

2016

Relationship of Institutional Characteristics to CACREP Accreditation of Doctoral Counselor Education Programs

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Ronnie L. Pace, Jr.

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Walden University
2016

Abstract

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Counselor Education Programs

by

Ronnie Louis Pace, Jr.

MA, Louisiana Tech University, 1987

BS, Louisiana Tech University, 1986

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Counselor Education and Supervision

Walden University

February 2016

Abstract

There is a lack of accredited doctoral-level counselor education and supervision (CES) programs available to meet the documented and growing need for more qualified and competent professional counselors. The problem addressed via this study is the shortage of trained doctoral-level counselors and counselor faculty to train other counselors due to the lack of accredited doctoral-level CES programs. The purpose of this study was to better understand the factors that may influence or predict an institution's decision to pursue Council for Accreditation of Counseling and Related Educational Programs (CACREP) accreditation in order to increase the number of programs that pursue specialized accreditation. The research question focused on understanding the predictive relationship between institutional factors and CACREP accreditation status. A quantitative, cross-sectional correlation design was employed that used existing secondary data provided by institutions on institutional, government, and CACREP websites, as well as existing literature. The target population was 91 doctoral-level CES programs offered through U.S. institutions. Key findings from both correlational and logistic regression analyses indicated that the existence of master's-level CACREP accredited programs was the strongest predictor of CACREP-accredited doctoral-level CES programs. Graduate enrollment and the public/private status of an institution were also found to be predictors of doctoral-level CES CACREP accreditation status. Increased availability of accredited doctoral CES programs would impact the number of highly trained counselors practicing within mental health services, thereby improving quality of life for counseling clients, their families, employers, communities, and society.

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Dedication

To my beautiful wife, Gail; my two boys, Trey and Alexander; and that precious little girl of mine, Dakota. Last, but not least, I could not leave out my dad, Ronnie L. Pace, Sr. Only these people realized the real and true sacrifices made to get me to this point, because they were the ones who made them.

Acknowledgments

I would like to thank the members of my committee. First of all, my chair, Dr. Shari Jorissen, for her leadership, assistance, and guidance. You not only offered me writing expertise, but you put up with me, offering patience and encouragement. I would also like to thank the second member of my committee and my content advisor, Dr. Laura Haddock, for her counseling expertise and knowledge, helping provide richness to my study, and giving me incentive to complete my PhD program from the beginning. To the URR of my committee, Dr. Walter Frazier, thank you for filling in at the last minute and offering your professional expertise. I look forward to maintaining a relationship with each of you.

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I want to acknowledge the sacrifices made by my wife, Gail Floyd-Pace, who perhaps paid the greatest cost for the completion of my research. Your steadfast encouragement in the face of so many life events—not to leave out the expected scorn of my family, who couldn't understand the choice to miss my dad's funeral. Yet you stood there with my children, in my absence, taking up for me, believing in me, and knowing the choice I had to make. You, more than anyone, are the "rock" of my life. Bearing the brunt of so many tasks I should have completed, the late nights, the hospital stays, the

trips away from home ... still, you held it all together. You're the real hero in this, Gail. I'm not sure I can ever be worthy of you ... I truly married "up."

To my two youngest children, Alex and Dakota, I don't know how I can ever give you back the 5 years of missed activities with you. What you need to know is that I will devote the rest of my life as your dad, being there for you—no matter what. No more missed birthdays, family time, events, etc., ever again. No more, "I can't play right now ... because of school." Not to leave out your oldest brother, Trey, y'all are what I live for. I have to be the luckiest man on this planet to have the honor of being called your dad. Reaching the accomplishment of a PhD allows me to do SO much more with you now, and I can't wait to pay that forward.

To my dad, I would have gladly honored any request by you to stay and attend your funeral, but you unselfishly gave me permission to miss it if needed to complete the required residency of my PhD program; sadly, it indeed happened that way. You were always the most proud of me, and you didn't just tell me that—you in fact demonstrated that in everything you did. Every little thing I accomplished—or not, your pride seemed to grow. Despite what you might have thought of yourself, you were the best dad a boy could have ever had, and you left a legacy to the many who knew you of how a Christian father loves his family. That was your life's success, and oh, how valuable it was! My only hope is that I can forward the life lessons you gave me and be same kind of dad to my children.

Finally, the real cost of this degree was far more than the student loans I might not ever pay off ... as it was paid with many an unmentioned sacrifice and the love of a

family that believed in me. Their sacrifices were far more than I can ever imagine; however, now it's my turn to give back to them gratefully, for the rest of my life.

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Chapter 1: Introduction to the Study

Universities that offer doctoral-level programs to train future counselors are having difficulty acquiring accredited and well-trained counselor educators/faculty to meet their needs (Boes, Snow, & Chibbaro, 2009). Boes et al. (2009) found that trained counselors are in short supply for meeting the demands of the profession. There are high expectations for competent training for those that enter counseling occupations (Adkison-Bradley, 2013) and most states and government agencies now require that degree programs have specialized accreditation in order for the graduates to be eligible for licensure (Urofsky, 2013). This specialized accreditation of a program is to assure that graduates are being competently trained, and that training is at the appropriate professional level (Rawls, 2008).

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) has become the standard of excellence embraced by the counseling profession guaranteeing a level of competent CES training by universities (Mobley & Myers, 2010). The newly employed 2016 CACREP standards that universities must meet in order to obtain this accreditation that allows them to educate licensable counselors might lead to many universities not seeking CACREP accreditation because those standards may be too difficult or not cost-effective for institutions to meet (Barrio-Minton, Myers, & Morganfield, 2012). Barrio-Minton et al. (2012) revealed a concern that there might not be enough credentialed doctoral-level counselor educators to meet the expectations and demands of the industry due to many universities not being able to hire CACREP-credentialed PhD instructors or even meet CACREP's high counselor

education and supervision standards. Unless they meet these requirements, institutions with counseling programs cannot be accredited. While there are a few researchers who have addressed barriers to accreditation (Barrio-Minton et al., 2012; Cato, 2009) and the newly implemented CACREP standards, after an exhaustive literature review, I found little current research addressing other university characteristics that could also impact the decision to pursue CACREP accreditation.

In Chapter 1, I present an overview of the study, including a description of the problem, gaps in the literature, and the research question and hypotheses that I used. I introduce CACREP accreditation, the theoretical framework of human capital investment, and how this theory can provide a lens into the cost-benefit aspect of human capital for institutions and accreditation. Finally, I define the terms and variables and present the research design and the nature of the study, including a discussion of the limitations, delimitations, assumptions, and significance of the study, as well as its implications for social change.

Background of the Problem

Throughout the 20th century, American society has seen higher education as a key to maintaining a productive and civilized society. Poteliene and Tamasauskiene (2013) found that some people viewed higher education as a way of securing a higher level of compensation, whereas others saw it as a way to achieve greater productivity and return on investment (Becker, 2008). According to the Association of American Universities (AAU, 2011), a doctoral-level degree program is also a rewarding training

ground for invigorating research filled with fresh new ideas and energy that reflects the abilities of new students.

The continued pursuit of one's higher education offers a good *return on investment* (Becker, 2008). Attaining doctoral-level education in the counseling profession benefits both the practitioner and the field because it furthers the scope of knowledge and helps to maintain the identity of counseling (Mascari & Webber, 2013). Tobin, Bordonaro, and Schmidt (2010) found that the abilities of doctoral-level counselors are essential to the growth of the counseling field in both practice and scholarship.

The training of a doctoral-level counselor becomes even more uniform when the counselor's identity is addressed. Understanding the identity of a counselor is one of the most important learning details in the development of counselors (Forster, 1977). This identity has gained paramount importance in relation to competency standards, as many students are not sure what the difference is among the roles of counselor, social worker, psychologist, and pastoral counselor (Adkinson-Bradley, 2013). Counselor educators need to be like minded and have similar training and philosophical approaches in order to teach this identity (Hodges, 2011; Urofsky, 2013). A national committee was founded to address and develop standards for both counselors and the preparation of doctoral-level counselor educators. Ultimately, CACREP was founded in 1981 and continues to address and implement the highest standards of training and competency, educating students concerning the identity of a professional counselor (Mobley & Myers, 2010).

The acquisition of CACREP accreditation does not come without problems for existing CES programs. CACREP standards created a very high bar for existing counselor education programs to meet. These standards address several areas such as professional identity, financial support and how that support is received, core and adjunct faculty, qualifications of a supervisor, the type of supervision and the duration of that supervision, “student-to-faculty ratios, supervision ratios, and student and faculty support resources” (Urofsky, 2013, p. 12). Because of the lack of available qualified faculty, many programs must keep their enrollments small in order to maintain these ratios, which could result in the problem of too few counselors entering the profession and meeting the projected needs for counselor educators (Mascari & Webber, 2013).

Another problem found is with regard to CACREP Standard I.W, which specifically identifies the credentials needed for hiring new faculty and staff within CACREP-accredited CES programs (Bario-Minton, Myers, & Morganfield, 2012). The 2016 CACREP Standard I.W states that an academic counseling program has to have a distinguishable core faculty whose members meet the following requirements:

Have earned doctoral degrees in counselor education and supervision, preferably from a CACREP-accredited program, or 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. (p. 5)

If new staff are needed after the 2013 deadline, every new core faculty member would be “preferred” to have graduated from a CACREP accredited program (CACREP, 2016, Sect. 1.W., p. 6). Other CACREP standards require specific programmatic and

administrative roles of faculty and staff placing even further burdens on programs. For example, Bryant (2012) identified that programs that maintain the expected maximums for student-faculty ratios for classes, such as field experience, must manage the problem of maintaining enough available classes and larger instructor/faculty loads. The ratio of diversified faculty and staff requirements also create a burden for hiring and maintaining those staff. Finally, the added administrative/programmatic roles add to the already burdened duties of many faculty and staff.

As of January 2015, there were 580 master's-level CACREP-accredited counseling programs in the nation and only 63 CACREP-accredited EdD- and PhD-level counselor education programs, of which only two PhD programs were fully online (CACREP, 2015). With the strong need for greater numbers of competent and professional counselors, there needs to be research into what barriers could be present affecting institutions' choices for accreditation and then how accreditation issues can be better addressed. While many of the problems mentioned in the previous paragraphs are being addressed as a result of continuing research, there still are gaps in the literature regarding external issues that might have an effect on the decision against accreditation. Therefore, the problem this study addressed is the limited number of counselors available to meet professional demands as a result of CACREP accreditation standards. There is a lack of knowledge about the factors that may impact the decision of an institution to pursue CACREP accreditation for its doctoral-level counselor education program.

Problem Statement

Many states require a counseling degree from a CACREP-accredited program in order for an individual to become a licensed counselor (Rawls, 2008). Government agencies such as Veterans Affairs (VA) require that counselors who work in their facilities come from CACREP-accredited programs (VA, 2010, p. II-G43-1). According to CACREP (2013), there are currently 580 master's-level CACREP-accredited counseling programs in the nation and only 63 CACREP-accredited EdD and PhD counselor education programs that provide potential faculty for these master's-level programs (CACREP, 2014). The Bureau for Labor Statistics (BLS, 2014) projected a higher than expected need for licensed professional mental health, school, and marital and family counselors, with the number needed exceeding the number of counseling graduates by 2020. Bodenhorn, Hartig, Ghoston, Graham, and Lile (2014) found that up until 2010, faculty hiring requirements were being met, but they indicated that the changes to the CACREP standards could negatively impact hiring, which could then result in fewer students being able to enroll in these programs. A 2013 state workforce capacity group used a national median benchmark and found that "highly qualified educators and supervisors are needed to provide training and supervision to help meet the rapidly growing need for professional counselors, especially in rural areas," (Kentucky, 2013, p. 9), yet many institutions are still not yet pursuing the highest standards provided by CACREP accreditation. Finally, the National Board of Certified Counselors has stated that any counselor wanting to be certified nationally will have to have graduated from a CACREP-accredited university beginning in the year 2022

(NBCC, 2014). Therefore, the problem that was addressed in this study is the lack of qualified faculty to meet the needs of counselor education programs and the projected lack of qualified counselors produced by these programs in the future.

Nature of the Study

This study used a quantitative cross-sectional correlational design involving secondary data collected from the Integrated Postsecondary Education Data System (IPEDS) Data Center maintained by the U.S. Department of Education National Center for Education Statistics (USDOE, 2015), the CACREP website (www.cacrep.org), and individual university websites. Data analysis procedures used included descriptive statistics, correlation analysis, and logistic regression. Logistic regression was used to determine the predictive relationships between the independent variables and accreditation status. A convenience sampling method was used, as the data were publically available on university websites and the CACREP website. The convenience sampling approach can be particularly useful when there is a need to document a specific quality of the members of the sample (Kisely & Kendall, 2011). In the case of this study, the institutions chosen were those that had a website that made it possible to obtain the information necessary for the study. I then sought data related to key independent variables, such as accreditation issues, misinterpretation of requirements and standards, admission standards, faculty credentials and training, financial resources, and access to accredited PhD programs and then used data analyses to predict which factors impact accreditation status (dependent variable).

Research Question

What institutional characteristics predict an institution's CACREP accreditation for its doctoral-level counselor education program?

Hypothesis

Null hypothesis (H0): Institutional characteristics (type of institution, curriculum delivery model, profit status, institutional and graduate-level enrollment, primary gender, student ethnicity makeup, type of doctoral degree [i.e., PhD/EdD/other], age of institution, yearly tuition cost, program size, other CACREP-accredited degrees at institution) are not statistically significant predictors of doctoral CACREP accreditation status.

Alternative hypothesis (HA): Institutional characteristics (type of institution, curriculum delivery model, profit status, institutional and graduate-level enrollment, primary gender, student ethnicity makeup, type of doctoral degree (PhD/EdD/other), age of institution, yearly tuition cost, program size, other CACREP-accredited degrees at institution) are statistically significant predictors of doctoral CACREP accreditation status.

Purpose of Study

The purpose of this study was to better understand institutional characteristics that may impact or predict CACREP accreditation for doctoral-level counselor education programs. I first collected the data on the independent variables, determined the correlations between those factors and the dependent variable, and then ran a stepwise logistic regression. I identified key independent variables—type of institution,

curriculum delivery model, profit status, institutional and graduate-level enrollment, primary gender, student ethnicity makeup, type of doctoral degree (PhD/EdD/other), age of institution, yearly tuition cost, program size, other CACREP-accredited degrees at institution—and determined whether they are predictors of accreditation status (dependent variable). The results of this study could be used to increase the number of CACREP-accredited doctoral-level CES programs and academically credentialed counselors needed to meet the demands of the industry.

Theoretical Framework

Human Capital Theory

The theoretical framework for this study was human capital theory, borrowed from the works of Becker (Sandmo, 1993). Although human capital theory precedes Becker, it was Becker who formulated the microeconomic foundation of the theory by relating the cost-benefit aspect of human capital to institutions. Pearce (1995) used the theory to study the role of cost-benefit analysis pertaining to university accreditation decisions. The theory is beneficial in finding relationships between the effects of spending resources such as time and money and the expected future benefit of doctoral accreditation cost. Pearce argued that by applying economic theory to decisions concerning doctoral accreditation, leaders of institutional bodies could rate returns based on the economic value, tangible advantages, and intrinsic benefits of doctoral CACREP accreditation. Understanding the core principles of the theory requires anticipating the benefits of accreditation. The theory is applicable to the determination of whether the

anticipated future benefits of specialized accreditation outweigh the cost for students, program(s), and the institution (Pearce, 1995).

Utilitarian Theory

A second theoretical framework, utilitarian theory, was also used in this study. Utilitarianism provides a similar lens into this study by looking at how the rational choice of the largest group of a population being studied could be provided the utmost degree of satisfaction because of a certain choice made. Basically, if the decision serves the population by improving that population's contentment, then the decision is seen as the best one to make.

Public Good Theory

A third theoretical framework used was public good theory. Based upon the mechanism of accountability for an institution's decisions, this theory suggests that because an institution represents the best interests of the community, the social control of that community utilizes the institution's accreditation for its own good. This utilization is always seen as profiting for the good of consumers because it is in their best interest for the institution to gain said accreditation.

Operational Definitions

Accreditation: Accreditation is the process in which an organization (i.e., an accrediting agency) evaluates an entity that provides services (i.e., an institution) and gives formal recognition of the services, indicating the entity's technical capability and reliability to perform those services (Greenberg, 2014). This process begins when the entity providing the service is committed to comply with the requirements given in the

standard. CACREP endorses both master's and doctoral degree programs throughout the United States that provide counselor education and meet the established requirements (Forest & Campbell, 2012).

Licensed professional counselors: A licensed professional counselor is a regulated title given at the state level and requires at least a master's degree in counseling or a related field. It usually requires the passing of one or both certification exams from the National Board of Certified Counselors (NBCC): The National Counselors Exam (NCE) and/or the National Clinical Mental Health Counselor Examination (NCMHCE; ACA, 2015).

Institution: In this study, *institution* refers to an organization that offers education and training to individuals seeking a doctoral degree in counseling.

Accredited institution: An organization that offers training and education at the doctoral level in counselor education and supervision (CES) and is accredited by CACREP (CACREP, 2014a, 2014b).

Social change: A transformation through social change, action, and advocacy within social institutions and culture over a period of time. Promotion of social change is seen as a professional responsibility of health care providers such as counselors (Herzberg, 2010). Examples of social change efforts include an emphasis on the importance of time with family and a campaign for equal rights between the genders.

Counseling: "The professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 366). Trained professional procedures are

engaged in order to assist individuals through difficult times or in achieving goals for which they require outside aid.

Assumptions and Limitations

An assumption of this study was that both CACREP and institutional websites provided accurate and complete data to the public. A potential limitation to this study was that the institutional websites from which I collected data may not have had accurate data posted or may not have had data on all variables available.

A number of techniques were used to assess the accuracy of these websites. Because nearly anyone with a computer and rudimentary programming skills can create a website, it was important to establish the author of an institution's website. In some cases, the author is the academic institution. However, this may not always be the case. For example, some institutions choose a commercial entity to develop their websites. When this is the case, it is important to know whether the institution has thoroughly reviewed the website to ensure that it is accurate. When possible, I ensured that websites had been checked for accuracy.

Another important consideration regarding the information provided on the website was the purpose for which the site was created. If the page being accessed was provided for informational purposes, it had a higher likelihood of being accurate than a page that was primarily for advertising purposes. For example, an institution might have a page that was designed to attract students. Such a page may not mention some of the limitations of the institution. I verified this as well.

Scope and Delimitations

This study was limited to readily, publicly available secondary data from institutional websites having doctoral-level counselor education programs within the United States. According to Trzesniewski, Donnellan, and Lucas (2011), using secondary data from publicly available websites has long been a data collection method within social sciences research, and the analysis of secondary data provides convincing opportunities for advancing the science of psychology. Secondary data should be deemed accurate based on consumer protection requirements, and institutions are required to follow ethical codes of practice with regard to reporting data on their websites (AIR, 2014, Section II e.). It was assumed that the institutions made sure that the data were as accurate as possible, as anything inaccurate could have a deleterious impact upon the reputation of the institution. The scope of the research encompassed all regions of the United States, and only data from universities with doctoral-level CES programs were used. Initially, it was believed that generalizability would be affected by the sample size and therefore seen as a constraint to this study. However, these limitations resulted in further opportunities for future research.

Significance of the Study

The Bureau of Labor Statistics reported a top 10 occupational growth estimate of 31% for the counseling profession (Bureau of Labor Statistics, 2014a). Highly competent individuals will continue to be required by many professions and institutions (Rawls, 2008). CACREP is the standard of excellence adopted for counseling programs in the United States and provides program expectations, quality, and credibility to the scope of

practice through curriculum standards (Paradise et al., 2011). CACREP accreditation ensures that those who are going to be counselors or training counselors meet very specific and defined standards through proven educational and competency requirements (Schweiger et al., 2012).

Identifying and then classifying the characteristics of the institutions that have doctoral-level counselor education and supervision programs and CACREP accreditation versus those that do not is the first step toward increasing the number of CACREP-accredited doctoral programs (Bario-Minton et al., 2012). Existing programs must follow a specific process to achieve or maintain CACREP accreditation, which includes documenting that they have met the eligibility conditions as well as paying an application fee. An abbreviated self-study regarding the specified criteria must be completed by the appropriate personnel at the institution. Once this is completed the fee and the documents outlining the self-study can be sent to the board of CACREP for review (CACREP, 2014b).

This study may assist with this process by identifying factors that are common among the institutions with CACREP accreditation. An institution seeking to become CACREP accredited can modify its program to more closely match the important factors of accredited institutions. This could serve to increase the probability that the institution will gain accreditation. These factors may not always be among the data presented by the CACREP board. For example, programs of a certain size may be more likely to gain accreditation. However, the size may not be a formal requirement of the CACREP Board.

Implications for Social Change

By introducing previously unknown research, CACREP and its potential applicants might have an opportunity to better understand themselves in relationship to other institutions with different characteristics. If this study identifies the factors that increase the likelihood that an institution will achieve CACREP accreditation, institutions' programs could be identified for consideration for future accreditation. This could result in more students having access to high-quality training programs. Once there are more doctoral-level counselors available, an increased number of members of the public will have access to appropriate doctoral-level counseling, because counseling programs will have a more adequate supply of faculty to meet the projected demands for counselor education. This could have a significant positive impact on the overall mental health of the population. An ongoing effort to assist both CACREP and CES programs in gaining easier access to accreditation may ultimately have positive social change implications for counseling clients and their families, employers, communities, and society by improving quality of life for all.

Summary

Many prospective counseling students have not had the ability to pursue the highest degree in their field (Pashak, Handal, & Ubinger, 2012). Online higher education and distance learning education may make the terminal education degree much more accessible (Lindsay, 2006). Butcher and Sieminski (2006) asserted that without the availability of distance learning, many people would not have been able to achieve their doctoral degrees. Within the counseling profession, traditional counseling programs are

not seeking accredited doctoral-level programs despite the growth of master's-level programs (Barrio-Minton et al., 2011). After an exhaustive search of the literature, I found only one researcher who had studied or discussed a comparison of characteristics between accredited and non-accredited doctoral-level counseling programs (Cato, 2009).

The results of this study may aid in the discovery of more creative ways to increase the number of institutions that offer CACREP-accredited doctoral programs in counseling. As the number of programs increases, access to these high-quality educational programs will increase. In establishing the factors that make it more likely for an institution to be accredited, it may be possible to modify existing programs to match those of other institutions that are already accredited. Once this is done, there is an increased chance that a program will be accredited by CACREP.

Some of the factors that increase the probability of an institution being accredited by CACREP may not be formally listed; therefore, such a list has the potential to add significant information concerning dynamics influencing an institution's decision toward (or against) accreditation. There are a number of known factors that may play a role and would fall into this category. For instance, institutions that have fewer students may not have sufficient financial resources to attract qualified professors. Institutions which have more than 50 students may be unable to provide the individualized and personalized training necessary. Providing the programmatic/administrative roles and functions required by CACREP could also be a barrier for programs with faculty who already have burdensome teaching loads. The goal of this study was to identify the characteristics of accredited universities and the relationship of these characteristics to the decision to seek

accreditation. In summary, with this study I hope to contribute new knowledge to inform scholars and educators of further avenues for discussion and creativity about accreditation, so that greater numbers of accredited doctoral-level CES programs can be achieved.

Chapter 2: Literature Review

There is an increased need for trained counselors graduated from CACREP accredited programs since many organizations and licensing boards require counselors come from CACREP accredited programs, however the lack of doctorally trained Counselor Educators to work in programs that train counselors has impeded fulfillment of this need (Barrio-Minton et al., 2012; Cato, 2009). The purpose of this study was to achieve a better understanding of the institutional characteristics from CACREP accredited programs. Attaining a better understanding of these characteristics could influence a program's decision to apply for CACREP accreditation.

Overview

This chapter includes an overview of relevant literature supporting the direction of this study on the limited number of accredited doctoral-level counselor education programs and whether certain characteristics might lead a university to apply for accreditation or not. I discuss counselor education (outlining its history and the need for stronger counselor education standards--particularly within PhD CES programs) as well as the benefits of achieving CACREP accreditation signify the importance of accreditation. Because this study focused primarily on counselor education, CACREP is the only accreditation discussed. Furthermore, for clarity and better understanding of an institution's accreditation experience, including the steps it needs to go through to achieve accreditation, the CACREP accreditation process is explained. An explanation and identification of key independent variables not limited to accreditation issues, misinterpretation of requirements and standards, admission standards, faculty credentials

and training, financial resources, and access to accredited PhD programs are also presented. With human capital theory (HCT) serving as one theoretical framework a detailed explanation is given of how institutions could benefit from CACREP accreditation.

Literature Search Strategies

I primarily focused on research published within the last 5 years. On a limited basis, I used research older than 10 years that provided key findings and historical significance. I conducted multiple searches using the following databases: Walden University's Academic Search Premier, Dissertations and Theses, Health and Psychosocial Instruments, Mental Measurements Yearbook, ProQuest Central, PsycARTICLES, PsychINFO, SAGE, SocINDEX, Google Scholar, and Galileo Scholar. There was very little evidence of research regarding specific or individual characteristics of an institution but there was much more literature on perceptions and opinions of CACREP accreditation. Key search words used for this study included *counselor education, accreditation, CACREP, human capital theory, higher education, and counseling licensure*.

History of Counselor Education

The early history of counselor education involved many challenges due to the diverse philosophical approaches developed from the early part of the 20th century to the 1970s (Hodges, 2011). This presented a significant obstacle to the counseling profession's development, as counselor education was ambiguous and without a uniform set of rules or standards. According to Hodges (2011), with counseling emerging as a

specialty within the 1930s, universities initially ascribed to diagnostic training, especially with the publication of E. G. Williamson's *How to Counsel Students: A Manual of Techniques for Clinical Counselors* (1939). *Diagnostic training* refers to training that qualifies individuals to meet a satisfactory level of understanding and competence in the diagnosis, treatment, and prevention of mental illness (Hansen, 2003). This type of orientation soon became the prevailing approach within colleges and universities because of the need for individuals to have an increased level of competence when counseling clients (Nugent & Jones, 2009).

In 1942, Carl Rogers published *Counseling and Psychotherapy*, in which he methodically took the counseling field in the direction of helping clients with problem solving (Rogers, 1942). Rogers developed a new type of theoretical orientation by offering a more process-oriented, nondirective, humanistic approach, naming it *client-centered therapy* (CCT; Hodges, 2011; Rogers, 1951). During the 1950s and 1960s, many prominent analysts and existentialists challenged leading theorists, creating more change for counselor educators (Nugent & Jones, 2009).

In 1958, the National Defense Education Act (NDEA) provided a means for increasing the number of counselor programs in the nation's educational institutes by providing funding for the development of programs that would train counselors more effectively (Adkison-Bradley, 2013). The NDEA also provided much-needed fellowships as a way of enticing counseling professionals into earning advanced degrees in counseling, specifically focusing on doctoral-level training for counselor education

(NDEA, 1958). Providing competently trained counselors meant focusing on doctoral programs in counselor education.

Another important development in counselor education was the enactment of the Community Mental Health Centers Act in 1963 by President John F. Kennedy (Feldman, 2004). This act provided \$150 million toward the creation and construction of community mental health centers throughout the nation (NCBH, 2014). This led to the development of careers in clinical settings that had previously been reserved for psychologists and social workers (Adkison-Bradley, 2013). Creating these new clinical careers caused much debate and discussion throughout the 1960s and 1970s, especially regarding the identity of the counselor, counselors' scope of practice, and counselor education. These discussions also brought legitimacy to the doctoral degree in counselor education (Forster, 1977).

Forster (1977) discussed the problem of professional counselor identity, detailing how many professional counselors described themselves as similar to those in other helping professions (i.e., psychologists, social workers, and counseling psychologists). This added confusion to an already unclear scope of practice and made it difficult for counselors to find jobs within the health profession. This led to splintering within the field of counseling as different philosophical approaches in organizations were linked to different counseling doctrines and ideologies, resulting in numerous training obstacles (Hodges, 2011). These obstacles included ambiguous qualifications to become a counselor, differences in programs of study, lack of professional credentials such as licensure, and lack of a set code of ethics for the counseling profession (Forster, 1977).

During the mid-1970s, the Association for Counselor Education and Supervision (ACES) selected a national committee to help with improving and developing specific standards for doctoral preparation, ultimately to train students how to be mentors (Adkison-Bradley, 2013). After gaining research input from ACES members, the committee introduced a set of doctoral-level education standards for the counseling profession. This resulted in goals and objectives related to professional practice, identity, and education (Mobley & Myers, 2010). Because of these cooperative accreditation efforts, ACES approached the American Personnel and Guidance Association (APGA), the predecessor to the American Counseling Association (ACA), with its findings and recommendations and in 1981 CACREP was founded (CACREP, 2014b).

Need for Appropriately Credentialed Counselors

According to the Bureau for Labor Statistics (2014a, 2014b, 2014c), both licensed professional counselors and certified school counselors are strongly needed. The number of licensed professional mental health, school, and marital and family counselors needed is expected to exceed the number of counseling graduates by 2020 (BLS, 2014). The U.S. average student-to-school counselor ratio of 452:1 demonstrated an escalating national need for school counselors as this ratio is higher than the American Counseling Association's recommended ratio of 250:1 (Boes, Snow, & Chibbaro, 2009). There is a high need for competently trained counselors in multiple psychological areas.

The need for clinical mental health counselors has become even greater due to changes in the definitions of mental health services in areas such as military and veteran support. The reauthorization of the National Health Service Corps in 1990 initially

allowed counselors and marriage and family therapists to be used when there are health-professional shortages affecting veterans (USDHHS, 2014). In 2010 the Department of Veterans Affairs (VA) began to allow current veterans to be treated by licensed mental health counselors. One of the reasons for this allowance was to help with the growing crisis of returning vets and their families with untreated posttraumatic stress disorder (PTSD) (VA, 2010). According to this VA statute (VA, 2010), the basic qualifications of counselors include “a master’s degree in mental health counseling, or a related field, from a program accredited by CACREP” (p. II-G43-1). This means that any counselor wanting to work for any military- or VA-run institution has to have graduated from a CACREP-accredited institution.

There is a continuing need for higher education institutions to produce both school and mental health counselors; this would also suggest that there is a need to produce faculty members who can educate students in these programs (Urofsky, 2012). However, doctoral-level CES has become an area where it is difficult to find faculty with the qualifications to fill these positions (Barrio et al., 2012; Shweiger et al., 2011).

Need for Appropriately Credentialed Faculty

Tobin, Bordonaro, and Schmidt (2010) found that the abilities of doctoral-level counselors are essential to the growth of the counseling field in both practice and scholarship. Faculty trained at the doctoral level have the skills necessary to educate counseling students about the identity of a professional counselor, professional confidence and legitimacy, and accountability within the profession of counseling (Dollarhide, 2013). Colleges and universities that offer doctoral-level programs to train

future counselors have difficulty acquiring well-trained counselor educators/faculty to meet their needs (Kentucky, 2013; Shweiger et al., 2011).

With the need for trained faculty with doctoral degrees, and the need for programs that can provide trained counselors, one would hope that the number of accredited doctoral level universities would meet the need. Within the last two years, there were only three doctoral level program applications for CACREP accreditation despite there being 62 accredited doctoral level programs in the U.S. (CACREP, 2014). This illustrates that there is a need to study institutions that do or do not pursue CACREP accreditation as an avenue to determine why institutions may not be pursuing this accreditation for their doctoral level programs.

CACREP Accreditation

The objective of accreditation is to certify and attest that higher education institutions and the education they provide meet certain levels of academic excellence (Delaney, 2009). For professional counselor education programs, this indicates that the institution pursues the highest level of competency, standards, and education a counselor can achieve (Delaney, 2009). The pressure for counselor education accountability has become even stronger as employers and state licensure boards want evidence that counselor education graduates have the proper training and preparation to become professional counselors (Lambie & Vaccaro (2011). Educational accrediting agencies, such as CACREP, are private independent educational associations which develop quality standards in education (Cohen & Kisker, 2009). Institutions and/or programs that comply are then “accredited” by that agency, meaning that they have met those higher

standards to receive and keep the accreditation. An overview of the accreditation process is provided below.

CACREP accredits many types of counseling programs, including addiction, mental health, clinical, family, and school counseling (see Appendix A). All PhD counselor education programs must meet the basic CACREP requirements in order to be accredited (Roach, 2011; see Appendix C). The curriculum must include the history of the profession, ethical issues, social and cultural diversity, human growth and development, the dynamics of the helping relationship between counselor and patient, teamwork, and research and evaluation methods for each student (CACREP, 2014). Core course curriculum requirements are provided in Appendix B—CACREP Core Course Curriculum Requirements.

Benefits of Accreditation

Benefits of having graduated from a CACREP-accredited program include being able to apply for state certification, waiver of certain testing requirements such as the National Council for Accreditation of Teacher Education (NCATE; ACES, 2012), the potential for better scores on licensure and credentialing exams, and acceptance by third-party insurance payors (CACREP, 2014a; VA, 2014). Students of CACREP-accredited programs also receive assurance that the quality of their education meets the highest standards set by the counseling profession, which will lead to better employment opportunities (CACREP, 2014a).

Process

Programs desiring CACREP accreditation need to meet the minimal criteria of eight core curriculum areas in addition to the requirements for specialty areas (CACREP, 2014; see Appendix B). Not only does a program have to meet these criteria, but it also has to endure the different application phases, which can take many years to complete (CACREP, 2014d). There are five phases that a program has to complete for CACREP accreditation:

- Phase I: The program has to write a self-study. This written document shows how the program meets the standards and requirements CACREP.
- Phase II: This involves the program submitting the application and self-study with an explanation of how the basic standards have been addressed and are met by their program's curriculum.
- Phase III: CACREP sends a team for an on-site review of the information presented in the self-study. This is an opportunity for CACREP representatives to ask questions of the institution to provide clarification and for the institution to provide additional information. The visit will include interviews with students, administrators and supervisors and will result in a report from the visiting team regarding the appropriateness of the institution for accreditation.
- Phase IV: CACREP reviews the team's report and decides whether to accredit the program.

- Phase V: If a program receives CACREP accreditation, there are ongoing reviews and annual fees. (CACREP, 2014d)

Programs that fully meet the requirements for CACREP receive accreditation for eight years. Programs that meet most of the requirements, but have to make minor changes, are granted accreditation for a period of two years with conditions. The conditions of this two-year accreditation status must be met by the next review to attain full accreditation. Programs that do not meet the requirements are denied accreditation (CACREP, 2014b).

Known Accreditation Issues for Institutions

There has been a significant amount of research over the last 25 years regarding the problems that institutions face when applying for CACREP accreditation (Bryant, 2012; Counseling Today, 2011; Hester, 1996; Muro, 2004). The decision of pursuing CACREP accreditation for many institutions is often dependent on if they believe they can meet the requirements. Many institutions do what they can to meet the basic requirements, yet there are many institutions that do not seek accreditation because of the challenges in meeting the standards (Cato, 2009).

One of the issues giving pause to institutions seeking accreditation is misinterpretation of certain requirements and standards (Barrio-Minton et al., 2012; Cato, 2009).

- CACREP Standard I.W, which identifies the credentials needed for hiring new faculty and staff may be misinterpreted as suggesting that only PhD's with CACREP accredited Counselor Education backgrounds can only

teach counselors or lead the programs (Bario-Minton, 2012; CATO, 2010) (See Appendix C for full standard).

- Another notable misconception is the idea that admissions will be reduced due to stringent admission policies requirements (Midgett, 2005). Some university's might have to restructure staff and faculty within programs not diversified with regard to race and culture. This has caused a documented fear of losing staff to gain others and has caused difficulty or pause in applying for accreditation (CATO, 2010).

Changes within the standards might present a significant need for CACREP accredited PhD Counselor Education and Supervision (CES) graduates to fill counselor education faculty positions (Minton et al., 2012). There seems to be justification for research to find if programs are having difficulty meeting CACREP standards, if hesitancy towards application is because of actual difficulties or because of misperception or characteristics of an institution.

Faculty Credentials and Training

Beginning in July of 2013, CACREP began to implement their newly revised 2016 standards from the current 2009 standards. Significant changes were made in their accreditation standards regarding how faculty members were professionally prepared (CACREP, 2016). CACREP Standard I.W identifies the credentials needed for hiring new faculty and staff to teach in counselor education programs (see Appendix C). This standard indicates that faculty will “have earned doctoral degrees in counselor education and supervision, preferably from a CACREP-accredited program, or 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” (CACREP, 2016, p.6). CACREP wrote the standard in such a manner to ensure that regardless of a counselor educator’s terminal degree from a related profession, they would still be eligible to continue working in the profession as a counselor educator if they were employed prior to the established date.

Factors Related to Independent Variables

Human Capital Theory and Type of Institution, Profit, Status, Enrollment, Tuition Cost, Program Size, and Other CACREP-Accredited Degrees

According to Even (2012), many universities believed that the implementation of CACREP standards would be a drain on financial resources for their institution. This is because more faculty would have to be hired to meet the student-faculty ratios for class sizes as well as supervision requirements and the cost to hire effective, experienced, and credentialed educators could be very expensive (Counseling Today, 2011). The need for a diversified faculty and staff (including the ratio of students to faculty) could be difficult to accomplish for many schools due to the type of institution they are, both publicly and privately funded (Cato, 2009). CACREP accreditation fees can also be seen as very costly to an institution in comparison to the benefits they might see from accreditation (see Appendix D). Many institutions have several specializations in their counselor education programs such as mental health counseling, school counseling, marriage and family therapy, counselor education and supervision, etc., which could result in a substantial expense to the institution if each specialization needs to be accredited. Private, not-for-profit types of institutions might not be able to afford the costs associated with

accreditation application, requirements, and staffing (Boccone, 2013; Bryant, 2012; Minor, 2012).

While describing how institutions successfully invest in human capital, Becker (2009) suggested that both the *types of* and *profit status* of an institution are often seen as “substitute characteristics needed to increase [those] investments” (Kindle Locations 1053-1054). Human Capital Theory finds that the actual enrollment of an institution increases when the public realizes the benefits of attending a specialty program for a particular career (Becker, 2009).

Despite the tuition costs, Becker found that the appreciation for the benefits from specific training, e.g., incentives from those benefits, rose quicker and higher than the actual costs of that training. Still, he found that the cost of education was an important factor in determining an investment because information available to an individual or institution facilitates their choice with regards to raising the command over available resources.

The size of an institution’s program was also found to provide incentive for accreditation because of its influence on an investment. Becker found that enrollment numbers provided powerful incentives in continuing (or creating) an investment in a particular set of skills, (e.g., the skills provided by the standards of accreditation). Finally, whether an institution has other programs that are accredited is an important variable to consider as it relates to similarity of return of investment. Becker found that an increase of similar activity would, provide an even greater increase of return on an investment. If

a program is using similar standards on another program, then in relationship to HCT, using the same formula for a new program would be just as, or even more, productive.

Bryant (2012) discussed and found several institutional characteristics that are related to problems with attaining and maintaining CACREP accreditation.

Characteristics such as financial issues, inconsistencies of training, the hiring of new faculty, the benefits and limitations of diverse faculty, etc., of an accredited institution were found to be related to potential issues and make inclusion of this independent variable important. As an example, concerns with maintaining other CACREP programs while seeking an additional doctoral level accreditation are well founded, especially as it related to student perceptions and benefits, which were mixed (Bryant, 2012). This plays a part in the choice of whether the investment in accreditation is worth the trouble of seeking or maintaining that accreditation. Therefore, the type of institution (public/private), profit status of an institution, enrollment, tuition cost, program size and whether other CACREP accredited degrees are present, were included as independent variables for this study as these status' may impact the financial viability of CACREP accreditation.

Curriculum Delivery Method

Despite the evidence that online distance education provides a necessary resource for many students interested in seeking training in Counselor Education (Butcher & Sieminski, 2006; Lindsay, 2006; Rose, 2007) there are only two accredited online PhD CES programs: Regents University and Walden University (CACREP, 2013a). Although this study is looking at doctoral level CACREP institutions regardless of the delivery

model, limited availability of online options could create an additional challenge for individuals seeking access to accredited CES programs of study (Allen & Seaman, 2007). It also contributes to the lack of feasible access for individuals seeking a CACREP accredited PhD Counselor Education and Supervision program (Allen & Seaman, 2007). This variable was included as an independent variable as more and more institutions are offering online options for their programs so this may be something that predicts CACREP accreditation in the future if not currently.

Utilitarian and Greater Good Theory and Gender, Ethnicity, age of Institution

When looking at other frameworks to guide this research, utilitarian and greater good theories provided a theoretical lens into the good that a decision might provide. Utilitarian theory, also known as utilitarianism, theorizes that a decision which bestows the greatest good based upon rational choice for the largest group of people will, at least, provide the highest degree of satisfaction to an affected group (Klein, 2011). Public Good theory theorizes that a decision that effects the totality of the good of a group as a whole, positively effects that group and motivates other decisions for the good of that group. The variables of gender, ethnicity, and the age of an institution can be tied to utilitarianism because these variables can be significantly related to intention to choose the right and best choice (Beekun, Stedham, Westerman, & Yamamura, 2010). According to Beekun et al., gender can be tied to public good and utilitarianism by identifying and understanding the differences of communication and leadership styles demonstrating the differences between male and female in the way they motivate others. Ethnicity is tied to public good and utilitarianism in the way cultural differences resist the options of moral

dilemmas, instead favoring utilitarian choices that maximize the greatest good for the greatest number (Côté, Piff, & Willer, 2013). The age of an institution has value to utilitarianism in that age can be synonymous with grounding in social good and its practices (Marginson, 2011). Finally, Utilitarianism and Public Good Theory address the variables of gender, ethnicity, and age of institution by looking at the positivity effect accreditation might have on these groups (Reed & Carstensen, 2012).

Theoretical Foundations

The theories that form the underpinning for this quantitative study are Human Capital Theory, Utilitarian Theory, and Public Good Theory. Because financial gains to the institution are not always immediately known, decisions might have to be made using proven theory predicting the outcomes cost-benefit to gaining accreditation or not. Locke, Herr, and Myers (2001) discussed the importance of costs and benefits regarding counseling services. In their study, they outlined four major reasons for their findings: accountability for the use of public and private funds; to know what it costs to achieve an effect; to compare the economic advantages of the alternatives to [accreditation]; and to understand both the short-and long-term economic benefits derived from providing [training for] counseling programs.

Cost-benefit is defined in a variety of terms. Van Dusen, (2014) defines *costs* as what an individual expends in order to deliver a certain type of service and the expenditures of services received. Hurley (1990) defines cost-effectiveness as the expenditures required to achieve a level affect. Socially, cost-benefit has been defined as

the ratio between the costs required to realize an outcome and reduced social costs (Sen, 2013).

Human Capital Theory (HCT)

Understanding the decision to pursue CACREP accreditation can be examined by looking at the relationship of cost to benefit through the lens of human capital theory. During the mid-1900's there was an economic change where economists began the human capital revolution (Kern, 2009). Gary Becker was able to successfully frame microeconomics into a relationship between human capital and the cost benefits (Sandmo, 1993). According to Becker (2008), two of the most important investments in human capital are education and training. This illustrated the relationships university characteristics have to the decisions they make regarding accreditation efforts. Figure 1 is an illustration of Becker's (2008) basic premise of how human capital theory works when a student or individual makes a decision to invest in both education and training. Productivity is seen by the gains and experiences of the student, e.g. a better job, greater pay, increased desirability, an increase in skills, and is more competitive within his career. According to HCT, this makes the student's choice for an accredited school much more attractive.

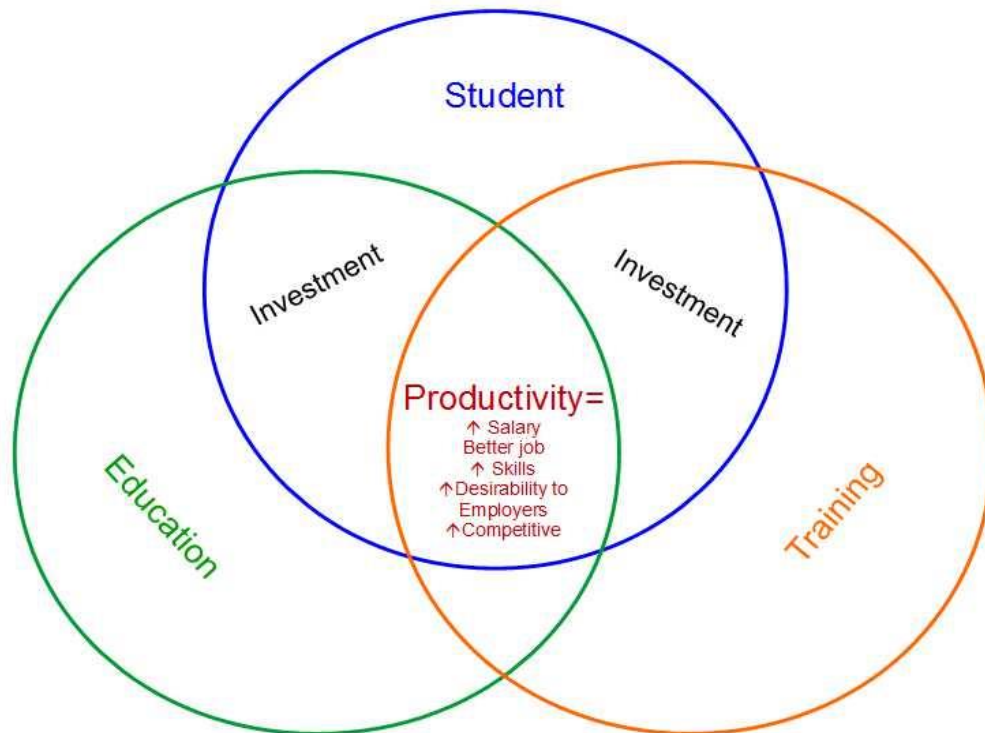


Figure 1. Illustration of the basic premise of human capital theory as defined by Becker (2008).

An increase in the human capital effect on education does not translate immediately into increased productivity and competitiveness for the workforce, unless the production system efficiently uses that human capital (Luke & Goodrich, 2010). It is necessary for students to receive training with a solid foundation of knowledge and proven research that will allow them to be entrepreneurs with the ability to go on changing the dynamics of demand for human capital (Adams, 2013).

The profession of counseling has a certain set rules for professional education, especially with CACREP specific expectations of ethical conduct, and experience in order to practice as a counselor (BLS, 2014; Midgett, 2005). If a university wants to

attract students to its programs it has to offer the education quality and specific training content to prepare those students for their careers. Viewing through the lens of Becker's (2008) HCT theory, universities would be productive by investing in the cost of accreditation providing a benefit to the student (Poteliene & Tamasauskiene, 2013). An immediate effect of accreditation is that more potential students equal more money but there are also other resulting returns including the reputation of the institution, alumni relations, and benefit to the community where they exist (Crook, Todd, Combs, Woehr, & Ketchen Jr, 2011; See Figure 2).

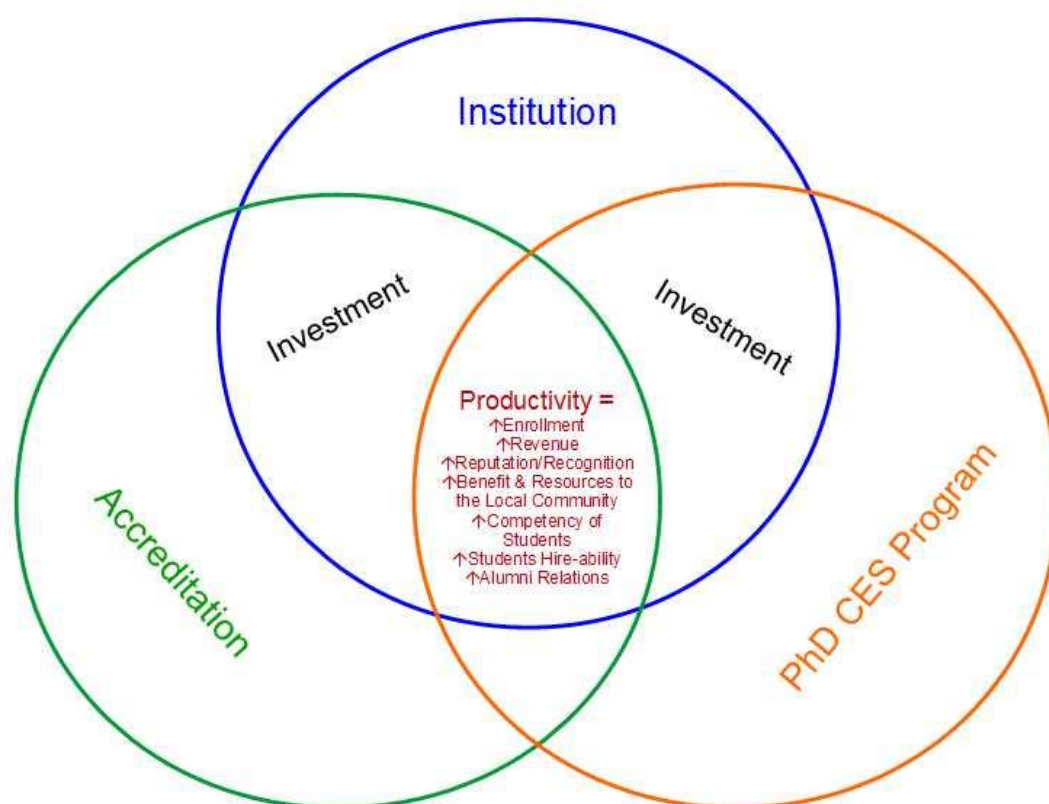


Figure 2. Illustration of the institution using human capital theory to make an investment in accreditation after forming a PhD counselor education and supervision (CES) program (Becker, 2008).

Human capital is a strategic resource for the process of productivity and it is necessary to look at the creation of economic capital created by the admission of students favoring the dynamics of accreditation (Crook, Todd, Combs, Woehr, & Ketchen Jr., 2011). Education and training policies aimed at increasing the awareness of potential students to achieve social cohesion and sustainable and progressive economic development and an advantageous integration into the national and global economy is essential to this theory (Voiculescu, 2009).

Utilitarian Theory

Utilitarianism is the idea of making a decision that provides the greatest good based upon rational choice for the largest group of people or at least provide the highest degree of satisfaction to those affected by a particular decision (Klein, 2011). Figure 3 describes how the principle behind utilitarian theory provides how a specific action can be seen as right if it increases happiness by all who are affected by that action. It is seen as wrong if it does not increase the happiness of those affected.

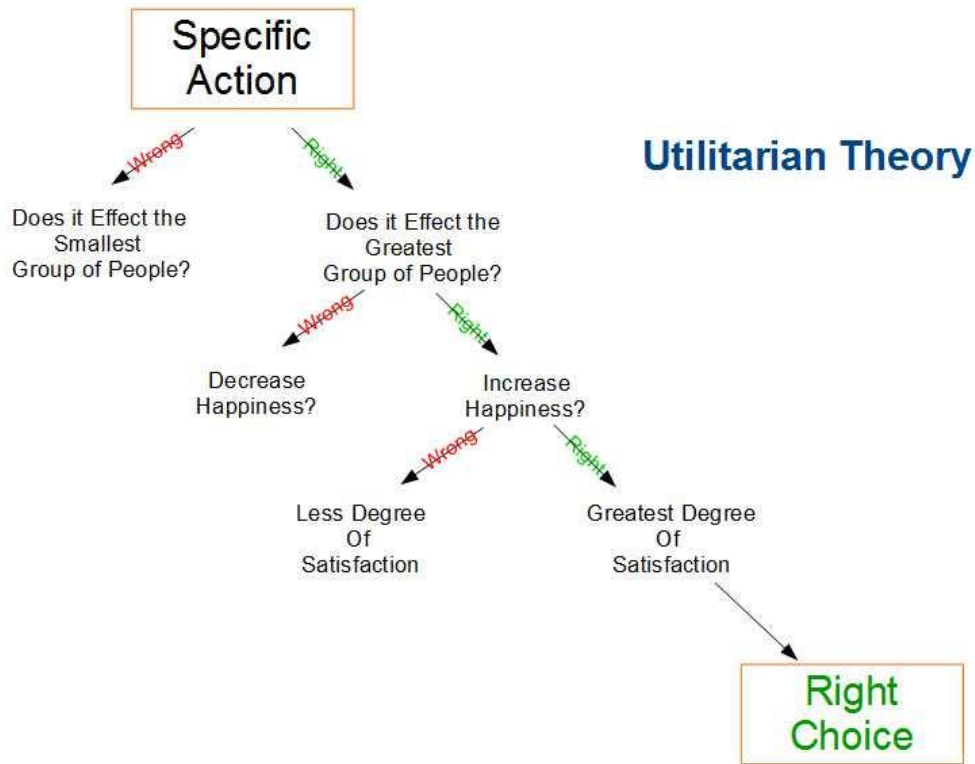


Figure 3. Illustration of utilitarian theory. The basic idea behind the need to make a decision based upon the right or wrong choice affecting the greater good of others.

Utilitarian theory is based on the analysis of the consequences for society or human group has a specific action. “Right” decisions would therefore be those that maximize utility, happiness, pleasure, of a group or society as a whole (McShane & Von Glinow, 2005). The application of this theory requires the analysis of the various consequences that a given action will result in different affected individuals. One has to analyze the impact on the utility or happiness of different individuals, and calculate the total utility, which requires making interpersonal comparisons of utility and utility calculations that will hardly be possible (Ziomek et al, 2010).

Ishikawa, Hashimoto, and Kiuchi (2013) described the utilitarian theory as a means-to-an-ends type of choice continually improving the calculation of cost-benefit. It attempts to identify how the opportunities and help we appreciate as people in quest for our happiness and productivity are made conceivable by the managed welfare of our group life (Stacy, Bennett, Barry, Col, Eden, Holmes-Rover, et al., 2011). According to Ishikawa et al. (2013), what is seen as common good is what is shared by multiple members of society and beneficial to the majority (in the sense of a general improvement, not only physical or economic) but to all members of a community. The common good means that there are certain conditions within society [organizations] desire to achieve a fuller positive impact in that society (Ishikawa et al., 2013). Counter to the argument for accreditation are the challenges that counselor education is experiencing, whether the institution is accredited or not. Even and Robinson (2013) found that regardless of accreditation status, a successful CES program “instills [the] knowledge, skill and competency” (p. 32) within its program. This means that the common good of the community members might not necessarily be presented by the status of accreditation, but perhaps in the continual development of a counselor throughout their career.

Choosing not to be accredited could have inevitable costs on both the population of graduate students or even society (Landrigan et al., 2008). The good of the counseling profession will thrive as specific educational and experiential standards are met. The benefit to an institution would be the knowledge that the production of graduates from an accredited program will benefit both the local community and the profession of counseling with competent counselors. The institution might reap the benefits of having

the reputation of producing competent counselors, which could potentially be a major financial benefit due to increased admissions.

Public Good Theory

This theory provides a mechanism of accountability for an institution's decision to seek accreditation. Samuelson (1954) explained it simply as the "collective consumption of good" (p. 416). According to Charles and Tiebout (1956), this particular theory provides the ability of a community to express their voice or their demands through some form of social control. Institutions [consumers] represent the interests of the community [counselor education]. Samuelson (1954) described the concept of consumption as a good that does not lead to removal from any other person's profit from the same good. How the university/institution making a decision for accreditation benefits not only the institution but also the student, the profession of counseling, and the community as well.

This theory views all people as a component of a bigger group (Rawls, 2008). In that capacity, people tend to communicate certain basic conditions and foundations whereupon their welfare depends. In the case of counselor education, CACREP has communicated the minimal basic conditions and foundations for counselor education and the welfare of the counselor profession depends on these standards. For public or student opinion to flourish, people or the institution have to defend the maintainable quality of that particular group for the benefit of all, including their weakest and most helpless parts. Counter to this concept is the argument made by those counselors over the years that did not graduate from an accredited institution. Over the last 20 years, the argument

made is that accreditation might not be for the good of the profession. The arguments include CACREP's lack of a strong definition for counseling, and that the CACREP standards were seen by many as non-democratic, unilateral and dictatorial (Kandor & Bobby, 1991). An additional argument made by McGlothlin (2001) was that that the core CACREP standards were perceived at the time as being minimally beneficial to the professional practice of counseling. However, researchers against accreditation did indicate that CACREP would grow and strengthen itself over time through ongoing dialogue, research, and debate which may cause these potential issues to lessen or disappear (Kandor & Bobby, 1991; McGlothlin, 2001).

Support for the Methodology

Lyles and Wagner (2010) found that the use of a quantitative methodology can be sanctioned for researching programming changes and innovations as it helps to relate and apply to that data when making certain decisions. Millet et al. (2008) also found that quantitative methodologies were typically favored among higher institutions as they tend to have well established measurement validity and reliability. The decision to use secondary data in this research was founded on the need for gaining the greatest amount of data versus evidence that survey response rates from individuals or institutions might not be able to provide the greatest number of results needed for this particular study (Van Horn, Green, & Martinussen, 2009). Van Horn et al. (2009) suggested that response surveys were on the decline and therefore data could be limited. Using freely available secondary data from publicly available websites and publications has long been a tradition within social sciences research as the analysis of secondary data has been

proven to provide unique and compelling opportunities for advancing psychological science (Trzesniewski, Donnellan, & Lucas, 2011). Van Horn, Green, and Martinussen, (2009) used a meta-analysis to help define and reveal answers regarding internet vs. postal survey research in counseling and psychological research. Walker, Hernandez, and Kattan, (2008) identified some of the goals of meta-analysis as increasing the accuracy in estimating effects, evaluating the effects the subsets of the variables, and also should be used in determining if future studies are necessary to investigate an issue further (p. 432).

Summary and Conclusions

In summary, researchers have produced evidence that despite the known benefits of accreditation for doctoral level counselor education programs there are few doctoral level programs presently seeking CACREP accreditation. Understanding the benefits of CACREP accreditation is not enough to explain the lack of available accredited programs (Barrio-Minton et al., 2009). Researchers have indicated that there could be certain institutional characteristics not limited to financial restrictions determined by universities profit status, location, and student size – all, which might affect the decision to pursue accreditation (Cato, 2009). If a clear connection could be made with regard to these characteristics and accreditation status, determining the relationships between these characteristics and accreditation status might give justification for enhanced facilitation for interested institutions quests for accreditation. This would create greater numbers of accredited counselor education programs, resulting in easier accessibility for those interested in higher education beyond the clinical degree. Looking through the lens of

human capital theory, research might be able to demonstrate how CACREP accreditation could benefit even the smallest program. In chapter 3, the research design and plan, including specific information about sampling, statistical analysis, and limitations are presented.

Chapter 3: Methodology

Introduction

This chapter addresses the research methodology that I used to evaluate the relationships between CACREP-accredited and nonaccredited doctoral programs. The purpose of this study was to predict the institutional characteristics that may impact the decision to pursue CACREP accreditation for doctoral-level counselor education programs. In this chapter I present the methodology, research question, and discuss the research design that was used.

Methodology

The study used a quantitative cross-sectional correlational design using secondary data. Secondary data were used as an alternative to surveying the institutions directly, primarily due to the limited scope, timescale, and resources of the current project. Using secondary data from publicly available websites has long been a tradition within social sciences research, and the analysis of secondary data has been proven to provide unique and compelling opportunities for advancing psychological science (Trzesniewski, Donnellan, & Lucas, 2011). If the institutions had been surveyed individually they might not have been willing to provide the data requested in a survey format due to time and personnel constraints or difficulties securing approval to release the information from the appropriate administration professionals at the institution (Porter & Umbach, 2006). The secondary data used in this study were information readily shared on institutional websites and should be accurate based on consumer protection requirements that the Department of Education (DOE) requires institutions to follow with regard to reporting

data on their websites (NPEC, 2009). The National Postsecondary Education Cooperative (NPEC) was created by the National Center for Education Statistics (NCES) in 1995 and has responsibility for developing postsecondary education data collection. In 2007, NCES assigned NPEC the specific responsibility of developing a research and development agenda for the Integrated Postsecondary Education Data System (IPEDS). IPEDS is the primary postsecondary education data collection program for NCES (NPEC, 2009).

The Code of Ethics and Professional Practice for the Association for Institutional Research (AIR, 2014) calls for data that were presented to the public to be accurate and indicates the following:

Quality of Secondary Data. The institutional researcher shall exercise reasonable care to ensure the accuracy of data gathered by other individuals, groups, offices, or agencies on which he/she relies, and shall document the sources and quality of such data. (Section II e.)

In addition, the Department of Education (DOE) and accrediting bodies that monitor higher education institutions both require that data provided to the public be accurate (AIR, 2014). Because these data are public, it is assumed that the institution will go through rigorous data-checking processes, as inaccurate data could impact the reputation of the institution.

Research Question and Hypotheses

Research question: What institutional characteristics predict an institution's CACREP accreditation for its doctoral-level counselor education program?

Null hypothesis (H₀): Institutional characteristics (type of institution, curriculum delivery model, profit status, institutional and graduate level enrollment, primary gender, student ethnicity makeup, type of doctoral degree [i.e., PhD/EdD/other], age of institution, yearly tuition cost, program size, other CACREP-accredited degrees at institution) are not statistically significant predictors of doctoral CACREP accreditation status.

Alternative hypothesis (H_A): Institutional characteristics (type of institution, curriculum delivery model, profit status, institutional and graduate-level enrollment, primary gender, student ethnicity makeup, type of doctoral degree [PhD/EdD/other], age of institution, yearly tuition cost, program size, other CACREP-accredited degrees at institution) are statistically significant predictors of doctoral CACREP accreditation status.

Population and Sample

A convenience sampling strategy (secondary data) was used for this study in order to both gain the best access to the most relevant data (Sheperis, Young, & Daniels, 2010) and limit the study to a specific population (Merriam, 2014). This was appropriate for this study because the data contained information that is readily available on institutional websites. The sample was limited only to doctoral-level CES programs in the United States that had program and institutional data available on their websites.

It was necessary to ascertain a purposeful sample by determining which institutions in the United States currently offered CACREP-accredited doctoral-level counselor education programs and which offered doctoral-level counselor education

programs that were not CACREP accredited. I had already identified many of these programs during my research on the problem others were found via the CES-NET listserv (CESNET.com). The initial sampling strategy was to gather data from the CACREP website listing accredited universities along with individual institutions' websites. I anticipated difficulty in finding non-accredited doctoral CES programs, as I assumed that such programs would not advertise themselves as non-accredited.

Convenience sampling of participants was selected due to the probability that it would provide the most informative and appropriate data (Kisely & Kendall, 2011). Columb and Stevens (2008) concluded that taking a sample from a particular population, analyzing it, and then applying the results to the whole population is the main idea when conducting quantitative research. Emerson (2015) suggested the use of nonrandom sampling methods called *convenience sampling* in studies in which the population is identified, willing, and available. According to Suri (2011), purposeful sampling tends to lend itself to greater depth of information, especially when there is a smaller amount of data involved. This type of sampling afforded the maximum opportunity for comparable analysis (Strauss & Corbin, 1998).

Initially, an educated guess suggested that there were much fewer universities without accreditation, which could have presented a constraint to the sample size and the use of G*Power (Faul, Erdfelder, Lang, & Buchner, 2007) was anticipated to be used in order to best calculate the necessary sample size and complete power analysis. However, because the total population of doctoral programs were found in the research, the entire population became the actual sample size and therefore a power analysis was not needed.

Variables

The selection of variables for this study came from the available data assumed to be provided by each institution pertaining to institutions with doctoral-level CES programs. Originally, the variables were individually coded as explained below and can be seen in Table 1. Every institution provided the following data/variables.

Type of Institution

The type of institution variable was broken down by looking at the actual profit status of each institution. *Private for-profit* institutions are those that are funded privately, are privately owned, and pay taxes. *Private nonprofit* institutions are those that do not pay taxes but are privately funded (student tuition and alumni donations). *Public nonprofit* institutions are those institutions that are funded primarily by the state. They were coded using three different numerals. I selected those institutions that were classified as *private for-profit* and coded them as 1. Those institutions that were classified as *private nonprofit* were coded as 2, and those classified as *public nonprofit* were classified as 3.

Curriculum Delivery Model

The curriculum delivery model classifies each institution based on whether its curriculum is presented primarily as *face-to-face* classes, primarily as *online* classes, or as both face-to-face and online classes (*hybrid*). If an institution used only a face-to-face curriculum, then it was coded as 1. If the institution used an online curriculum only, then it was coded as 2. If the institution used a hybrid curriculum, then it was coded as 3.

Institution Size

The variable for institution size was coded as the actual total institutional enrollment number reported by the university.

Graduate Enrollment

The variable for graduate enrollment was coded as the actual total graduate enrollment number reported by the university.

Primary Ethnicity Makeup of Students

The variable for ethnicity was simply coded as 0 for *White*, 1 for *Black*, 2 for *Hispanic*, 3 for *Asian*, 4 for *Alaskan*, 5 for *American Indian*, 6 for *Native Hawaiian*, 7 for *two or more races*, and 8 for any race reported as *unknown*.

Type of CES Degree Program

This variable was coded using the types of doctoral degrees offered at both CACREP and non-CACREP-accredited CES programs. This was found by searching the publically available website of every institution offering CES doctoral degrees. I decided to use the two most designated degrees, PhD and EdD, and to use “other” to designate the few degrees that were differently labeled. *PhD* was coded as 0. *EdD* was coded as 1, and *Other* was coded as 2.

Age of Institution

The age of the institution was taken from the actual number of years since the institution was founded.

Yearly Tuition Cost

The yearly tuition cost was cost of yearly tuition reported by each university.

Faith Based

This variable was taken from any information revealing that the institution followed a faith-based orientation. If an institution was *not found to be faith based* it was coded as 0. If an institution was found to be *faith based* it was coded as 1.

CACREP Accreditation Status (Dependent Variable)

The dependent variable was coded according to whether the institution's doctoral-level CES program was CACREP accredited or not. If the institution was *not found to be CACREP accredited* it was coded as 0. If it was found to be *CACREP accredited* it was coded as 1.

Table 1

Independent Variables & Coding

Independent variable	SPSS coding
Type of institution (private/public)	1 = private for profit; 2 = private nonprofit; 3 = public nonprofit
Curriculum delivery model	1 = face to face; 2 = online; 3 = hybrid
Institution size	Actual total enrollment
Graduate enrollment	Actual graduate enrollment
Primary ethnicity makeup of students	0 = White; 1 = Black; 2 = Hispanic; 3 = Asian; 4 = Alaskan; 5 = American Indian; 6 = Native Hawaiian; 7 = two or more races; 8 = unknown
Type of CES degree program	0=PhD program; 1=EdD program 2=Other
Age of institution	Year when institution was founded
Yearly tuition cost	Actual yearly tuition cost
Faith based	0 = no; 1 = yes

Dependent variables (DV): CACREP accreditation status: 0 = not CACREP accredited or 1 = CACREP accredited.

Procedures

The secondary data were collected from publically available, individual accredited and nonaccredited institutional websites after IRB approval was obtained as an exempt study. Data not found on an institution's website was sought from the most recent edition of *Counselor Preparation Programs, Faculty, Trends* by Schweiger et al. (2012). Data were coded in a Microsoft Excel file and then transferred into SPSS for analysis.

Ethical Concerns

While no human subjects were used for this study, formal application and approval from the Walden University IRB were required, as the IRB governs ethical considerations for all data collection. Because the data used were at an aggregated institutional level, there were not any issues with confidentiality of individual participants or inclusion of protected classes of individuals. Identifying information for the institution (name of institution) was not connected to specific results. Only the characteristics acquired from the publically available secondary data were used.

Data Analysis

The data analyses included descriptive statistics, *t* tests, and logistic regression (Morrison, 2013).

Descriptive Statistics

Descriptive statistics can be reported to assess the quality of the data. The statistics in this study included the mean, mode, median, standard deviation and percentages among found characteristics. The descriptive data defined how programs were classified and categorized—for instance, large vs. small schools, accredited vs. nonaccredited, private vs. public, for profit vs. not-for-profit, and other characteristics (Schindler, 2015).

***t* Test**

The results of the independent sample *t* test within this study allowed examination and comparison of the relationships between the institutional characteristics of institutions and their accreditation status. I compared accreditation status (dependent

variable) by category of independent variable to determine whether there were any statistically significant differences in the dependent variable by independent variable group. While this statistical analysis does not speak directly to the research question or hypotheses of this study, I felt that it was important to determine whether there were any statistically significant differences in accreditation status based on groupings in individual independent variables, given that there was an exploratory facet to this study as well.

Logistic Regression

Using logistic regression, the degree of predictive relationship or odds ratio between the independent variables and accreditation status was determined. Logistic regression methods have become an integral component of data analysis conducted to describe and predict the relationships between independent and dependent variables where the dependent variable is binary (Hosmer, Lemeshow, & Sturdivant, 2013). These analyses make it possible to offer predictions regarding specific characteristics of a university and whether it would be likely to choose CACREP accreditation (Uyanık & Güler, 2013). I used logistic regression to determine whether a categorical variable, such as the primary race of a university, can predict accreditation status. This analysis was used to speak directly to the research question and hypotheses of this study.

According to Stoltzfus (2011), the assumptions of logistic regression (LR) are few but important. Binary logistic regression requires the dependent variable to be binary. Since LR accepts that $P(Y=1)$ is the probability of an event occurring, it is necessary that the DV is coded correspondingly. Because I used binary regression, the factor level 1

should symbolize the DV, representing the desired outcome. Third, the model needs to be fitted correctly with all meaningful variables included. Fourth, LR requires each observation to be independent. There should be very little, if any, multicollinearity. Finally, LR requires that the independent variables are linearly related to the log odds. Categorizing the IV is a solution to this problem.

Statistical Significance Thresholds, Confidence Intervals, and Effect Sizes

In all statistical analyses, research studies look for a statistically significant value measurement (p-value) that indicates if the relationship measured happened by chance. In most social science studies, p values of .05 are used to determine statistical significance (Engman, 2013). This threshold was used in this study. The variables utilized in this study should demonstrate several different characteristics that all institutions should have in common. Finding whether there is statistical significance for each of these variables should help in deciding which ones might offer the best variables to use within the study.

According to Konold and Fan (2010), confidence intervals (CI) are used to make an educated guess about the characteristics of a certain population. Using the given margin of error of $<.05$, CI's determine the relationships found between two or more variables in a certain population. If they fall under the given alpha level, it would mean that the null hypothesis would need to be rejected in order to avoid a type II error (Fethney, 2010). This study used 95% confidence intervals which relates to using a p value of 0.05 to identify the significance of coefficients.

Effect sizes ask about the importance of the effect obtained from the data analysis. This study used an effect size of 0.3 in order to determine the strength the relationship between the variables.

Conclusion

A major challenge for the methodology research of this study was the collection of comparable data for those institutions that *do not* currently offer CACREP accreditation. To combat this problem, secondary data was collected from institutional websites and other dependable resources. A sample size of 91 was used with a resulting alpha size of .05, an effect size of 0.3, and a power of 0.95. Descriptive statistics, t-test analyses, and logistic regression analyses were used to determine the predictive relationships between the independent and dependent variables. In Chapter 4, I will discuss the data collection process and a summary of the research results and their impacts on the hypotheses. I will then include the analyses results including the statistical assumptions. Finally, I will provide a summary in which I will answer my research question based on results of my analyses.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to determine which institutional characteristics (PhD/EdD or other doctoral degree, institutional enrollment, tuition cost, age of institution, presence of other CACREP-accredited degrees at institution, graduate enrollment, student ethnicity, profit status, and gender) may predict CACREP accreditation for an institution's doctoral-level counselor education programs. The null hypothesis (H_{10}) stated that there would be no statistically significant predictive relationship between institutional characteristics and CACREP accreditation status of doctoral counselor education programs, while the alternative hypothesis (H_{1A}) stated that there would be a statistically significant predictive relationship between institutional characteristics and CACREP accreditation status of doctoral counselor education programs.

The research results are presented in this chapter. First, I discuss the data collection and present a summary of the research results as they pertain to the hypothesis. Next, I present the results of the analysis with the evaluation of statistical assumptions. Finally, I summarize and answer the research question based on the results of the analyses.

Data Collection

I first gained IRB approval on April 1, 2015 (IRB# 04-01-15-0279359). I then collected independent and dependent variable data from institutional websites if the data were available. If the variable data were not available through the institution's website, I

collected institutionally reported and public data for both CACREP- and non-CACREP-accredited institutions from the Integrated Postsecondary Education Data System (IPEDS) Data Center maintained by the U.S. Department of Education National Center for Education Statistics (USDOE, 2015).

A power analysis was performed in order to determine necessary sample and effect size, even though I applied the entire population of doctoral-level programs from both CACREP and non-CACREP institutions. Using a power level of 0.80, a total of nine predictors (minus the constant resulting in eight predictors), with a p value of 0.05, the sample size was identified as 52 and a medium effect size value (0.15). Using the entire population of 91, the power for this analysis was more than adequate, providing confidence in retaining or rejecting the null hypothesis.

Results

Demographics

The dataset included the entire population of 91 U.S. institutions, each having at least one form of doctoral CES program. Because both private and public universities are required to report their statistics to IPEDS, I collected data for each institution in the sample.

In Chapter 3, (Table 1) I coded the variables dichotomously and made an educational guess that I would be able to use continuous variables. However, the findings from the descriptive statistics provided a problem when coding the variables this way. For example, the *age of the university* variable should have been able to be coded as a continuous variable, however the numbers of institutions with ages over 100 years far

outweighed those that were newer, so I categorized the variables into equal parts. This was also done with *institutional enrollment*. The *ethnicity* variable provided too few a number of samples when coded as in Table 1. Therefore I decided to use a dichotomous coding of *white* or *other*.

Table 2 presents descriptive statistics (frequencies) for the variables of the study. A large percentage of the institutions in the sample were CACREP accredited (68%), and the majority of those institutions had another CACREP-accredited program (85%). Only 12 (13%) of the programs were for-profit institutions, and the majority ($N = 79$, 87%) of the programs were public not-for-profit ($N = 61$, 67%) or private not-for-profit ($N = 18$, 20%). The categories created for the variable total enrollment (or size) of the institutions showed very little difference in frequency, demonstrating that there were relatively equal distributions within each category. The student population in most institutions was predominately Caucasian (84%), and only 16% of the institutions had a student majority representing another ethnicity. Seventy-six percent of the programs had a student population that was primarily female.

Table 2

Descriptive Statistics

Variables (<i>N</i> = 91)	Coding	(<i>f</i>)	%
CACREP-accredited	0 = not CACREP accredited	29	32%
	1 = CACREP accredited	62	68%
Other CACREP-accredited programs	0 = no	14	15%
	1 = yes	77	85%
Not-for-profit status	0 = public & private not-for-profit	79	87%
	1 = private for-profit	12	13%
Institutional enrollment	0 = <10 K	26	29%
	1 = 10-20K	21	23%
	2 = 20-30k	24	26%
	3 = >30k	20	22%
Graduate enrollment	0 = <2000	25	27.5%
	1 = <=7500	50	54.9%
	2 = >=7501, but < 30,000	16	17.6%
Ethnicity	0 = other	15	16%
	1 = White	76	84%
Tuition	0 = < 10,000	46	51%
	1 = 10 – 30,000	45	49%
Age of institution	0 = < 100 years	31	34%
	1 = 100 – 150 years	39	43%
	2 = 150 – 350 years	21	23%
Gender	0 = Male	22	24%
	1 = Female	69	76%
Public/private	1 = Public	61	67%
	0 = Private	30	33%
Discipline	1 = PhD	63	77%
	0 = EdD & others	19	23%

Correlation Analyses

An examination of the Pearson correlation output from the regression analysis assessed the nature of the relationship between the dependent variable and between the hypothesized predictor variables. Table 3 contains the results of that examination and identifies statistically significant Pearson correlation coefficients ($p < .05$) and is discussed in detail below. The value of these coefficients indicated that strong correlations ($r \geq .07$) exist between some of the independent variables and the dependent variable (Nevid, Cheney, & Thompson, 2015). In particular, the results of the correlation analysis indicated that its highest correlation is with the presence of *other CACREP accredited programs* ($r = 0.62$; $p < 0.001$), followed by whether an institution is *public or private* ($r = 0.40$; $p < 0.001$), the *graduate enrollment* ($r = 0.30$; $p < 0.05$), and its total *institutional enrollment* ($r = 0.28$; $p < 0.05$).

Institutional and graduate enrollment. The analysis of Pearson product-moment correlation coefficient indicated a statistically significant and very strong positive correlation ($r = 0.70$; $p < 0.001$) between institutional and graduate enrollment. It can be concluded that 48% ($r^2 = 0.477$) of the variability of the institutional enrollment of an institution is accounted for by graduate enrollment. This correlation was an expected correlation as larger enrollments in one often results in larger enrollments in the other in institutions where multiple degree levels are offered (Becker, 2008).

Table 3

Correlations Between Factors

	CACREP Status (DV)	Institution Enrollment	Primary Student Ethnicity	Yearly Tuition Cost	Age Of Institution	Other CACREP Programs	Primary Gender	Profit Status	Type Of Degree Awarded	Public Or Private	Graduate Enrollment
CACREP Status (DV)											
Institution Enrollment	.276 **										
Primary Student Ethnicity	-.078	-.351 **									
Yearly Tuition Cost	-.173	-.153	.212 *								
Age Of Institution	.215 *	.304 **	-.331 **	-.060							
Other CACREP Programs	.623 **	-.322 **	.221 *	.248 *	-.345 **						
Primary Gender	-.166	-.271 **	.182	.045	-.083	.098					
Profit Status	-.350 **	-.501 **	.458 **	.529 **	-.418 **	.491 **	.328 **				
Type Of Degree Awarded	.208 *	.291 **	-.217 *	-.103	.125	-.244 *	-.210 *	-.368 **			
Public Or Private	.373 **	.533 **	-.381 **	-.522 **	.303 **	-.478 **	-.341 **	-.920 **	.242 *		
Graduate Enrollment	.289 **	.691 **	-.425 **	-.084	.332 **	-.303 **	-.239 *	-.413 **	.295 **	.388 **	

Note. ** $p < 0.01$; * $p < 0.05$.

Multicollinearity and Exclusion of Variables. A strong statistically significant correlation was found between institutional enrollment and graduate enrollment ($r=.691$) and tuition cost and profit status ($r=.529$). I decided to use the stronger correlation of the two and eliminate the variables tuition cost and profit status from the logistic regression analysis in order to avoid issues of multicollinearity. In addition, there was a high statistically significant correlation between the presence of other CACREP accredited programs and CACREP accreditation status ($r=0.62$). Due to the small number of institutions that are classified as being for-profit (only two institutions with multiple satellite campuses) it was decided to remove this variable from the analysis as well.

Stepwise Binary Logistic Modeling

A logistic regression was conducted in order to determine the independent variables which predict the probability of a doctoral institution choosing to become CACREP accredited. Three logistic regression models were constructed and compared to identify the best model fit. The following explains how the variables were introduced in the model.

The variables were introduced into the model on the basis of their correlational relationships beginning with the most strongly correlated. There were also three variables which were excluded from the analyses due to their high correlations and potential multicollinearity between those variables: institutional enrollment, profit status, and other CACREP programs.

The hypothesized effect of each independent variable was used to establish the order of introducing variables. For example, *graduate enrollment* was the first variable to

be introduced due to both a high correlation and the theoretical expectation that more graduate students would mean that an institution would invest the resources to get accreditation. Theoretically, *public or private system* status can have an effect on accreditation due to the increased public demand for accountability (Hall, 2012a) and therefore was the second variable introduced. The third variable, *number of doctoral degrees offered*, might influence a student's desire to attend a program (Hinkle, Iarussi, Schermer, & Yensel, 2014). Fourth, the *age of the institution* might have an effect on the decision of accreditation due to the length of time developing its institutions and taking advantage of accreditation and its effectiveness due to applied standards (Brittingham, 2009). Fifth, *tuition cost* could have a hypothesized effect on accreditation due to the requirements of instructor qualifications, curriculum, facilities, and accreditation could therefore be prohibitive to low tuition programs (Cellini & Goldin, 2012). *Primary gender* was the sixth variable introduced. Even though gender does not show a statistically significant correlation with the dependent variable, it may be hypothesized that institutions with more male students would be more likely to be accredited. This could be due to the societal role assigned to man, that of a provider and breadwinner, and therefore being in an accredited program would increase the chances of men landing a better job (Kalmijn, 2013). *Ethnicity* was introduced as the last variable because there was no hypothesized relationship to the dependent variable.

As shown in table 4, dummy codes were assigned to two variables before the analyses were completed. As explained in earlier in this chapter, I needed to change the coding for both *graduate enrollment* and *age of institutions*. They were changed in the

following manner. I assigned the graduate enrollment group three as the reference category for the variable by the software. I then treated Group one as graduate enrollment group one, and treated group two as graduate enrollment group three. Similarly, I created dummy codes for the *age of the institution* variable.

Table 4

Coding for Step Wise Logistic Regression

Model Variable Added	Variable	Original Value	Dummy Coding
1	Graduate Enrollment	0=<2000;1=<7500;2=<30,000	2=reference category. 0=1; 1=2
1	Public Private Degree	1=Public; 0=Private 1=PhD; 0=EdD; PhD&EdD	
2	Age of the Institution	0= <100 years; 1 = 100 to 150 years; 2 = 150 to 350 years	2=reference category. 0=1;1=2
2	Tuition cost	0 = <10,000; 1 = 10 to 30,000	
3	Ethnicity	0 = Other; 1 = White	
3	Gender	0=male; 1=female	

Model three was determined to be the best model because of several outputs from the data, the decrease of the log likelihood number, all chi square variables were statistically significant, and not any of the Hosmer-Lemeshow numbers were statistically significant (see table 5).

Table 5

Model fit diagnostics

	-2Log Likelihood	Hosmer Lemeshow	Nagelkerke R square	Chi-square (X^2)
Step 0	113.93			
Model 1	93.11	2.18	.28	20.79
Model 2	88.85	6.52	.33	25.05
Model 3	86.60	2.00	.36	27.30

Table 6 presents the data generated by the logistic regression analysis. Variables that were statistically significant predictors of CACREP accreditation status for a doctoral level program were Graduate Student Enrollment ($p=.02$) and the odds ratio indicates that institutions with graduate enrollments greater than 2000 but less than 7500 are 2.90 times more likely to have their doctoral level program CACREP accredited. The type of institution (private/public) is also a statistically significant predictor of doctoral program CACREP status ($p=.04$) with an odds ratio of 0.22. This indicates that a private university is 0.22 times more likely to have CACREP accreditation for its doctoral level program than public institutions. All other independent variables were not statistically significant predictors of CACREP accreditation status for the doctoral level counseling programs.

Table 6

Results of Model 3 Output

Variables	β	Odds Ratio	SE	Wald	p value	Confidence Interval lower	Confidence Interval upper
Graduate Enrollment				7.44	.02		
Graduate Enrollment (1)	-.92	.40	.89	1.05		.068	2.39
Graduate Enrollment (2)	1.06	2.90	.77	1.89		.635	13.27
Public Private	-1.53	.22	.77	3.91	.04	.047	.987
Degree	-.54	.57	.59	.83		.179	1.86
Age of Institution				2.91			
Age of Institution (1)	-.79	.45	.85	.85		.085	2.42
Age of Institution (2)	-1.36	.255	.80	2.87	.09	.053	1.23
Tuition cost	-.32	.72	.69	.21		.185	2.82
Gender	-1.23	1.05	.73	.006		.249	4.48
Ethnicity	.05	.29	.86	2.03		.053	1.58
Constant	3.38	29.47	1.30	6.67	.01		

Note: Highlighted values represent significant strong correlations

In summary, the logistic regression model results showed that *graduate enrollment* was the only variable which was a statistically significant predictive factor related to accreditation status. Compared to institutions which offer CACREP degrees in addition to doctoral degrees in various disciplines, the institutions smaller in graduate student size are three times ($\beta=3.30$) more likely to have an accredited CACREP doctoral

program. The odds ratio for graduate enrollment ($\beta=3.30$) provided this evidence. The interpretation of this is that when institutions provide the high standards that a CACREP counselor education can give, graduate student populations are smaller and three times more likely to have an accredited CACREP doctoral program.

Summary

A multiple logistic regression analysis was conducted to explain the variation in institutions' decision to become CACREP accredited, as predicted by a set of independent predictors. The correlation matrix revealed that institutional enrollment, graduate enrollment, tuition cost, for profit/non-profit status and presence of other CACREP accredited degrees at institution, were significantly correlated with an institution being a CACREP accredited doctoral program. Of these variables, institutional enrollment, graduate enrollment, and the presence of other CACREP accredited degree programs at an institution were positively correlated. Both tuition cost and profit status were negatively correlated. The results of the logistic regression analysis indicate that the null hypothesis can be rejected and the alternate hypothesis can be accepted as graduate enrollment and type of institution (private/public) are statistically significant predictors of doctoral level program CACREP accreditation status. In Chapter 5, I will further elaborate and draw conclusions, comparing the study's results to previous research. Additionally, I will discuss the limitations of the study, recommendations for future research, and social change implications.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose addressed via this quantitative study was to determine which institutional characteristics (PhD/EdD or other doctoral degree, institutional enrollment, tuition cost, age of institution, presence of other CACREP-accredited degrees at institution (master's degrees), graduate enrollment, student ethnicity, profit status, public/private status, and gender) might predict CACREP accreditation for an institution's doctoral-level counselor education programs. Using three different multiple logistic regression models constructed on the basis of the correlation matrix of Pearson correlation coefficients and goodness of fit, I analyzed the influence of seven institutional characteristics on the CACREP accreditation status of an institution with a doctoral-level counselor education and supervision (CES) program. The final analyzed factors were graduate enrollment, public/private status, type of doctoral degree, age of institution, tuition cost, ethnicity, and gender. Of these variables, the two that predicted doctoral level program CACREP accreditation status at statistically significant levels were graduate enrollment and institutional status (private/public). These results prompted a rejection of the null hypothesis and acceptance of the alternative hypothesis.

In this chapter, I interpret and explain the findings in relation to the theoretical framework and in comparison with conclusions in the literature. Next, I present the limitations of the study, followed by recommendations for continued research. I then discuss the study's implications relating to social change and conclude with a summary of key findings.

Interpretation of the Findings

The results of this study can be used to extend the knowledge that institutions and accrediting bodies have regarding the characteristics of institutions that have CACREP accreditation. The study was designed to produce data that could be used to potentially predict or have an influence on institutions' decision to become CACREP accredited.

Results of Literature Review

According to researchers, for many universities, the decision to pursue CACREP accreditation is dependent on beliefs concerning whether the institution can meet CACREP accreditation requirements (Cato, 2009). Some will not seek accreditation because of the challenges of meeting these standards. This research supports the need to find even more detailed characteristics that universities might consider when determining whether to seek accreditation. The results regarding hybrid curriculum delivery contradict some of the findings of previous researchers within the last 3 years, as such courses are currently being added to many programs (Bario-Minton, 2012). For instance, the descriptive statistics indicate an overwhelming number of face-to-face curricula in comparison to online or hybrid curricula. With new research indicating that the integration of hybrid programming leads to significant improvement in student performance in (Frantzen, 2014), easier online access to CES programs for rural students (Yuan, Powell & CETIS, 2013), and improved admission numbers, there will be a need for more programs with online/hybrid curricula, and the escalating requirements, such as 20/20 by both national and state licensing/registration boards, indicate that more CACREP-accredited graduates will be needed, especially by the year 2020. With these

facts, it may be assumed that there will be further need for more credentialed and accredited institutions, which also means a need for more doctoral-level educators. Therefore, this research supports the need to find any characteristics that could facilitate movement toward accreditation.

Also supportive of the literature is the lack of available data to help predict the future need for doctorally trained CES faculty. This research supports the idea of an inability to predict how many actual CES doctoral-level positions will be needed (Barrio-Minton, 2012; Bodenhorn et al., 2014), especially with the non-accredited institutions that will be needing accreditation. Students will not be able to be certified as counselors after 2022 if they have not graduated from a CACREP-accredited institution (NBCC, 2014). The newest BLS (2014) numbers found within the literature indicate a much greater need for more qualified counselors, especially in the field of school counseling, and one could conclude that this indicates a need for more accredited programs, yet the number of institutions that offer doctoral-level online curricula is still very low, comparatively.

Results of Data Analyses

The logistic regression analyses used in this study resulted in evidence that led me to conclude that *graduate enrollment* was the only variable that could predict an institutions decision to become CACREP accredited. Institutional enrollment, graduate enrollment, tuition cost, and for-profit/nonprofit status were positively related to an institution having a CACREP-accredited doctoral program at statistically significant levels. . This supports the idea that larger, public, nonprofit institutions that have a

particular focus on counselor education, might tend to have larger graduate student populations and may be more likely to obtain accreditation than institutions with other characteristics. In other words, due to the positive correlation relationship, large, public institutions are more likely to have an accredited doctoral program. This would allow them to provide the expected high level of standards to their students, faculty, and, ultimately, the profession of counseling.

Results Related to Theoretical Framework

The use of Becker's Human Capital Theory (HCT) provided value for this research by creating an appropriate theoretical lens for the research and helped identify the predictive variables for the study. Becker (2008) stated that two of the most important investments in human capital were education and training, and the results of this study provided sufficient evidence that there are certain characteristics that predicted doctoral program level CACREP accreditation. No accredited doctoral program was without an accredited master's program, which supports this relationship between factors as well as if an institution sees the benefit of having a master's level accredited program they may see the potential for a return on their investment to also pursue accreditation for the doctoral programs as well.

The use of HCT helped me come to the conclusion that cost-effectiveness was a potentially impacting factor in an institution's choice to become accredited. Previous authors suggested (theoretically) that as the trend for state counselor certification and licensing becomes more demanding of educational and faculty credentialing standards then students will seek an accredited program that meets those standards (Becker, 2008).

This provided evidence of financial incentives for an institution to become accredited (Becker, 2008). One of these would be that if a program receives CACREP accreditation it may be a draw for students to attend this program as they have a better chance of being employed due to program accreditation. However, a causal link cannot be drawn as it may be that the larger graduate student enrollment may be the driver for pursuing CACREP accreditation as the program may have more resources available to do so.

The use of Utilitarian Theory provided value for this research by creating an appropriate theoretical lens into looking at the data and finding why accreditation would be the rational choice for an institution to make with regards to counselor education. Not only did the analyses completed as part of this study result in evidence that caused me to conclude that it can be cost effective for an institution to become accredited, but also show that institutions with a more specialized focus on counseling do not have to be large in order to be accredited, demonstrating that large numbers of faculty and staff do not need to be hired to meet huge population needs.

I found that Public Good Theory, seemed to be an underpinning for the fact that more public universities than private have CACREP accreditation. This is in line with the theory tenets that public universities would use public monies and therefore use those monies to make the most difference to the locales that they serve by producing counselors that can be licensed in the area.

Limitations of the Study

As with any study, limitations existed within this investigation. Below is a list of these limitations, along with recommendations for future research in these areas.

- *Limited number of institutions with doctoral-level CES programs.* It may benefit future researchers to look at the numbers of institutions within this study and further hypothesize why there is a disparity between the ratio of accredited and non-accredited master's programs versus doctoral level CES-accredited and non-accredited programs.
- *Limited online options.* There are only two fully online doctoral CES programs out of the total population (N=91) and this information was not available in the public data as of yet. As discussed in Chapter one, because hybrid studies are becoming more popular due to the expansion of bandwidth and rural network availability (Allen & Seaman, 2007; Butcher & Sieminski, 2006; Rose, 2007), this information could have added value to this study.
- *Limited institutions in category of institutions.* Profit status was an interesting variable to pursue for this study, especially as it related to the limited number of for-profit versus nonprofit institutions, as only two out of the 91 institutions had for-profit status. Almost the entire population of doctoral programs was found to be not for profit. Using this variable skewed the results of the study by causing conflicting results. Additionally, because there were several satellite locations for one of the for-profit universities, using the variable became confusing, and I decided not to pursue this variable because of the small sample size.

- *Cross-sectional nature of the study.* While correlational and predictive conclusions can be drawn based on the statistical analyses conducted, causation cannot be concluded. For example, I only considered data in one time point, 2014 being the most recent year reported and not data from the year that the program applied for CACREP accreditation. Factors such as graduate enrollment may have changed since CACREP accreditation was granted. The graduate enrollment may have been smaller before CACREP accreditation was granted and it may have increased due to the CACREP status. However, it is not known if the increase in enrollment was due to CACREP status or other factors. There is a need for more detailed data on when the institution started its CES program, when it began the accreditation process, and when accreditation was granted.
- *Quantitative design.* Another limitation was that this study only used quantitative data. Although data from numbers can imply possible predictors, they do not offer information on the rationalization behind the decision for or against accreditation. Future studies might use qualitative methods to broaden the scope of the research by bringing in the human aspect of the decision-making process.
- *Institution-specific variables were also a limitation in the study dataset.* For example, many variables were available at the master's level, whereas the research question focused on the accreditation of the doctoral program. Having this information could have been a way of approximating the

effect for doctoral students and therefore should be considered a limitation of the study. Variables such as regional accreditation, geographical location, faculty credentials, number of CES graduates, use of residencies, quarter versus semester hours, and admission and exit requirements were all considered, but I found that they were not offered as secondary data. The only way to achieve the data for all of them was to contact each institution. This is the basis of my belief that there is a need for further studies, as more data would lead to broader results. Other variables that may influence an institution's accreditation decision could have been added to the study.

With regard to the trustworthiness of the research, proper care was taken with the diagnostic tests to make sure that the reliability and validity of the analysis were maintained. In Chapter 4, a brief discussion was included regarding the importance of using the DFbeta's, Cook's, and residual plots to ensure reliable results. Using the results from these specific tests, I was able to determine the most appropriate models to use in the analysis.

Finally, I would have liked to research why institutions have chosen not to become accredited, when accreditation is certainly to both the institution's and the students' advantage. I also would have liked to have researched staffing issues within each of the institutions and looked at those characteristics—specifically, faculty credentials. Based upon Beck's (2009) theory, I would assume that if a university wanted to attract students to its programs, then it would need to offer the education quality and

specific training content preferred by the counseling profession. However, many people suggested that I might have difficulty gaining individual and specific information from certain programs, as there seems to be an aversion and/or reluctance to complete surveys and interviews, especially when an institution is currently applying to or in the process of gaining CACREP accreditation (Cato, 2009).

Recommendations

Strengths of Current Research

One of the strengths of this study is the use of secondary data gained from every institution offering doctoral-level CES programs. Because I had all of the CACREP doctoral-level CES institutions included in the data set, one should be able to generalize the results to those institutions. However, further studies using additional quantitative data such as age, gender, and race of program staff and faculty would be useful.

Another strength of this research is its relevance to the practitioner community. There is growing consensus that more accredited doctoral-level CES programs are needed in the country. While Barrio-Minton et al. (2012) indicated that the need for doctoral-level counselors is currently being met, there will be greater need than previously anticipated, given that new labor statistics are predicting a high need for counselors (BLS, 2014a, 2014b, 2014c). Therefore, aligning with the need for more accredited universities is a need for more appropriately trained and credentialed faculty.

Recommendations for Future Research

Further quantitative research that includes factors such as faculty demographics, number of attempts at CACREP accreditation, and so forth would be beneficial to pursue

in future research studies. For instance, gaining information regarding the actual number of full-time versus adjunct professorships in ratio to the actual enrollment of each institution might better help in determining why enrollment is such a good predictor. Due to the strong relationship found between the instance of other CACREP programs and doctoral-level programs, it is recommended to study the number of attempts at CACREP accreditation for other programs. For instance, has the institution applied to CACREP for other programs, and which ones has it applied for (school counseling, clinical mental health, marriage and family therapy, etc.)?

Other variables such as regional accreditation could also be studied along with the institution's geographical location. This might provide better classification of culture, location, etc. Another recommendation would be knowing the actual number of CES graduates at the time of application. The use of residencies, especially with regard to online or distance programming, would probably help classify and understand how an integral part of the program could be utilized. I believe that admission and exit requirements (exams, writing samples, etc.) would also be recommended variables to be studied as a way of finding and better categorizing program requirements. As stated previously, there is a need for more detailed data on when the institution started its CES program and when it sought accreditation as this would give more information regarding the lag periods between the choice of accreditation and the start of the program.

Qualitative research including the use of interviews with administrators and faculty regarding faculty credentials, and administrative positions such as the required counselor education program administrator would enhance further understanding. As

mentioned in the literature review, Cato (2009) provided an older study analyzing similar data variables, but the study was limited to historically black institutions only. Gaining the opinions of staff and faculty would be a useful recommendation, adding even more richness to the study. Qualitative data would provide valuable insight into the decision making process and would give access into the “why” and “why not” decision of accreditation.

Another recommendation would be adding research (both quantitative and qualitative) with CACREP personnel and accreditation reviewers to help identify, classify and better understand problems that institutions continually have with regard to the actual accreditation process. Discovering answers to these questions from CACREP reviewers would enlighten institutions on how to better prepare for successful application using data from similar-sized institutions. This would ensure increased numbers of accredited universities.

Finally, several realizations were made throughout the process of completing this study. First, just because an institution has a high graduate enrollment does not necessarily mean that the number of CES students are high. So the ratio of actual CES students enrolled to the total number of grad students would also be a good variable to include in future studies. Second, currently there is no CACREP accredited doctoral level CES program without an accredited master’s level program. As mentioned in chapter four, it could be presumed that if an institution offers both a master’s and doctorate level graduate program, and chooses to become CACREP accredited, then accreditation would be obtained for both programs.

Implications

Based on this research, there are three implications that can be drawn. First, one of the most important implications is the potential impact of institutions gaining a better understanding of themselves in comparison to other institutions with accreditation. It would be reasonable to theorize that institutions do not become accredited because of the thinking that they do not “fit in” with other institutions that are already accredited. This study identified and classified several characteristics that most institutions have in common, despite their profit status, enrollment, ethnicity, and or primary gender in relationship to accreditation.

Second, because these classified characteristics show the institution information on what they *do* have, the implication is that this new knowledge would potentially decrease institutional anxiety about pursuing accreditation through a better understanding of themselves compared to others. Most institutions lack of confidence regarding a decision towards accreditation is based upon the subjective ideology and self-reported perceptions, rather than the data this study gives evidence of (Hall, 2012b).

The third implication is the potential to better understand the return on investment (ROI) relationship between institutional factors and accreditation. The landscape of higher education is undergoing constant and substantial change (Hall, 2012b). Increased changes in profit status, implementation of online programming, demographic changes, and the continued movement toward a more standardized training of counselor educators, are all factors reinventing higher education (Myers, 2012). With these changes, comes the realization of the importance these three factors play in both the effectiveness and

success of a program's choice to embrace the ROI, which theoretically has proven to be a good guide toward the success of a institutions program (Becker, 2009; Altbach, Gumport & Berdahl, 2012; Hall, 2012b).

However, with all of these factors it is important to note that the results of this study only pointed to factors which are potential predictors of CACREP accreditation status of doctoral level counseling programs. Conclusions about causation cannot be drawn but further qualitative research involving interviews or surveys with decisions makers at institutions may add insight into the decision making process behind the institution's decision to become CACREP accredited.

Theoretically, it is in the best interests of the institution, the student, the community, and the counseling profession, that an institution seek the highest standards of training therefore assuring the highest level of counselor competency training. Additionally, once there are more doctoral level counselors available, the public will have easier access to counselors with the appropriate training. In addition, counseling programs should have an adequate supply of competent and credentialed faculty to meet the projected demands of counselor education. This suggests that this research could have a significant positive impact on the overall mental health of the population if it facilitates more access to mental health counselors and services. An ongoing effort to assist both CACREP and CES programs in gaining easier access to accreditation can ultimately have positive social change implications for counseling clients, i.e., families, employers, communities, and society by improving quality of life for all.

Social Change

The results of this study, supported by both the literature and theoretical frameworks, helped identify factors leading to a result in positive social change. If the identified factors of this study lead an institution to decide to become accredited, the result would be more students having greater access to high-quality training programs. The increased availability of accredited doctoral CES programs would effectively impact the number of more highly trained counselors practicing within mental health services. Once there are more doctoral level counselors available socially, the public will have greater access to the highest level of competent counselors due to the effect upon counselor training programs. This could have a socially significant positive impact on the overall mental health of the population. Creating an ongoing effort to assist CES programs gain easier access to accreditation would ultimately have the implication of positive social change for counseling clients, their families, employers, communities, and society by improving quality of life for all.

Conclusion

As the field of counseling continues to grow and students are needing accredited programs, the necessity of properly credentialed doctoral level CES professors becomes increasingly apparent (Hall, 2012b). It is important that CES institutions, as well as CACREP, continue to investigate, research, and find ways to facilitate institutional accreditation in order to address the required standards of professional counseling. This study identified and addressed several institutional factors that would help predict the variability in the accreditation of CES doctoral programs. When an institution decides to

become accredited it has the potential to increase access to students who need to graduate from accredited programs in order to become licensed. Becker (2008) suggested that it would be important for institutions with CES programs to look closely at their programs to best determine what, if any, changes should be made to meet the needs of the community, students, and the profession of counseling. By investing in the cost of accreditation, institutions would provide a benefit to their students, the counseling profession, and ultimately provide for the needs of the community.

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Appendix A: Programs Accredited by CACREP

Addiction Counseling
Career Counseling
Clinical Mental Health Counseling
Marriage, Couple, and Family Counseling
School Counseling
Student Affairs and the College Counseling

(CACREP, 2009, Sect. III)

Appendix B: Eight Core Curriculum Areas of CACREP

SECTION II. G. Common core curricular experiences and demonstrated knowledge in each of the eight common core curricular areas are required of all students in the program.

1. PROFESSIONAL ORIENTATION AND ETHICAL PRACTICE
2. SOCIAL AND CULTURAL DIVERSITY
3. HUMAN GROWTH AND DEVELOPMENT
4. CAREER DEVELOPMENT
5. HELPING RELATIONSHIPS
6. GROUP WORK
7. ASSESSMENT
8. RESEARCH AND PROGRAM EVALUATION

(CACREP, 2009, Sect. II.G)

2016 CACREP Standards



This document includes the final version of the 2016 CACREP Standards that were adopted by the CACREP Board. CACREP is providing this document so that counseling program faculty, administrators, and other agency personnel can plan for their future implementation on July 1, 2016.

Please note that programs planning to seek CACREP accreditation under the 2016 Standards should not consider this a stand-alone document. Over the next several months, CACREP will release additional documents that include updated policies, application procedures, and a description of review processes. It is anticipated that these additional documents will be posted by mid-July 2015. All applications submitted under the 2016 Standards will be held to the forthcoming policies, procedures, and review processes.

While counseling programs will be allowed to apply using the 2016 Standards once all documents are posted, any application for accreditation postmarked after June 30, 2016, MUST address the 2016 Standards.

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Introduction to the 2016 CACREP Standards

CACREP accreditation is both a process and a status. Institutional application for CACREP accreditation denotes a commitment to program excellence. The accreditation process incorporates programs' self-assessment along with external review to determine if and how program standards are being met. Accredited status indicates to the public at large that a program is fulfilling its commitment to educational quality.

The 2016 CACREP Standards were written with the intention to simplify and clarify the accreditation requirements. An intentional effort was made to avoid redundancy and

confusing language. The lack of multiple references to any particular content area was not meant to discount the importance of any of those content areas. At minimum, programs must address all required content, but they may choose the level of emphasis placed on each content area.

The 2016 CACREP Standards were also written with the intent to promote a unified counseling profession. Requirements are meant to ensure that students graduate with a strong professional counselor identity and with opportunities for specialization in one or more areas. The Standards require that graduates demonstrate both knowledge and skill across the curriculum as well as professional dispositions.

Although the 2016 CACREP Standards delineate accreditation requirements, they do not dictate the manner in which programs may choose to meet standards. Program innovation is encouraged in meeting both the intent and spirit of the 2016 CACREP Standards.

Program faculty and reviewers should understand that counselor education programs can meet the accreditation requirements in a variety of ways. Providing evidence of meeting or exceeding the standards is the responsibility of the program.

Graduates of CACREP-accredited programs are prepared for careers in mental health, human services, education, private practice, government, military, business, and industry. Entry-level program graduates are prepared as counseling practitioners, and for respective credentials (e.g., licensure, certification) in their specialty area. Doctoral-level graduates are prepared for counselor education, supervision, and practice.

The 2016 CACREP Standards are organized into six sections. Section 1, The Learning Environment, includes standards pertaining to the institution, the academic unit, and program faculty and staff. Section 2, Professional Counseling Identity, includes foundational standards and the counseling curriculum, comprising the eight required core content areas. Section 3, Professional Practice, refers to standards required for entry-level practice, practicum, internship, supervisor qualifications, and practicum and internship course loads. Section 4, Evaluation in the Program, provides standards relevant to evaluation of the program, assessment of students, and evaluation of faculty and site supervisors. Section 5, Entry-Level Specialty Areas, provides standards relevant to specialty areas offered by the program. These include addictions; career; clinical mental health; clinical rehabilitation; college counseling and student affairs; marriage, couple, and family; and school counseling. For each specialty area, standards pertaining to foundations, contextual dimensions and practice are provided. Section 6 contains the Doctoral Standards for Counselor Education and Supervision, including learning environment, professional identity, and doctoral-level practicum and internship requirements. In addition to the 2016 Standards, a Glossary, defining key terms within the 2016 CACREP Standards document is available.

SECTION 1: THE LEARNING ENVIRONMENT

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

THE INSTITUTION

- A. The academic unit 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 the academic unit, the core counselor education program faculty, and each program and specialty area offered, including admissions criteria, accreditation status, methods of instruction, minimum degree requirements, matriculation requirements, and financial aid information.
- C. The institution is committed to providing the program with sufficient financial support to ensure continuity, quality, and effectiveness in all of the program's learning environments.
- D. The institution provides opportunities for graduate assistantships for program students that are commensurate with graduate assistantship opportunities in other clinical 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.
- G. The institution provides technical support to all counselor education program faculty and students to ensure access to information systems for learning, teaching, and research.
- H. The institution provides information to students in the program about personal counseling services provided by professionals other than counselor education program faculty and students.
- I. The institution provides adequate and appropriate access to counseling instruction environments (on or off campus) that are conducive to training and supervision of

individual and group counseling. The counseling instruction environments include technologies and other observational capabilities as well as procedures for maintaining privacy and confidentiality.

THE ACADEMIC UNIT

- J. Entry-level degree specialty areas in Addiction Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; and Marriage, Couple, and Family Counseling consist of approved, graduate-level study with a minimum of 60 semester credit hours or 90 quarter credit hours required of all students. Until June 30, 2020, Career Counseling, College Counseling and Student Affairs, and School Counseling specialty areas require a minimum of 48 semester hours or 72 quarter hours. Beginning July 1, 2020, all entry-level degree programs require a minimum of 60 semester credit hours or 90 quarter credit hours for all students.
- K. The academic unit makes continuous and systematic efforts to attract, enroll, and retain a diverse group of students and to create and support an inclusive learning community.
- L. Entry-level admission decision recommendations are made by the academic unit's selection committee 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, and (4) respect for cultural differences.
- M. Before or at the beginning of the first term of enrollment in the academic unit, the program provides a new student orientation 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 includes (1) the mission statement of the academic unit and program objectives, (2) information about professional counseling organizations, opportunities for professional involvement, and activities appropriate for students, (3) matriculation requirements, (4) expectations of students, (5) academic appeal policy, (6) written endorsement policy explaining the procedures for recommending students for credentialing and employment, and (7) policy for student retention, remediation, and dismissal from the program.
- O. 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.

- P. Students in entry-level programs have an assigned advisor at all times during the program who helps them develop a planned program of study.
- Q. The academic unit makes continuous and systematic efforts to recruit, employ, and retain a diverse faculty to create and support an inclusive learning community.
- R. 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. Core counselor education program faculty may only be designated as core faculty at one institution.
- S. To ensure that students are taught primarily by core counselor education program faculty, for any calendar year, the combined number of course credit hours taught by non-core faculty must not exceed the number of credit hours taught by core faculty.
- T. For any calendar year, the ratio of full-time equivalent (FTE) students to FTE faculty should not exceed 12:1.
- U. The teaching and advising loads, scholarship, and service expectations of counselor education program faculty members are consistent with the institutional mission and the recognition that counselor preparation programs require extensive clinical instruction.
- V. Clerical assistance is available to support faculty/program activities and is commensurate with that provided for similar graduate programs.

FACULTY AND STAFF

- W. Core counselor education program faculty 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.
- X. Core counselor education program faculty identify with the counseling profession (1) through sustained memberships in professional counseling organizations, (2) through the maintenance of certifications and/or licenses related to their counseling specialty area(s), and (3) by showing evidence of sustained (a) professional development and renewal activities related to counseling, (b) professional service and advocacy in counseling, and (c) research and scholarly activity in counseling commensurate with their faculty role.

- Y. 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.
- Z. Non-core faculty may be employed who support the mission, goals, and curriculum of the counselor education program. They must have graduate or professional degrees in a field that supports the mission of the program.
- AA. The core counselor education program faculty orient non-core faculty to program and accreditation requirements relevant to the courses they teach.
- BB. All core and non-core counselor education program faculty have relevant preparation and experience in relation to the courses they teach.
- CC. A core counselor education program faculty member is clearly designated as the academic unit leader for counselor education; 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 academic unit.
- DD. A program faculty member or administrator is identified as the practicum and internship coordinator for the academic unit and/or program; this individual must have a written job description that includes (1) having responsibility for the coordination of practicum and internship experiences in designated counselor education program(s), and (2) responding to inquiries regarding practicum and internship.

SECTION 2: PROFESSIONAL COUNSELING IDENTITY

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

FOUNDATION

- A. The counselor education program has a publicly available mission statement and program objectives.
- B. The program objectives (1) reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society; (2) reflect input from all persons involved in the conduct of the program, including counselor education program faculty, current and former students, and personnel in cooperating agencies; (3) address student learning; and (4) are written so they can be evaluated.
- C. Students actively identify with the counseling profession by participating in professional counseling organizations and by participating in seminars, workshops, or other activities that contribute to personal and professional growth.

COUNSELING CURRICULUM

- D. Syllabi are available for review by all enrolled or prospective students, are distributed at the beginning of each curricular experience, and include (1) content areas, (2) knowledge and skill outcomes, (3) methods of instruction, (4) required text(s) and/or reading(s), (5) student performance evaluation criteria and procedures, and (6) a disability accommodation policy and procedure statement.
- E. Current counseling-related research is infused in the curriculum.
- F. The eight common core areas represent the foundational knowledge required of *all* entry level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

- a. history and philosophy of the counseling profession and its specialty areas
- b. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation

- c. counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams
 - d. the role and process of the professional counselor advocating on behalf of the profession
 - e. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients
 - f. professional counseling organizations, including membership benefits, activities, services to members, and current issues
 - g. professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues
 - h. current labor market information relevant to opportunities for practice within the counseling profession
 - i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
 - j. technology's impact on the counseling profession
 - k. strategies for personal and professional self-evaluation and implications for practice
 - l. self-care strategies appropriate to the counselor role
 - m. the role of counseling supervision in the profession
2. SOCIAL AND CULTURAL DIVERSITY
- a. multicultural and pluralistic characteristics within and among diverse groups nationally and internationally
 - b. theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
 - c. multicultural counseling competencies
 - d. the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others
 - e. the effects of power and privilege for counselors and clients
 - f. help-seeking behaviors of diverse clients

- g. the impact of spiritual beliefs on clients' and counselors' worldviews
- h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination

3. HUMAN GROWTH AND DEVELOPMENT

- a. theories of individual and family development across the lifespan
- b. theories of learning
- c. theories of normal and abnormal personality development
- d. theories and etiology of addictions and addictive behaviors
- e. biological, neurological, and physiological factors that affect human development, functioning, and behavior
- f. systemic and environmental factors that affect human development, functioning, and behavior
- g. effects of crisis, disasters, and trauma on diverse individuals across the lifespan
- h. a general framework for understanding differing abilities and strategies for differentiated interventions
- i. ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan

4. CAREER DEVELOPMENT

- a. theories and models of career development, counseling, and decision making
- b. approaches for conceptualizing the interrelationships among and between work, 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 facilitating client skill development for career, educational, and lifework planning and management
- i. methods of identifying and using assessment tools and techniques relevant to career planning and decision making
- j. ethical and culturally relevant strategies for addressing career development

5. COUNSELING AND HELPING RELATIONSHIPS

- a. theories and models of counseling
- b. a systems approach to conceptualizing clients
- c. theories, models, and strategies for understanding and practicing consultation
- d. ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships
- e. the impact of technology on the counseling process
counselor characteristics and behaviors that influence the counseling process
- g. essential interviewing, counseling, and case conceptualization skills
- h. developmentally relevant counseling treatment or intervention plans
- i. development of measurable outcomes for clients
- j. evidence-based counseling strategies and techniques for prevention and intervention
- k. strategies to promote client understanding of and access to a variety of community based resources
- l. suicide prevention models and strategies
- m. crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
- n. processes for aiding students in developing a personal model of counseling

6. 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. types of groups and other considerations that affect conducting groups in varied settings
 - g. ethical and culturally relevant strategies for designing and facilitating groups
 - h. 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
7. ASSESSMENT AND TESTING
- a. historical perspectives concerning the nature and meaning of assessment and testing in counseling
 - b. methods of effectively preparing for and conducting initial assessment meetings
 - c. procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
 - d. procedures for identifying trauma and abuse and for reporting abuse
 - e. use of assessments for diagnostic and intervention planning purposes
 - f. basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
 - g. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
 - h. reliability and validity in the use of assessments
 - i. use of assessments relevant to academic/educational, career, personal, and social development
 - j. use of environmental assessments and systematic behavioral observations
 - k. use of symptom checklists, and personality and psychological testing

- l. use of assessment results to diagnose developmental, behavioral, and mental disorders
 - m. ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results
8. RESEARCH AND PROGRAM EVALUATION
- a. the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice
 - b. identification of evidence-based counseling practices
 - c. needs assessments
 - d. development of outcome measures for counseling programs
 - e. evaluation of counseling interventions and programs
 - f. qualitative, quantitative, and mixed research methods
 - g. designs used in research and program evaluation
 - h. statistical methods used in conducting research and program evaluation
 - i. analysis and use of data in counseling
 - j. ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation

SECTION 3: PROFESSIONAL PRACTICE

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.

The following Standards apply to entry-level programs for which accreditation is being sought.

ENTRY-LEVEL PROFESSIONAL PRACTICE

- A. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
- B. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
- C. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship.
- D. Students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship.
- E. 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

- F. Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks.
- G. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
- H. 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 faculty member, (2) a 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.

- I. 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 faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

INTERNSHIP

- J. After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area.
- K. Internship students complete at least 240 clock hours of direct service.
- L. 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) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.
- M. 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 faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

SUPERVISOR QUALIFICATIONS

- N. Counselor education program faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have (1) relevant experience, (2) professional credentials, and (3) counseling supervision training and experience.
- O. Students serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs must (1) have completed CACREP entry-level counseling degree requirements, (2) have completed or are receiving preparation in counseling supervision, and (3) be under supervision from counselor education program faculty.
- P. 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 of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program's expectations,

requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision.

- Q. Orientation, consultation, and professional development opportunities are provided by counselor education program faculty to site supervisors.
- R. Written supervision agreements define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship. When individual/triadic practicum supervision is conducted by a site supervisor in consultation with counselor education program faculty, the supervision agreement must detail the format and frequency of consultation to monitor student learning.

PRACTICUM AND INTERNSHIP COURSE LOADS

- S. When individual/triadic supervision is provided by the counselor education program faculty or a student under supervision, practicum and internship courses 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.
- T. When individual/triadic supervision is provided solely by a site supervisor, and the counselor education program faculty or student under supervision only provides group supervision, practicum and internship courses 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.
- U. Group supervision of practicum and internship students should not exceed a 1:12 faculty:student ratio.
- V. When counselor education program faculty provide supervision of 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.

SECTION 4: EVALUATION IN THE PROGRAM

Evaluation in the program includes opportunities for counselor education program faculty to comprehensively evaluate overall program effectiveness. Assessment of students' knowledge, skills, and professional dispositions is integral. Evaluation data will help program faculty reflect on aspects of the program that work well and those that need improvement and will inform programmatic and curricular decisions.

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

EVALUATION OF THE PROGRAM

- A. Counselor education programs have a documented, empirically based plan for systematically evaluating the program objectives, including student learning. For each of the types of data listed in 4.B, the plan outlines (1) the data that will be collected, (2) a procedure for how and when data will be collected, (3) a method for how data will be reviewed or analyzed, and (4) an explanation for how data will be used for curriculum and program improvement.
- B. The counselor education program faculty demonstrate the use of the following to evaluate the program objectives: (1) aggregate student assessment data that address student knowledge, skills, and professional dispositions; (2) demographic and other characteristics of applicants, students, and graduates; and (3) data from systematic follow-up studies of graduates, site supervisors, and employers of program graduates.
- C. Counselor education program faculty provide evidence of the use of program evaluation data to inform program modifications.
- D. Counselor education program faculty disseminate an annual report that includes, by program level, (1) a summary of the program evaluation results, (2) subsequent program modifications, and (3) any other substantial program changes. The report is published on the program website in an easily accessible location, and students currently in the program, program faculty, institutional administrators, and personnel in cooperating agencies (e.g., employers, site supervisors) are notified that the report is available.
- E. Counselor education program faculty must annually post on the program's website in an easily accessible location the following specific information for each entry-level specialty area and doctoral program: (1) the number of graduates for the past academic year, (2) pass rates on credentialing examinations, (3) completion rates, and (4) job placement rates.

ASSESSMENT OF STUDENTS

- F. 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: (1) identification of key performance indicators of student learning in each of the eight core areas and in each student's respective specialty area(s) (for doctoral programs, each of the five doctoral core areas), (2) measurement of student learning conducted via multiple measures and over multiple points in time, and (3) review or analysis of data.
- G. The counselor education program faculty systematically assesses each student's professional dispositions throughout the program. The assessment process includes the following: (1) identification of key professional dispositions, (2) measurement of student professional dispositions over multiple points in time, and (3) review or analysis of data.
- H. The counselor education program faculty has a systematic process in place for the use of individual student assessment data in relation to retention, remediation, and dismissal.

EVALUATION OF FACULTY AND SUPERVISORS

- I. Written procedures for administering the process for student evaluations of faculty are available to the counselor education program faculty.
- J. Students have regular, systematic opportunities to formally evaluate counselor education program faculty.
- K. Students have regular, systematic opportunities to formally evaluate practicum and internship supervisors.

A. ADDICTION COUNSELING

Students who are preparing to specialize as addiction counselors are expected to possess the knowledge and skills necessary to address a wide range of issues in the context of addiction counseling, treatment, and prevention programs, as well as in a more broad mental health counseling context. Counselor education programs with a specialty area in addiction counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS

- a. history and development of addiction counseling
- b. theories and models of addiction related to substance use as well as behavioral and process addictions

- c. principles and philosophies of addiction-related self-help
- d. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
- e. neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others
- f. psychological tests and assessments specific to addiction counseling

2. CONTEXTUAL DIMENSIONS

- a. roles and settings of addiction counselors
- b. potential for addictive and substance use disorders to mimic and/or co-occur with a variety of medical and psychological disorders
- c. factors that increase the likelihood for a person, community, or group to be at risk for or resilient to psychoactive substance use disorders
- d. regulatory processes and substance abuse policy relative to service delivery opportunities in addiction counseling
- e. importance of vocation, family, social networks, and community systems in the addiction treatment and recovery process
- f. role of wellness and spirituality in the addiction recovery process
- g. culturally and developmentally relevant education programs that raise awareness and support addiction and substance abuse prevention and the recovery process
- h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
- i. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD)
- j. cultural factors relevant to addiction and addictive behavior
- k. professional organizations, preparation standards, and credentials relevant to the practice of addiction counseling
- l. legal and ethical considerations specific to addiction counseling
- m. record keeping, third party reimbursement, and other practice and management considerations in addiction counseling

3. PRACTICE

- a. screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments
- b. assessment of biopsychosocial and spiritual history relevant to addiction
- c. assessment for symptoms of psychoactive substance toxicity, intoxication, and withdrawal
- d. techniques and interventions related to substance abuse and other addictions
- e. strategies for reducing the persisting negative effects of substance use, abuse, dependence, and addictive disorders
- f. strategies for helping clients identify the effects of addiction on life problems and the effects of continued harmful use or abuse, and the benefits of a life without addiction
- g. evaluating and identifying individualized strategies and treatment modalities relative to clients' stage of dependence, change, or recovery
- h. strategies for interfacing with the legal system and working with court referred clients

B. CAREER COUNSELING

Students who are preparing to specialize as career counselors will demonstrate the professional knowledge and skills necessary to help people develop life-career plans, with a focus on the interaction of work and other life roles. Counselor education programs with a specialty area in career counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS

- a. history and development of career counseling
- b. emergent theories of career development and counseling
- c. principles of career development and decision making over the lifespan
- d. formal and informal career- and work-related tests and assessments

2. CONTEXTUAL DIMENSIONS

- a. roles and settings of career counselors in private and public sector agencies and institutions

- b. role of career counselors in advocating for the importance of career counseling, career development, life-work planning, and workforce planning to policymakers and the general public
- c. the unique needs and characteristics of multicultural and diverse populations with regard to career exploration, employment expectations, and socioeconomic issues
- d. factors that affect clients' attitudes toward work and their career decision-making processes,
- e. impact of globalization on careers and the workplace
- f. implications of gender roles and responsibilities for employment, education, family, and leisure
- g. 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
- h. resources available to assist clients in career planning, job search, and job creation
- i. professional organizations, preparation standards, and credentials relevant to the practice of career counseling
- j. legal and ethical considerations specific to career counseling

3. PRACTICE

- a. intake interview and comprehensive career assessment
- b. strategies to help clients develop skills needed to make life-work role transitions
- c. approaches to help clients acquire a set of employability, job search, and job creation skills
- d. strategies to assist clients in the appropriate use of technology for career information and planning
- e. approaches to market and promote career counseling activities and services
- f. identification, acquisition, and evaluation of career information resources relevant for diverse populations

planning, implementing, and administering career counseling programs and services.

C. CLINICAL MENTAL HEALTH COUNSELING

Students who are preparing to specialize as clinical mental health counselors will demonstrate the knowledge and skills necessary to address a wide variety of circumstances within the context of clinical mental health counseling. Counselor education programs with a specialty area in clinical mental health counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS

- a. history and development of clinical mental health counseling
- b. theories and models related to clinical mental health counseling
- c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
- d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
- e. psychological tests and assessments specific to clinical mental health counseling

2. CONTEXTUAL DIMENSIONS

- a. roles and settings of clinical mental health counselors
- b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders
- c. 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
- d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD)
- e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders
- f. impact of crisis and trauma on individuals with mental health diagnoses
- g. impact of biological and neurological mechanisms on mental health
- h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation

- i. legislation and government policy relevant to clinical mental health counseling
 - j. cultural factors relevant to clinical mental health counseling
 - k. professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling
 - l. legal and ethical considerations specific to clinical mental health counseling
 - m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling
3. PRACTICE
- a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
 - b. techniques and interventions for prevention and treatment of a broad range of mental health issues
 - c. strategies for interfacing with the legal system regarding court-referred clients
 - d. strategies for interfacing with integrated behavioral health care professionals
 - e. strategies to advocate for persons with mental health issues

D. CLINICAL REHABILITATION COUNSELING

Students who are preparing to specialize as clinical rehabilitation counselors will demonstrate the professional knowledge and skills necessary to address a wide variety of circumstances within the clinical rehabilitation counseling context. Counselor education programs with a specialty area in clinical rehabilitation counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS
- a. history and development of rehabilitation counseling
 - b. theories and models related to rehabilitation counseling
 - c. social science theory that addresses psychosocial aspects of disability
 - d. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
 - e. neurobiological and medical foundation and etiology of addiction and co-occurring disorders

- f. etiology and effects of disabilities and terminology relevant to clinical rehabilitation counseling
 - g. screening and assessment instruments that are reliable and valid for individuals with disabilities
2. CONTEXTUAL DIMENSIONS
- a. roles and settings of rehabilitation counselors
 - b. relationships between clinical rehabilitation counselors and medical and allied health professionals, including interdisciplinary treatment teams
 - c. rehabilitation service delivery systems, including housing, independent living, case management, public benefits programs, educational programs, and public/proprietary vocational rehabilitation programs
 - d. rehabilitation counseling services within the continuum of care, such as inpatient, outpatient, partial hospitalization and aftercare, and the rehabilitation counseling services networks
 - e. operation of an emergency management system within rehabilitation agencies and in the community in relation to accommodating individuals with disabilities
 - f. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD)
 - g. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders
 - h. impact of crisis and trauma on individuals with disabilities
 - i. impact of biological and neurological mechanisms on disability
 - j. effects of co-occurring disabilities on the client and family
 - k. effects of discrimination, such as handicapism, ableism, and power, privilege, and oppression on clients' life and career development
 - l. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation

- m. effects of the onset, progression, and expected duration of disability on clients' holistic functioning (i.e., physical, spiritual, sexual, vocational, social, relational, and recreational)
 - n. transferable skills, functional assessments, and work-related supports for achieving and maintaining meaningful employment for people with disabilities
 - o. role of family, social networks, and community in the provision of services for and treatment of people with disabilities
 - p. environmental, attitudinal, and individual barriers for people with disabilities
 - q. assistive technology to reduce or eliminate barriers and functional limitations
 - r. legislation and government policy relevant to rehabilitation counseling
 - s. cultural factors relevant to rehabilitation counseling
 - t. professional issues that affect rehabilitation counselors, including independent provider status, expert witness status, forensic rehabilitation, and access to and practice privileges within managed care systems
 - u. record keeping, third party reimbursement, and other practice and management issues in rehabilitation counseling
 - v. professional organizations, preparation standards, and credentials relevant to the practice of clinical rehabilitation counseling
 - w. legal and ethical considerations specific to clinical rehabilitation counseling
3. PRACTICE
- a. diagnostic interviews, mental status examinations, symptom inventories, psychoeducational and personality assessments, biopsychosocial histories, assessments for treatment planning, and assessments for assistive technology needs
 - b. career- and work-related assessments, including job analysis, work site modification, transferrable skills analysis, job readiness, and work hardening
 - c. strategies to advocate for persons with disabilities
 - d. strategies for interfacing with medical and allied health professionals, including interdisciplinary treatment teams
 - e. strategies to consult with and educate employers, educators, and families regarding accessibility, Americans with Disabilities Act compliance, and accommodations

E. COLLEGE COUNSELING AND STUDENT AFFAIRS

Students who are preparing to specialize as college counselors and student affairs professionals will demonstrate the knowledge and skills necessary to promote the academic, career, personal, and social development of individuals in higher education settings. Counselor education programs with a specialty area in college counseling and student affairs must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS

- a. history and development of college counseling and student affairs
- b. student development theories relevant to student learning and personal, career, and identity development
- c. organizational, management, and leadership theories relevant in higher education settings
- d. principles of student development and the effect on life, education, and career choices
- e. assessments specific to higher education settings

2. CONTEXTUAL DIMENSIONS

- a. roles and settings of college counselors and student affairs professionals
- b. roles of college counselors and student affairs professionals in relation to the operation of the institution's emergency management plan, and crises, disasters, and trauma
- c. roles of college counselors and student affairs professionals in collaborating with personnel from other educational settings to facilitate college and postsecondary transitions
- d. characteristics, risk factors, and warning signs of individuals at risk for mental health and behavioral disorders
- e. models of violence prevention in higher education settings
- f. signs and symptoms of substance abuse in individuals in higher education settings
- g. current trends in higher education and the diversity of higher education environments

- h. organizational culture, budgeting and finance, and personnel practices in higher education
 - i. environmental, political, and cultural factors that affect the practice of counseling in higher education settings
 - j. the influence of institutional, systemic, interpersonal, and intrapersonal barriers on learning and career opportunities in higher education
 - k. influence of learning styles and other personal characteristics on learning
 - l. policies, programs, and services that are equitable and responsive to the unique needs of individuals in higher education settings
 - m. 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
 - n. higher education resources to improve student learning, personal growth, professional identity development, and mental health
 - o. professional organizations, preparation standards, and credentials relevant to the practice of counseling in higher education settings
 - p. legal and ethical considerations specific to higher education environments
3. PRACTICE
- a. collaboration within the higher education community to develop programs and interventions to promote the academic, social, and career success of individuals in higher education settings
 - b. strategies to assist individuals in higher education settings with personal/social development
 - c. interventions related to a broad range of mental health issues for individuals in higher education settings
 - d. strategies for addiction prevention and intervention for individuals in higher education settings
 - e. use of multiple data sources to inform programs and services in higher education settings

F. MARRIAGE, COUPLE, AND FAMILY COUNSELING

Students who are preparing to specialize as marriage, couple, and family counselors are expected to possess the knowledge and skills necessary to address a wide variety of issues in the context of relationships and families. Counselor education programs with a specialty area in marriage, couple, and family counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS

- a. history and development of marriage, couple, and family counseling
- b. theories and models of family systems and dynamics
- c. theories and models of marriage, couple, and family counseling
- d. sociology of the family, family phenomenology, and family of origin theories
- e. principles and models of assessment and case conceptualization from a systems perspective
- f. assessments relevant to marriage, couple, and family counseling

2. CONTEXTUAL DIMENSIONS

- a. roles and settings of marriage, couple, and family counselors
- b. structures of marriages, couples, and families
- c. family assessments, including diagnostic interviews, genograms, family mapping, mental diagnostic status examinations, symptom inventories, and psychoeducational and personality assessments
- d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD)
- e. human sexuality and its effect on couple and family functioning
- f. aging and intergenerational influences and related family concerns
- g. impact of crisis and trauma on marriages, couples, and families
- h. impact of addiction on marriages, couples, and families
- i. impact of interpersonal violence on marriages, couples, and families

- j. impact of unemployment, under-employment, and changes in socioeconomic standing on marriages, couples, and families
 - k. interactions of career, life, and gender roles on marriages, couples, and families
 - l. physical, mental health, and psychopharmacological factors affecting marriages, couples, and families
 - m. cultural factors relevant to marriage, couple, and family functioning, including the impact of immigration
 - n. professional organizations, preparation standards, and credentials relevant to the practice of marriage, couple, and family counseling
 - o. ethical and legal considerations and family law issues unique to the practice of marriage, couple, and family counseling
 - p. record keeping, third party reimbursement, and other practice and management considerations in marriage, couple, and family counseling
3. PRACTICE
- a. assessment, evaluation, and case management for working with individuals, couples, and families from a systems perspective
 - b. fostering family wellness
 - c. techniques and interventions of marriage, couple, and family counseling
 - d. conceptualizing and implementing treatment, planning, and intervention strategies in marriage, couple, and family counseling
 - e. strategies for interfacing with the legal system relevant to marriage, couple, and family counseling

G. SCHOOL COUNSELING

Students who are preparing to specialize as school counselors will demonstrate the professional knowledge and skills necessary to promote the academic, career, and personal/social development of all P–12 students through data-informed school counseling programs. Counselor education programs with a specialty area in school counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS

- a. history and development of school counseling

- b. models of school counseling programs
- c. models of P-12 comprehensive career development
- d. models of school-based collaboration and consultation
- e. assessments specific to P-12 education

2. CONTEXTUAL DIMENSIONS

- a. school counselor roles as leaders, advocates, and systems change agents in P-12 schools
- b. school counselor roles in consultation with families, P-12 and postsecondary school personnel, and community agencies
- c. school counselor roles in relation to college and career readiness
- d. school counselor roles in school leadership and multidisciplinary teams
- e. school counselor roles and responsibilities in relation to the school emergency management plans, and crises, disasters, and trauma
- f. competencies to advocate for school counseling roles
- g. characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders
- h. common medications that affect learning, behavior, and mood in children and adolescents
- i. signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs
- j. qualities and styles of effective leadership in schools
- k. community resources and referral sources
- l. professional organizations, preparation standards, and credentials relevant to the practice of school counseling
- m. legislation and government policy relevant to school counseling
- n. legal and ethical considerations specific to school counseling

3. PRACTICE

- a. development of school counseling program mission statements and objectives
- b. design and evaluation of school counseling programs

- c. core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies
- d. interventions to promote academic development
- e. use of developmentally appropriate career counseling interventions and assessments
- f. techniques of personal/social counseling in school settings
- g. strategies to facilitate school and postsecondary transitions
- h. skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement
- i. approaches to increase promotion and graduation rates
- j. interventions to promote college and career readiness
- k. strategies to promote equity in student achievement and college access
- l. techniques to foster collaboration and teamwork within schools
- m. strategies for implementing and coordinating peer intervention programs
- n. use of accountability data to inform decision making
- o. use of data to advocate for programs and students

SECTION 6: 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 doctoral program standards are intended to accommodate the unique strengths of different programs.

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 (a) extend the knowledge base of the counseling profession in a climate of scholarly inquiry, (b) prepare students to inform professional practice by generating new knowledge for the profession, (c) support faculty and students in publishing and/or presenting the results of scholarly inquiry, and (d) equip students to assume positions of leadership in the profession and/or their area(s) of specialization.

3. Doctoral program admission criteria include (a) academic aptitude for doctoral-level study; (b) previous professional experience; (c) fitness for the profession, including selfawareness and emotional stability; (d) oral and written communication skills; (e) cultural sensitivity and awareness; and (f) potential for scholarship, professional leadership, and advocacy.
4. During the doctoral program admissions process, students' curricular experiences are evaluated to verify completion of coursework including (a) CACREP entry-level core curricular standards, (b) CACREP entry-level professional practice standards, and (c) CACREP entry-level curricular requirements of a specialty area (e.g., addiction counseling, school counseling) so that any missing content can be completed before or concurrently with initial doctoral-level counselor education coursework.
5. Doctoral students must complete dissertation research focusing on areas relevant to counseling practice, counselor education, and/or supervision.
6. 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.
7. Students in doctoral-level programs establish an approved doctoral committee and work with the committee to develop and complete a program of study.

B. DOCTORAL PROFESSIONAL IDENTITY

Doctoral programs in counselor education address professional roles in five doctoral core areas: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. These five doctoral core areas represent the foundational 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 theories relevant to counseling
 - b. integration of theories relevant to counseling
 - c. conceptualization of clients from multiple theoretical perspectives
 - d. evidence-based counseling practices
 - e. methods for evaluating counseling effectiveness
 - f. ethical and culturally relevant counseling in multiple settings
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
 - 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 and the use of technology
 - h. administrative procedures and responsibilities related to clinical supervision
 - i. evaluation, remediation, and gatekeeping in clinical supervision
 - j. legal and ethical issues and responsibilities in clinical supervision
 - k. 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. models of adult development and learning
 - d. instructional and curriculum design, delivery, and evaluation methods relevant to counselor education
 - e. effective approaches for online instruction
 - f. screening, remediation, and gatekeeping functions relevant to teaching
 - g. assessment of learning
 - h. ethical and culturally relevant strategies used in counselor preparation
 - i. the role of mentoring in counselor education
4. RESEARCH AND SCHOLARSHIP
- a. research designs appropriate to quantitative and qualitative research questions
 - b. univariate and multivariate research designs and data analysis methods
 - c. qualitative designs and approaches to qualitative data analysis
 - d. emergent research practices and processes

- e. models and methods of instrument design
- f. models and methods of program evaluation
- g. research questions appropriate for professional research and publication
- h. professional writing for journal and newsletter publication
- i. professional conference proposal preparation
- j. design and evaluation of research proposals for a human subjects/institutional review board review
- k. grant proposals and other sources of funding
- l. ethical and culturally relevant strategies for conducting research

5. LEADERSHIP AND ADVOCACY

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

C. DOCTORAL LEVEL PRACTICUM AND INTERNSHIP PRACTICUM

1. Doctoral students participate in a supervised doctoral-level counseling practicum of a minimum of 100 hours, of which 40 hours must be providing direct counseling services. 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 an individual with a graduate degree (preferably doctoral) in counseling or a related mental health profession with specialized expertise to advance the student's knowledge and skills.
3. Individuals serving as practicum supervisors have (1) relevant certifications and/or licenses, (2) knowledge of the program's expectations, requirements, and evaluation procedures for students, and (3) 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 core areas (counseling, teaching, supervision, research and scholarship, leadership and advocacy). Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in a counseling or supervision internship.
8. 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.

9. 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.

Appendix D: CACREP Accreditation Fees (as of 2014)

APPLICATION PROCESS FEES

Application Fee:

(due at the time the self-study is submitted) \$2500.00

Site Visit Fee (invoiced when a visit is approved) \$2000 per visitor for 2-5
visitors

ANNUAL MAINTENANCE FEES

2014 Fee (invoiced in April and due September)

For 1 accredited program: \$ 2668.00

For 2 accredited programs: \$ 3079.00

For 3 or more accredited programs: \$ 3277.00

OTHER FEES

CACREP Accreditation Manual cost: \$50

Student Graduation Certificate: \$50

Appendix E: PhD Programs Currently in Application for CACREP Accreditation

State	Institution	Program Type	Degree
TN	Trevecca Nazarene University	Counselor Education and Supervision	Ph.D.
ID	Boise State University	Counselor Education and Supervision	Ed.D.

Source: CACREP (2014c)

Appendix F: CACREP Application for Accreditation

**Council for Accreditation of Counseling and Related Educational
Programs**



Application for Accreditation

Instructions for Completion

1. **Submit a hard copy of Pages 2 and 3 with original signatures.**
2. **Include a copy of the complete application, including all accompanying documents and tables, in an electronic format on the self-study disk.**
3. **Submit a check or money order payable to CACREP for the application fee. The current fee may be obtained by calling the CACREP office or checking www.cacrep.org.**
4. **Submit four (4) copies of the self-study in read-only format on disks. See Accreditation Process Policy #17 in the current Policy Document for formatting guidelines.**

**Mail the signature pages, application fee, and four (4) copies of the self-study to:
Council for Accreditation of Counseling and Related Educational Programs
1001 North Fairfax Street, Suite 510
Alexandria, Virginia 22314**



Application for Accreditation

Date _____

Institution
_____Department/Academic Unit
_____Mailing Address

_____Program Website

CACREP Liaison _____

Telephone (____)_____ Fax (____)_____ E-mail _____

Place an "X" on the left next to the program area(s) for which accreditation is sought and indicate the degree(s) offered.

Entry-Level

_____ Addictions Counseling	M.Ed.	<input type="checkbox"/> M.S.	Other _____
		M.A.	_____
_____ Career Counseling	M.Ed.	<input type="checkbox"/> M.S.	Other _____
		M.A.	_____
_____ Clinical Mental Health Counseling	M.Ed.	<input type="checkbox"/> M.S.	Other _____
<input type="checkbox"/> _____ Marriage, Couple, and Family Counseling	M.Ed.	<input type="checkbox"/> M.S.	Other _____ <input type="checkbox"/>
		M.A.	_____
_____ School Counseling	M.Ed.	<input type="checkbox"/> M.S.	Other _____
		M.A.	_____
_____ Student Affairs and College Counseling	M.Ed.	<input type="checkbox"/> M.S.	Other _____
		M.A.	_____

Doctoral-Level

_____ Counselor Education and Supervision Ph.D. Ed.D.

Application for Accreditation

President/CEO
of the
Institution

(Name)

(Signature)

Mailing Address _____

E-mail _____

Dean of
the College

(Name)

(Signature)

Mailing Address _____

E-mail _____

Department
Chair

(Name)

(Signature)

Mailing Address _____

E-mail _____

Application for Accreditation

1. Please list each site where the program(s) is offered and the percentage of the degree requirements that can be completed at each site.

Note: If over 50% of a program's required curriculum is offered at more than one location, the conditions specified in the Multiple Sites Policy (rev. 7.11) must be met for each site and the program as a whole in order for the program to be viewed as a single program offered at multiple locations. If the conditions are not met, then a separate application, self-study, and fee are required for each location.

Please provide summary responses to the conditions in the multiple sites policy, if applicable.

2. Please provide a sample transcript (with blacked out identifying information) for each program area for which accreditation is sought.
3. Please provide a current program of study for each program area that includes all required courses and indicates the total number of hours to obtain the degree. This information should also include the number of clinical hours required in practicum and internship courses.
4. Please create tables or charts with the following information. *If the program(s) is offered at multiple sites, please provide information for each site as well as for the overall program.*
 - a) Table 1 – Faculty Who Currently Teach in the Program
 1. List all core faculty by name and include each person's credit hours generated in last 12 months, terminal degree and major, primary teaching focus, professional memberships, licenses/certifications and nature of involvement in the program(s) (e.g., Academic Unit Leader)
 2. List all noncore faculty by name and include each person's credit hours generated in last 12 months, terminal degree and major, primary teaching focus, professional memberships, licenses/certifications and nature of involvement in the program(s) (e.g., clinical faculty, adjunct)

b) Table 2 – Current Students

1. Please indicate for each applicant program (e.g., School Counseling), the number of full-time, part-time, and full time equivalent (FTE) students at each campus site.
2. Please indicate any other counseling program(s) in the academic unit that are not applying for accreditation, the number of full-time, part-time, and full time equivalent (FTE) students at each campus site.

c) Table 3 – Graduates for the past Three (3) Years

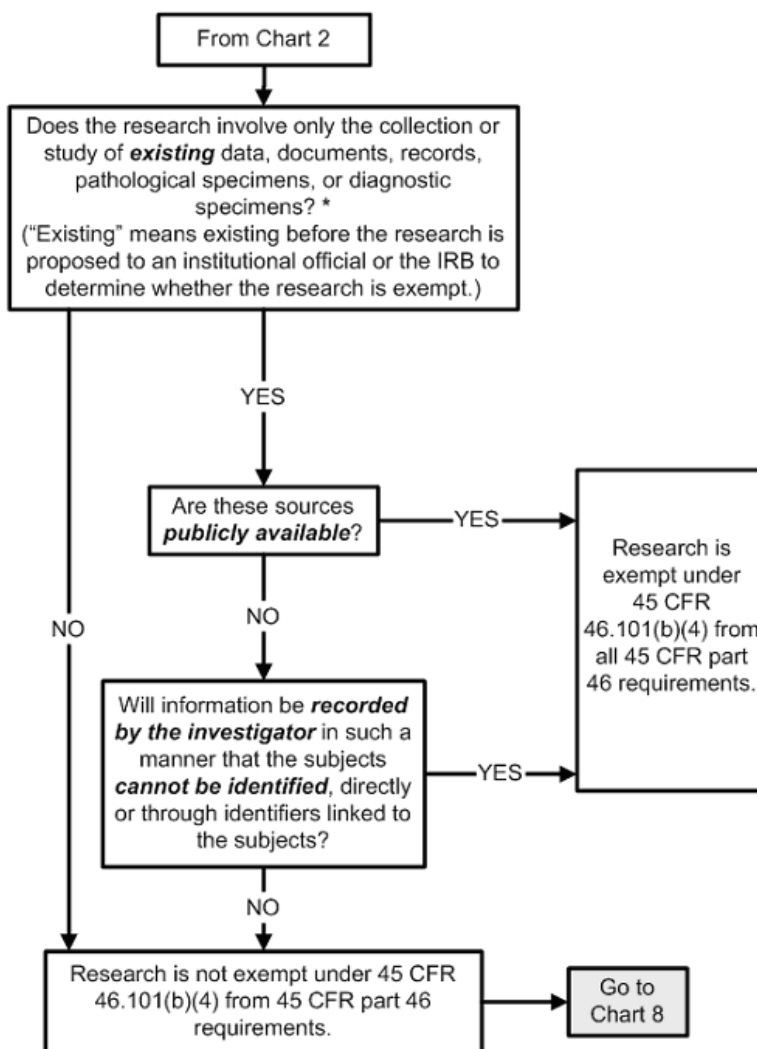
1. Please indicate for each applicant program (e.g., School Counseling), the number graduates at each campus site.
2. Please indicate for any other counseling program in the academic unit, the number of graduates at each campus site.

5. Please provide evidence of institutional accreditation by an accreditor recognized by the US Department of Education or the Council for Higher Education Accreditation (CHEA).

Clearly label and submit as part of the response for Standard I.AA in the selfstudy a comprehensive assessment plan that satisfies the conditions specified in

Appendix G: IRB Decision Tree Regarding Secondary Data

Chart 5: Does Exemption 45 CFR 46.101(b)(4) (for Existing Data Documents and Specimens) Apply?



* Note: See OHRP guidance on research use of stored data or tissues and on stem cells at <http://www.hhs.gov/ohrp/policy/index.html#tissues> and #stem, and on coded data or specimens at #coded for further information on those topics.

September 24, 2004

Appendix H: Cook's Influence and DfBeta Results—Influence and Outliers

Case Summaries ^a					
	Analog of Cook's influence statistics	Leverage value	Normalized residual	DFBETA for constant	DFBETA for Other Masters LVL CACREP Degrees or Programs
1	.06335	.01449	-2.07550	.00000	-.07805
2	.00341	.01449	.48181	.00000	.01812
3	.00000	.07692	-.00002	-.08333	.08333
4	.00000	.07692	-.00002	-.08333	.08333
5	.00341	.01449	.48181	.00000	.01812
6	.00341	.01449	.48181	.00000	.01812
7	.00000	.07692	-.00002	-.08333	.08333
8	.00000	.07692	-.00002	-.08333	.08333
9	.00000	.07692	-.00002	-.08333	.08333
10	.00341	.01449	.48181	.00000	.01812
11	.00000	.07692	-.00002	-.08333	.08333
12	.00341	.01449	.48181	.00000	.01812
13	.00341	.01449	.48181	.00000	.01812
14	.06335	.01449	-2.07550	.00000	-.07805
15	.06335	.01449	-2.07550	.00000	-.07805
16	.00341	.01449	.48181	.00000	.01812
17	.00341	.01449	.48181	.00000	.01812
18	.06335	.01449	-2.07550	.00000	-.07805
19	.00341	.01449	.48181	.00000	.01812
20	.00341	.01449	.48181	.00000	.01812
21	.00341	.01449	.48181	.00000	.01812
22	.00341	.01449	.48181	.00000	.01812
23	.00341	.01449	.48181	.00000	.01812
24	.06335	.01449	-2.07550	.00000	-.07805
25	.00341	.01449	.48181	.00000	.01812
26	.00000	.07692	-.00002	-.08333	.08333
27	.00341	.01449	.48181	.00000	.01812
28	.00000	.07692	-.00002	-.08333	.08333
29	.06335	.01449	-2.07550	.00000	-.07805
30	.00341	.01449	.48181	.00000	.01812
31	.00000	.07692	-.00002	-.08333	.08333
32	.06335	.01449	-2.07550	.00000	-.07805
33	.00341	.01449	.48181	.00000	.01812
34	.06335	.01449	-2.07550	.00000	-.07805
35	.00341	.01449	.48181	.00000	.01812

36	.06335	.01449	-2.07550	.00000	-.07805
37	.06335	.01449	-2.07550	.00000	-.07805
38	.00341	.01449	.48181	.00000	.01812
39	.00341	.01449	.48181	.00000	.01812
40	.00341	.01449	.48181	.00000	.01812
41	.00341	.01449	.48181	.00000	.01812
42	.00000	.07692	-.00002	-.08333	.08333
43	.00341	.01449	.48181	.00000	.01812
44	.00341	.01449	.48181	.00000	.01812
45	.00341	.01449	.48181	.00000	.01812
46	.00341	.01449	.48181	.00000	.01812
47	.00341	.01449	.48181	.00000	.01812
48	.00341	.01449	.48181	.00000	.01812
49	.00341	.01449	.48181	.00000	.01812
50	.00341	.01449	.48181	.00000	.01812
51	.00341	.01449	.48181	.00000	.01812
52	.00341	.01449	.48181	.00000	.01812
53	.00341	.01449	.48181	.00000	.01812
54	.00341	.01449	.48181	.00000	.01812
55	.00000	.07692	-.00002	-.08333	.08333
56	.00000	.07692	-.00002	-.08333	.08333
57	.06335	.01449	-2.07550	.00000	-.07805
58	.00341	.01449	.48181	.00000	.01812
59	.00341	.01449	.48181	.00000	.01812
60	.00341	.01449	.48181	.00000	.01812
61	.00341	.01449	.48181	.00000	.01812
62	.00341	.01449	.48181	.00000	.01812
63	.06335	.01449	-2.07550	.00000	-.07805
64	.00341	.01449	.48181	.00000	.01812
65	.00341	.01449	.48181	.00000	.01812
66	.00341	.01449	.48181	.00000	.01812
67	.00000	.07692	-.00002	-.08333	.08333
68	.00341	.01449	.48181	.00000	.01812
69	.00341	.01449	.48181	.00000	.01812
70	.06335	.01449	-2.07550	.00000	-.07805
71	.00341	.01449	.48181	.00000	.01812
72	.00341	.01449	.48181	.00000	.01812
73	.00341	.01449	.48181	.00000	.01812
74	.00341	.01449	.48181	.00000	.01812
75	.00341	.01449	.48181	.00000	.01812
76	.00341	.01449	.48181	.00000	.01812
77	.00341	.01449	.48181	.00000	.01812
78	.00341	.01449	.48181	.00000	.01812
79	.00341	.01449	.48181	.00000	.01812

80	.00341	.01449	.48181	.00000	.01812
81	.00341	.01449	.48181	.00000	.01812
82	.00341	.01449	.48181	.00000	.01812
83	.00000	.07692	-.00002	-.08333	.08333
84	.00341	.01449	.48181	.00000	.01812
85	.06335	.01449	-2.07550	.00000	-.07805
86	.00341	.01449	.48181	.00000	.01812
87	.06335	.01449	-2.07550	.00000	-.07805
88	.00341	.01449	.48181	.00000	.01812
89	.00341	.01449	.48181	.00000	.01812
90	.00341	.01449	.48181	.00000	.01812
91	.00341	.01449	.48181	.00000	.01812
Total N	91	91	91	91	91

a. Limited to first 100 cases.