it indistinguishable from psychology (Mascari & Wilson, 2004, 2005). In a study of counselor licensing candidates, counselors with an LPC supervisor had stronger professional identity than those supervised by another mental health professional (Gray & Remley, 2003). C. H. Emerson (2010) suggested, "Counselor professional identity would best be served by ensuring that counselor preparation faculty members also have a strong counselor professional identity" (pp. 89–90).

The influence of counselor educators' professional orientation on students and programs has not been rigorously studied. In their call for action, Calley and Hawley (2008) found that more than one fourth of counselor educators surveyed held multiple professional licenses. Martin and Cannon (2010) estimated that only 4% of the faculty members of counselor education programs in Tennessee were counselors, whereas 36% were psychologists and 49% had no identifiable mental health identity based on the individual program's information. Sweeney (2001) described the complexities of developing professional identity:

> Students in counselor education learn to distinguish themselves from other practitioners with similar competencies and knowledge, for it is not the competencies and knowledge that will distinguish them from others but the values and how they share them in professional actions. (p. 17)

In a review of 708 faculty and counseling staff position advertisements, Bernard (2006) observed that CACREP-accredited programs were seeking counselor educators who had graduated from CACREP-accredited programs because they "come with the requisite skills to assist with these accredited master's programs" (p. 77). Bernard's research design did not address employment ads containing the words

closely related field, a criterion that has been problematic in counselor licensing. Many counseling faculty members practicing under a psychologist license were "grandfathered" or qualified under earlier regulations that allowed *related professions* to receive counseling licensure. Thus, holding a counselor license or membership in ACA are weak criteria for determining counselor professional identity (Cashwell, Kleist, & Scofield, 2009; Mascari & Webber, 2006).

In a review of 14 employment ads for counseling faculty in *Counseling Today*, over a period of 3 months, only three ads required a doctoral degree in counselor education and supervision, whereas 11 required a degree in counseling psychology or a related field and stated the faculty member would teach undergraduate psychology courses (Mascari & Webber, 2010). CACREP (2009) has moved forward to resolve this issue by requiring that faculty members hold a doctorate in counselor education and supervision or have taught full-time in a counseling program for 1 year by 2013.

Evolving Counseling Professional and Licensing Standards

The counseling profession has evolved from a group of specialty organizations that merged with a common interest (Neukrug & Remley, 2009). Virginia became the first state to adopt a counselor licensing law in 1976 when the profession was in its early stage of development, struggling to establish its standards and identity. Since then, AASCB, CACREP, NBCC, the *Standards for Counseling Supervisors* (AASCB, 1992), AASCB's National Credentials Registry (AASCB, 2005), and, most recently, the 20/20 (2010) initiative have all been established.

The adoption and implementation of *The Standards for Entry Preparation of Counselors and Other Service-Personnel Specialists* (Association for Counselor Education and Supervision [ACES], 1973) was a landmark in the effort to standardize and improve counselor preparation that moved the profession forward since the 1960s (Sweeney, 1992). Sweeney (1992) identified another landmark in counseling history when ACA formed CACREP in 1981 to develop counselor preparation standards; in the first 10 years, a limited number of programs applied for CACREP accreditation (Kandor & Bobby, 1992) and state licensing laws did not reflect a common standard (Weinrach, 1991). Thirty years later, TRICARE, the federal insurance provider for military personnel and their dependents, also identified the lack of a common licensing and preparation standards as a major concern (Institute of Medicine [IOM], 2010).

In 1986, when 21 delegates from the nine existing state counselor licensing boards formed AASCB, requirements ranged from 30 credit hours in Alabama to 60 credit hours in Virginia (AASCB, 1986a). During that first meeting, delegates discussed licensing reciprocity and cited differences in state requirements as a major roadblock to be addressed (AASCB, 1986b). By 1987, 24 states adopted counselor licensing laws, making common standards in credentialing a growing need (AASCB, 1988).

Concerned with the differences in standards, in 1989 AASCB began meeting with ACA, CACREP, and NBCC to develop a counseling credentialing summit (B. Bertram, personal communication, March 31, 1989). The project was later abandoned for lack of funding. The need for common standards did not regain momentum until 2000, when AASCB renewed efforts to develop a seamless process for counselors to transfer their license without repeating the application procedure. Because of complexities in the legislative process, as well as the danger in reopening licensing statutes, state boards often chose living with outdated and, in some cases, substandard requirements rather than risk problems associated with proposals to amend a statute. Various approaches to accepting licenses from other states had been proposed to circumvent changing statutes, but attempts to achieve some form of reciprocity (portability) were not successful (P. Emerson, 1996; Ford, 1999).

AASCB remains the single most important organization representing the views and interests of counselor licensing boards and has played a critical role in the development of the 20/20 initiative. Ongoing discussions among AASCB members about licensure issues led to an informal discussion among the AASCB presidential team of Jim Wilson, Charles Gagnon, and Barry Mascari; ACA President Sam Gladding; and ACA Chief Professional Officer David Kaplan at the January 2005 AASCB annual meeting in Savannah, Georgia; mutual concerns about fragmenting counselor identity and threats to portability were shared. Following a formal memorandum from AASCB President Wilson, the AASCB and ACA presidential teams met at the 2006 ACA conference in Atlanta and agreed to cohost a summit addressing counselor identity and licensing-related issues almost 20 years after the first attempt to hold a credentialing summit.

First convened at the AASCB annual meeting in Phoenix in 2006, the 20/20 summit continues its work (Kaplan & Gladding, 2011). However, even with the renewed initiatives of AASCB, ACA, and 20/20 (AASCB, 2005), the goal of portability remains difficult to achieve.

Moving Toward Common Licensing Standards and Portability

Calls to action for professional identity and portability initiated in the 1980s have recently received more concerted attention from the entire counseling profession. As the final project of the 20/20 summit, delegates began to address portability (ACA, 2010); however, movement toward common standards continues to progress slowly. On October 28, 2010, another landmark of the profession occurred when the ACA Governing Council approved the new definition of counseling developed by the 20/20 delegates: "Counseling is

a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (20/20, 2010, para. 2).

According to ACA's (2012), *Licensure Requirements for Professional Counselors* report, 29 states require 60 credit hours, with North Carolina increasing its requirement to 60 credits after 2013. Describing examination requirements for state licensing is difficult because there are varying licensing levels and exams (the National Counselor Examination [NCE], the National Clinical Mental Health Counselor Exam [NCMHCE], or the Certified Rehabilitation Counselor Exam [CRCE]). The majority of states use the NCE or NCMHCE, or both. Although AASCB adopted a two-examination policy using both NCE and NCMHCE, state statutes often designate a single examination (ACA, 2012).

To facilitate professional mobility of licensed counselors, AASCB (2005) created the National Credential Registry (NCR) to save and transfer portability-related documents between boards (Tarvydas & Hartley, 2009). Because of the diversity of state standards and the gradual increase in degree requirements, the NCR was designed to allow portability for counselors who graduated when licensing standards were lower.

Achieving portability in the near future depends on state licensing boards agreeing to adopt a (a) common title for the LPC, (b) 60-credit-hour preparation standard, (c) common number of supervised hours or years of experience, and (d) two-tiered examination using NCE/CRCE and NCMHCE to measure both knowledge and competency in diagnosis and treatment. As of 2010, 14 states added the AASCB portability language to their regulations, and a number of states were working to add the language; however, state licensing requirements still do not reflect a common title and a nationwide preparation standard (e.g., CACREP).

The Value of a National Standard

Counseling, unlike social work and psychology, has not established a single entity containing its accreditation, credentialing, and membership organizations. The American Psychological Association (2007) and the National Association of Social Workers (Council on Social Work Education, 2001) do not have separate accrediting bodies or multiple codes of ethics. The responsibility for problems in achieving recognition in legislation is with the counseling profession for not speaking with one voice (Smith, 2001). Herlihy and Remley (1995) identified symptoms of fragmentation, including at least nine separate ethical codes among ACA, the divisions, and accrediting bodies, and advised that a single ethical standard would help the public more easily understand the role of the professional counselor. Thirty years after the first state licensing law was adopted, Watts (2004) cautioned AASCB members that unless clearer identity was established, other professions such as psychology could absorb the counseling profession.

In 2006, the U.S. Department of Defense report to Congress identified the lack of uniformity in the prepractice training, education, and experience standards of LPCs, underscoring the urgency to resolve counselor training and accreditation issues. The report found that

> there is no well-established nationally recognized accrediting body for LPCs. States have a wide range of standards, licensure and certification requirements for LPCs. While CACREP accredits mental health counselor training programs . . . the absence of a national homogeneous standard curriculum to guide the training of LPCs fails to meet beneficiaries' expectations for the national, uniform quality care that is the Department's mandate. (p. 8)

Four years after the U.S. Department of Defense report, the value of graduating from a CACREP-accredited program was recognized in the document *Provision of Mental Health Counseling Services Under TRICARE* (IOM, 2010), a comprehensive review of professional counselor training, accreditation, and licensing standards. TRICARE set a clear direction for counselor licensing boards and the profession by naming the national accrediting body (i.e., CACREP) as the strength of the profession and the great variation in preparation standards and licensing requirements as its weakness. The TRICARE report also criticized counselor licensing boards for permitting degrees in noncounseling fields to qualify for licensing, calling attention to the difficulty licensing boards face when reviewing non-CACREP-accredited programs:

> There appears to be little attempt to evaluate learning outcomes, and there is no specific documented evidence to indicate how equivalence is determined. In addition, because of wide variation among courses, course titles, and qualifications of instructors, there is no empirical evidence that other accepted courses of study by licensure bodies have the same learning outcomes as accredited CACREP Clinical Mental Health Counseling Programs. (IOM, 2010, pp. 111–112)

To assure the competence of independent counselor practitioners, the TRICARE report recommended that licensed counselors who graduate from CACREP-accredited programs and pass the higher level NCMHCE be permitted independent practice in TRICARE. Shortly after this recommendation, a call to action on the CACREP website suggested that, once again, unity of the counseling profession remains difficult to achieve:

> There is not agreement among the organizations [ACA, NBCC, AMHCA] that CACREP should have been written into the regulations. . . . This approach will unfortunately dilute the value of the choice your program and students have made to seek and maintain CACREP accreditation and could potentially undermine this important recognition for counselors. (CACREP, 2011a)

The AASCB's (2010) Standards commission report echoed TRICARE's concern for common standards and a common

curriculum, stating that delegates found the course distribution of many non-CACREP-accredited programs was very different from that of CACREP-accredited programs. Courses in master's-level psychology programs provide preparation for entry into psychology doctoral programs but do not reflect the common standards (i.e., CACREP) found in counselor licensing regulations of many states.

Adding to the fragmentation of common standards, the Masters in Psychology Accreditation Council established a new accreditation process for counseling programs: "This newly formulated professional accreditation council represents an expansion in the original Masters in Psychology Accreditation Council (MPAC), which has been in existence for more than 15 years" (MPAC, 2011, "Announcing the Establishment of," para. 1). With flexibility in faculty qualifications, MPAC accreditation reintroduces psychologists as counselor education faculty. After the 30-year struggle to establish professional identity and common standards, the MPAC accreditation initiative could blur the identities between counseling and psychology, confusing both licensing boards and consumers.

The New Jersey Licensing Board's Experience

In preparation for the 2009 "sunset" (i.e., no longer in effect after a specific date) of the existing regulations, the New Jersey Professional Counselor Examiners Committee (hereinafter referred to as the Committee), established under the authority of the New Jersey State Board of Marriage and Family Therapy Examiners, began a comprehensive review of the regulations in 2004. Public minutes from 2004 through 2006 indicated that the Committee struggled to determine a program's counselor identity when reviewing license applications. Revised regulations adopted in 2006 (a) required that graduate programs include the word *counseling* or *counselor* in the degree title and (b) deleted the words *and related professions*, which is regulatory language that should have been removed after the grandfathering period (New Jersey Board of Marriage and Family Therapy Examiners, 2006). Before the 2006 revision, the inclusion of the term *related professions* left the door open for graduates of master's degree programs in psychology, social work, and human services to apply for licensure. In response to the revised regulations, several psychology programs changed their degree titles to include *counseling* in the title.

Adopting CACREP Accreditation

To address the myriad concerns related to university preparation standards and appeals by applicants referenced in public minutes from 2004 through 2009, the Committee adopted regulations requiring that licensing applicants graduate from CACREP-accredited programs by 2012 (New Jersey Board of Marriage and Family Therapy Examiners, 2009a). Interpreting nonstandard courses and degree programs was a difficult task for the Committee. Applicant complaints increased at the public comment portion of meetings regarding the length of time needed to review the course distribution required by statute. Course titles and syllabi content frequently indicated substantial differences from the CACREP common core curricular areas on which the New Jersey statute's educational requirements are based. As permitted by statute, the revised regulations named an independent accrediting body (i.e., CACREP) to reduce the time, labor, and cost needed to review applications and respond to appeals (State of New Jersey [1993], *Professional Counselor Licensing Act*).

Using CACREP as the accrediting agency seemed to be a reasonable solution that would address several problems: university programs would find it easier to understand and to comply with the regulations, applicants would be less frustrated with the process, and protection of the public would be strengthened by graduates with a clearer scope of practice. Engels and Bradley (2001) explained, "accreditation standards constitute a profession's internal definition as well as guidance and quality assurance for aspiring counselors and, ultimately, the publics whom aspiring counselors will serve. CACREP serves this definitive purpose for the counseling profession" (p. 95).

In December 2007, the Committee (New Jersey Board of Marriage and Family Therapy Examiners, Professional Counselor Examiners Committee) gave due notice of its intent to adopt CACREP accreditation as the standard for license eligibility at a meeting with university counseling program representatives. Preparation programs' representatives were advised that they would have 3 years from the adoption of the regulations (i.e., 2012) to receive CACREP accreditation. In July 2009, when the comment period closed, the Board responded to one comment and voted to move the regulation's adoption (New Jersey Board of Marriage and Family Therapy Examiners, Professional Counselor Examiners Committee, 2009b).

Reactions to New Jersey's Accreditation Requirement

In December 2009, seven non-CACREP-accredited New Jersey colleges and universities requested that the Committee repeal the regulations (New Jersey Board of Marriage and Family Therapy Examiners, Professional Counselor Examiners Committee, 2010a). In its *Findings and Recommendations,* New Jersey's Red Tape Review Commission (State of New Jersey, 2010a) identified the CACREP rule stating, "The regulations were apparently not adopted to address an existing problem" (p. 39). The Commission claimed that no accrediting body is named for other licenses; however, this designation is made for licenses for social workers, funeral directors, and beauticians, to name a few. For example, regulations of the New Jersey State Board of Social Work Examiners (2011) for licensed clinical social workers state that an applicant must have "received a master's degree in

social work from an educational program accredited, or in candidacy for accreditation, by the Council on Social Work Education" (p. 44G-4).

Inaccuracies in the *Findings and Recommendations* led CACREP's Executive Officer Carol Bobby to write to the Red Tape Review Commission clarifying, "there are references to CACREP which are misleading and misinformed" (C. Bobby, personal communication, April 30, 2010). Bobby's letter detailed inaccuracies in the Red Tape Review Commission's report, including the number of accredited programs, costs associated with CACREP accreditation, the length of time involved in programs obtaining accredited status, and that other professions or licensing boards in New Jersey require graduation from an accredited program.

The 180 Day Submission recommended (a) providing an alternate pathway for graduates of non-CACREP-accredited programs, (b) deleting the word *counseling* or *counselor* in the title of the degree, and (c) allowing licensees from other states to qualify for licensure by endorsement (State of New Jersey, 2010b, Section XII, para. 10).

At a Red Tape Review Commission hearing, an officer of the New Jersey Association for Counselor Education and Supervision (2011) testified against removing the word *counseling* or *counselor* from the degree title to maintain a clear professional identity essential to public protection. If the proposed changes had been enacted, graduates from psychology, social work, and human service programs would have again become eligible for licensure and the progress in establishing clarity of professional counselor identity would have been compromised.

In November 2010, New Jersey Governor Christie appointed three new members from non-CACREP-accredited higher education programs, bringing the Board to five members, and the term of the Chair of the Professional Counselor Examiners Committee's was not extended. In June 2011, the Division of Consumer Affairs promulgated the proposed amendment that the Board authorized to be developed in June 2010 (New Jersey Board of Marriage and Family Therapy Examiners, Professional Counselor Examiners Committee, 2010b). The amendment provided an alternative pathway to the CACREP requirement for applicants who "had obtained program approval from the Committee, after its review of documentation, including course descriptions and syllabi, demonstrating that the curriculum meets the requirements set forth" (New Jersey Board of Marriage and Family Examiners, Professional Counselor Examiners Committee, 2011, Subchapter 11:13:34-11.2.2).

The word *counseling* or *counselor* in the title of the degree was retained, preserving *counseling* as the qualifying degree for licensing. Under the new regulation, approval of non-CACREP-accredited programs is based on a review of syllabi and program materials by a single board-designated expert. This process is in place of the CACREP peer-review process, wherein multiple experts with strong counselor identity evaluate documentation, using standards established by counselor educators, and complete the review with an onsite visit.

Licensing boards and the public depend on professional associations and their accrediting bodies to provide the highest standards of preparation through an expert peer-review approval process. States are increasingly interested in license portability, as recommended by New Jersey's Red Tape Review Commission (2012): "Because any such licensee has already been licensed by another state or territory with substantially similar requirements, this streamlining can be accomplished at little to no risk to the public's health, safety, and welfare" (p. 31). This recommendation suggests that it is even more critical for the counseling profession to support a single accreditation model and develop common requirements across all licensing boards.

CACREP Accreditation

The value of the CACREP accreditation process in providing common standards for counselors and ensuring quality care for the public by licensees is increasingly evident. Current state licensing standards vary greatly and, without a common standard, licensing boards are left to struggle with equating non-CACREP-accredited degrees. Currently, 19 states require a degree from a CACREP-accredited program, and eight states accept the CORE accreditation or a program equivalent for licensing (ACA, 2012). For example, Iowa licensing applicants from non-CACREP-accredited programs are reviewed by an outside agency, the Center for Credentialing Education.

Benefits

Recent studies of perceptions regarding CACREP accreditation found similar benefits, although most studies recommended that stronger outcome measures should be developed (Brew, 2001; Cato, 2009; D'Andrea & Liu, 2009; Diambria et al., 2011; Scofield & Hof, 2007). Among these perceived benefits were increased internship and job opportunities, improved student quality, helpfulness in private practice, increased faculty professional involvement and publishing, and acceptance into a counselor education doctoral program. There is little research comparing the performance of CACREP-accredited and non-CACREP-accredited graduates (Haight, 1992; Schmidt, 1999). One large study using NCE data showed that students from CACREP-accredited programs performed significantly better on the NCE than did students from non-CACREP-accredited programs (Adams, 2006). Smith (2004) cautioned that the counseling profession must work to provide evidence of the effectiveness of counseling services.

For programs. Mental health accreditation bodies (Commission on Accreditation for Marriage and Family Therapy Education, the American Psychological Association Commission on Accreditation, CACREP, and the Council of Social Work Edu-

cation Commission on Accreditation) present distinct benefits to programs through their accreditation process. Among the benefits that CACREP accreditation provides are (a) regular review and revision of the standards by experts in the counseling profession, (b) peer review of counselor preparation programs, (c) common quality standards for training counselors, and (d) outcome-based standards (CACREP, 2009). Accreditation "ensures a threshold for measuring quality" and "a level of quality performance and integrity based on a review against a specific set of published criteria or standards" (CACREP, 2009, p. 57). The major strength of peer evaluation in accreditation is that the process is counseling specific:

> Peer evaluators are counselor educators and counseling practitioners, as well as qualified representatives of the public interest. Peer evaluation ensures that persons competent to judge the educational merit and professional relevance of the program have the opportunity to examine and assess the quality of the curriculum, facilities, faculty and students. (CACREP, 2011b, "Peer Assessment Enhances the Accreditation Process," para. 1)

In a study of CACREP-accredited and non-CACREP-accredited programs in historically Black colleges and universities (HBCU), faculty reported similar benefits noting that the validation of being CACREP accredited reverses a long-held stigma of being less qualified than predominantly White institutions (Cato, 2009). Currently, CACREP accredited 33% of the HBCUs and 29% of the Hispanic-serving institutions offering counseling programs (Kimbel, Bobby, & Urofsky, 2012).

For counselors. Graduates of CACREP-accredited programs have distinct advantages in their initial licensing application process, as well as in their career over time. The course work of CACREP-accredited graduates consistently meets most state licensing standards. Courses and transcripts are similar to those of applicants from other CACREP-accredited programs, and the turnaround time for application review and processing can be substantially reduced by the elimination of individual program and course reviews.

CACREP provides programs with a template for quality, peer-reviewed preparation, and clearly stated standards that faculty and students understand as the knowledge, skills, and dispositions required for the profession. Faculty members with counselor training, identity, and experience (a) offer students supervision and modeling, (b) influence appropriate professional conduct, and (c) strengthen counselor identity, ethical behavior, and scope of practice.

The Veterans Administration has recognized counselor licensees at the higher level (i.e., clinical mental health counselor) to provide independent services through TRICARE. On the basis of the TRICARE report and subsequent regulations (U.S. Department of Defense, 2011), graduates from non-CACREP-accredited programs could be denied access to federal programs and insurance reimbursement and limited as independent practitioners (IOM, 2010). This outcome could lead to career disappointment for graduates, increasing the potential for litigation against their programs that state they are *CACREP aligned* or *CACREP equivalent*. To provide services under the new TRICARE regulations, applicants must have graduated from CACREP-accredited programs and passed the NCMHCE.

For licensing boards. Licensing boards benefit substantially from requiring CACREP accreditation, which provides an expedited application review and a consistent measure for evaluating minimum training criteria for licensure and practice. With an external program accreditation standard, the potential subjectivity in evaluating individual credentials and board evaluation of programs is reduced. The human cost in hours spent reviewing individual applications and programs is also greatly reduced, and board members are relieved of the burdensome and complicated process of evaluating programs. This daunting task is especially difficult to accomplish by volunteer board members who meet monthly or quarterly, with limited professional and support staff. Applying a national standard to all applications can reduce the number of appeals and the criticism that the process is inconsistent. An added advantage for boards is research that suggests counselors from CACREP-accredited programs are more likely to conform to regulations and the counselor scope of practice (Mascari, 2004; Mascari & Webber, 2006); however, more research, especially across states, is needed. With differences in state licensing regulations, studies of counselor perceptions from other states are needed (McGlothlin & Davis, 2004).

Disadvantages of Seeking CACREP Accreditation

Non-CACREP-accredited programs often claimed that some of the standards are unachievable for some programs (Ritchie & Bobby, 2011). Consistently reported deterrents to seeking CACREP accreditation are the need for additional faculty; increased resources and technology; curriculum changes; CACREP training; consultant fees; and application, maintenance, and site team expenses (Cato, 2009; D'Andrea & Liu, 2009). Financial deterrents to CACREP accreditation are more pressing in HBCUs (Cato, 2009). Additional financial barriers for HBCU programs are conference expenses for CACREP training sessions, mentoring, consultant costs, modification of institutional standards, lack of control of the program's budget (particularly during the long-term economic recession), and multiple interpretations of standards. Cato (2009) recommended adjusting the cost of the CACREP process to be based on consideration for limited institutional resources, providing grants to HBCU programs seeking accreditation and revising faculty ratios to prevent decreasing student enrollment during budget difficulties and hiring freezes.

Recommendations for the Profession

The TRICARE report and the subsequent adoption of regulations affirmed the value of CACREP accreditation

for professional counselors, signaling acceptance of a more defined identity for counseling as a mental health profession. State licensing boards are likely to continue this direction as they consider adopting common standards and move toward licensing portability. With TRICARE's resolution, it is even more important to follow Glasoff's (1996) exhortation that ACA expand its role in bringing parts of the profession together to enhance counselor licensure. CACREP's 2009 outcome-based standards will move the counseling profession closer to meeting TRICARE's requirement that the profession demonstrates what counselors do makes a difference in treating clients. On the basis of the history of counselor licensing and accreditation and the experiences of New Jersey, we offer the following recommendations to move the profession to unified standards and portability.

Increase counseling outcome research. Counselor educators and ACES can encourage more research that addresses the impact of professional identity of their students and colleagues on the practice of counseling, measuring outcomes rather than perceptions. Research on the impact of CACREP standards and policies such as the 10:1 student–faculty ratio and the costs and processes of CACREP accreditation is lacking. The journals of ACA and its divisions need to prioritize publishing research on outcome-based counseling practices to help counselors determine when and how they can be most effective.

Advocate for portability and accreditation. AASCB, ACA, and state branches can best achieve portability by advocating for the creation of a national standard that recognizes CACREP accreditation. There is hope that the 20/20 initiative can unify the profession by moving to common standards and license portability.

Advocate for professional standards in licensure. ACA branches and divisions need to advocate for a single professional accreditation and also support ACA's policy that counselor licenses should be granted only to graduates of counseling programs. The counseling profession must speak with one voice on legislation, public policy, counselor preparation, and standards.

Assist programs in the CACREP-accreditation process. CACREP, NBCC, ACA, and its divisions and branches can assist programs in the accreditation process by developing a corps of volunteer mentors. It is important to advocate for programs in their initial accreditation and for accredited programs that may be in jeopardy of losing their accreditation during difficult economic times.

Inform stakeholders on the importance of CACREP standards. ACA and state branches can help consumers understand counselor training, licensing, and scope of practice. CACREP can help licensing boards and counselor education programs understand the advantages of program accreditation and facilitate dialogue among licensure boards through AASCB and ACES conferences and initiatives.

The Future: The CACREP Bridge to Portability

CACREP is approaching 600 accredited programs and has more than 300 volunteer site-visitation team members committed to ensuring that standards for counselor preparation programs are met. By being proactive in mandating accreditation and standards, both counseling professional groups and licensing boards can better ensure that consumers receive services under the counseling title from qualified professionals. Bloom (1996) advised, ". . . remember that protection of the public is more than an expectation of legislators. It is the ethical responsibility of every professional counselor as well as the responsibility of every counselor credentialing entity" (p. 19).

The convergence of CACREP's 30th anniversary, the passage of the final state licensing law in California, the continuing successes of the 20/20 initiative as a consensus-building process, and the use of CACREP accreditation in licensing standards may be viewed as the turning point when counseling has matured as a profession. Because TRICARE has established a national standard on which the profession itself could not agree, "the portability train may have left the station" and the profession needs to move quickly to get on board (Mascari, 2012, Slide 50). It is time for the counseling profession to resolve its historical dilemmas and take its place with psychology and social work as a mature mental health profession, finally recognizing a single national accreditation standard and achieving seamless nationwide license portability.

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