A Validation Study of the 2016 CACREP Standards and an Exploration of Future Trends

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Abstract

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A Validation Study of the 2016 CACREP Standards and an Exploration of Future Trends

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Members of the counseling profession and counselor education have been striving to strengthen the profession. Counselor education has especially been recognized as the factor that shapes the helping philosophy and professional identity. Among counselor education, the Council of for Accreditation of Counseling and Related Educational Programs (CACREP) has been the accrediting body that influences the direction of counselor education since 1981. Several revisions of CACREP Standards have been made over the past three decades, with the 2016 CACREP Standards as the latest revision. However, it was unknown that whether counselor educators perceived the standards as relevant to counselor education and as clear to interpret. In addition, literature has not yet explored the next movement of counselor education and the counseling profession. Therefore, the purpose of this mixed-methods study was to examine the relevance and clarity of the 2016 CACREP Standards, and to explore the future trends in the counseling profession and counselor education.

Using a mixed-methods design, the researcher collected the perception of core faculty counselor educators and program liaisons ($N = 155$) in the CACREP accredited programs on the relevance and clarity of the 2016 CACREP Standards using two online surveys. In addition, the opinions of ACA Fellows and those referred by ACA Fellows on the future of counseling profession were obtained through qualitative interviews. The

results of each section were collected, analyzed, and merged for discussion to strengthen the findings of this study.

The results of the quantitative section showed that, generally, participants perceived the 2016 CACREP Standards as relevant to counselor education and clear for interpretation. Two standards (1.W and 1.D) from Section 1 to Section 4 of the 2016 CACREP Standards were rated lower than 0.9 (i.e., more than 10% of participants perceived them as non-relevant) on their relevance. In addition, four standards (1.T, 1.M, 1.U, and 1.E) from Section 1 to Section 4 were rated lower than 0.9 on their clarity. Participants‘ narrative comments regarding these standards were summarized. Lastly, themes identified through the qualitative interviews included (1) compelling issues; (2) trends; (3) professional identity; (4) perceptions of CACREP; and (5) the big picture.

By merging the results, the researcher summarized and discussed several findings, including (1) issues related to faculty and program strengths; (2) the 60-credit-hour requirement, student support, and the unified profession; (3) future trends; and (4) a complicated task. Implications and recommendations for future research as well as the limitations of this study are provided.

Dedication

This dissertation is dedicated to my wife – Nan-Hsi Liu, my son – Jin Lu, my parents - Shao-Hsi Lu and Mei-Heng Wang, and my sister – Ruo-Yu Lu. I would not complete my doctoral degree and this project smoothly without your support and sacrifices.

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Chapter 1: Introduction

In this chapter, an overview of the counseling profession and its relevant history related to accreditation is provided. Following the background of the study, the problem statement, the research questions, and the significance of the study are highlighted. These are followed by the delimitations, the limitations and the definition of terms.

Background of the Study

History of the counseling profession. Mental health professions in the United States consist of various disciplines, such as social work, psychology, psychiatry, and counseling. Each profession started because of various and unique needs of the society, and has developed its own philosophy of helping, which is shaped by education and training. A unified definition of counseling was agreed upon by 31st counseling organizations in *20/20: A Vision for the Future of Counseling*: ―Professional counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 366). Unlike other helping professions, counseling is a relatively new one which was developed in the late 1890s and early 1900s; it was not officially recognized until 1976 when Virginia became the first state that licensed professional counselors. At the beginning, the role of professional counselors was not clear, and was shared by individuals in the other helping professions (Gladding & Newsome, 2010). It started in the form of vocational guidance, and Jesse Davis is considered to be the first professional utilizing vocational guidance practices in the classroom (Granello & Young, 2012). In 1913, the National Vocational Guidance Association (NVGA), which is

considered to be the distant predecessor of the American Counseling Association (ACA), was formed. It then merged with the American College Personnel Association, creating the name change to the American Personnel and Guidance Association (APGA) in 1952 when the counseling profession shifted from vocational guidance toward a more humanistic, nondirective orientation (Granello & Young, 2012; Neukrug, 2012). A growing diversity of counselors emerged including those representing divisions, such as the American School Counselor Association (ASCA), the Association for Counselor Education and Supervision (ACES), and the American Rehabilitation Counseling Association (ARCA; Gladding, 2013; Neukrug, 2012).

The role of professional counselors was vague when it started in the early 1900s. Therefore, a call was made at the 1949 Council of Guidance and Personnel Associations conference for a unified counseling voice; consequently, members of the profession have been working on the professional identity since then (Bobby, 2013). The increased diversification in 1960s seemed to gain the counseling profession‘s awareness of a need for professionalism. As indicated by Neukrug (2012), the APGA developed its first guidelines for ethical behaviors, and discussions about having accreditation standards for counselor education programs appeared in 1960s. The counseling profession started to strengthen its professional identity after professional counselors received the first state licensure in Virginia in 1976 and the establishment of the Council for Accreditation of Counseling and Related Programs (CACREP) in 1981. The name of APGA was changed to the American Association for Counseling and Development in 1983, and then was

simplified to the American Counseling Association in 1992 (Gladding, 2013; Granello & Young, 2012).

The future of the counseling profession. Subsequent to that watershed conference in 1949, several meetings have occurred to explore the future of the counseling profession as well as the identity of the professional counselors (Kaplan & Gladding, 2011). These included the *1988 Association for Counselor Education and Supervision* (ACES) conference; the *Counselor Advocacy Leadership Conferences* held by Chi Sigma Iota (CSI) in May and December, 1998; and the 2*0/20: A Vision for the Future of Counseling* (20/20) project which started in 2005.

The 1988 ACES conference and its follow-up monograph titled *Counseling Futures,* sponsored by Chi Sigma Iota, set the stage to study the future of counseling. To be more specific, the conference and the monograph elaborated on: (a) basic conceptions of a futuristic study, (b) studies about the future of counseling and counselor education, (c) the evolution of counseling, (d) forces for change, and (d) megatrends that were expected to affect the United States (U.S) and the counseling profession in the 1990s (Walz, Gazda, & Shertzer, 1991). The identified megatrends included, (a) the aging population, (b) a need for evidence-based research, (c) a need for family counseling skills, (d) a need for a diverse student population, (e) a need for professional counselors‘ multicultural competence, (f) an increase of peer counseling and client networking, (g) a marketing campaign for the counseling profession, and (h) investigation of the use of technology in counseling (Walz et al., 1991). In addition, the authors indicated that the counseling

profession needed to explore how counselor education programs should respond to these megatrends.

Similarly, at the CSI's Counselor Advocacy Leadership Conferences in 1998, representatives from 13 counseling associations discussed their perceptions of advocacy within the counseling profession, and identified six themes. The themes included: (a) counselor education—to ensure that counselor education students graduate with a clear professional identity and pride as professional counselors; (b) intra-professional relations— to develop a unified advocacy plan for the advancement of professional counselors and clients; (c) marketplace recognition—to assure that professional counselors receive suitable compensation and be free to provide service within their competence areas; (d) inter-professional issues—to establish working relationships with other professions on matters of mutual interest to achieve the advocacy goals; (e) research—to promote evidence-based practice in counseling; and (f) prevention/wellness—to promote the optimal human development through prevention and wellness (Chi Sigma Iota, n.d.; Chang, Barrio Minton, Dixon, Myers, & Sweeney, 2012; Myers, Sweeney, & White, 2002).

The first two themes were taken into consideration during the 20/20 project when it started in 2005 (Kaplan & Gladding, 2011). Delegates from 30 organizations in the counseling profession participated in the 20/20 project, and identified seven strategic areas that needed to be emphasized, including ~~(~~a) strengthening identity, (b) presenting ourselves as one profession, (c) improving public perception/recognition and advocating for professional issues, (d) creating licensure portability, (e) expanding and promoting the

research base of professional counseling, (f) focusing on students and prospective students, and (g) promoting client welfare and advocacy" (Kaplan et al., 2014, p. 366). Moreover, 22 issues within aforementioned areas were also identified to provide clear directions. The project team concluded its tasks in 2013 with the efforts of 31 organizations (a 31th organization was added after the project started) with accomplishments including the principles for unifying the counseling profession (Kaplan & Gladding, 2011), the consensus definition of counseling (Kaplan et al., 2014), and the building blocks to portability project, which endorsed a licensure title, and the scope of practice of professional counseling (Kraus, n.d.).

It is worthy to note that these participants were also the leaders who had made a significant contribution to the counseling profession. One evidence is that the first three authors (i.e., Walz, Gazda, and Shertzer) and many delegates in the 20/20 projects (e.g., Sweeney, Clawson, Erford, Linde, Chope, Butler, and Bobby) all received the ACA Fellow Award, which recognizes the ACA member of professional distinction for ~~–s~~ignificant and unique contributions in professional practice, scientific achievement and governance, or teaching and training" (ACA, 2017). According to the 2016 ACA National Awards Nomination Packet (ACA, 2016), nominees need to have distinctive contribution to the counseling profession in areas of professional practice, scholarship, leadership, and teaching. The goals of the recognized Fellows include (a) to represent a diverse group of thoughtful leaders, (b) to identify and develop future leaders, (c) to actively identify future trends, research and issues, and (d) to actively serve leadership in support of ACA activities (ACA, 2016). This also shows that the ACA Fellow Award

could be one of the appropriate criteria to help select participants for a study exploring megatrends in the counseling profession and counselor education.

Accreditation standards. In the U.S., accreditation is an external quality review process adopted to inspect institutions and programs in higher education in order to assure and improve the quality of higher education (Eaton, 2015). According to Eaton (2015), there are several types of accreditors in the U.S.: (a) regional; (b) national faith-related; (c) national career-related; and (d) programmatic accreditors. These accreditors review higher education institutions in the across the U.S. and countries overseas as well as numerous programs in various professions and specialties such as business, law, business, psychology, social work, pharmacy, medicine, and counseling. The accredited institutions and programs, public, students, federal programs, government rely on these accreditors to ensure that quality of higher education meet minimum requirements. To remain accountable, accreditors also participate in a regular external review by another organization, for example, the Council for Higher Education Accreditation (CHEA). As a national coordinating body for institutional and programmatic accreditation of higher education, CHEA recognizes about 60 accreditors across the country (CHEA, 2015). Similar to accreditation process, the process of recognition has several steps, including an accreditor self-evaluation based on the CHEA recognition standards, a site visit to the accreditor, and a periodic review to maintain recognition. Areas of the CHEA recognition standards include (a) academic quality, (b) accountability, (c) self-scrutiny and planning for needed improvement, (d) fair procedures for decision making, (e) ongoing review of accreditation practice, and (f) sufficient resources.

In the U.S., CHEA recognizes accreditors in various levels (e.g., institutional, regional, programmatic) and professions (e.g., law, medicine, social work, counseling). According to the 2016-2017 Directory of CHEA-Recognized Organizations (CHEA, 2017), the accreditors in the allied mental health professions included American Psychological Association - Commission on Accreditation (APA-CoA), Council on Social Work Education - Commission on Accreditation (CSWE-COA), Commission on Accreditation for Marriage and Family Therapy Education - American Association for Marriage and Family Therapy (COAMFTE-AAMFT), and Council for Accreditation of Counseling and Related Educational Programs (CACREP). As an accreditor for the counseling profession, CACREP has been recognized by CHEA since 2002 to accredit master‘s and doctoral degree counseling programs and its specialties in the United States and overseas (CACPRE, 2017a; CHEA, 2017).

CACREP. As described previously, when the diversification was increased in 1960s, one call was for the development of the accreditation standards for counselor education programs (Neukrug, 2012). As a result, in the early 1970s, the Association of Counselor Education and Supervision developed drafts of standards for master‘s level counseling programs, and in 1981, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) was formed to establish additional standards for the counseling profession.

It is clear that CACREP has been involved with the development of the counseling profession since its establishment in 1981. As the result, its accreditation structure and process have been shaped by the counseling profession (Bobby, 2013).

According to the CACREP Annual Report 2015 (CACREP, 2016a), CACREP accredited 717 counseling programs at 323 institutions with more than 40,000 enrolled students across the country.

CACREP evolved with the counseling profession through revising its accreditation standards and collaborating with other organizations (Bobby, 2013). According to Bobby (2013), the CACREP Standards have also influenced the counseling professional identity since its early development. For instance, during the development of the 1988 CACREP Standards, there was the discussion within the counseling profession regarding whether mental health counseling specialty should require a minimum of 60-semester-hours. As a result, the CACREP Board voted to offer the standards for mental health counseling which required 60 credit hours, while retaining the standards for community counseling that required only 48 credit hours. Offering two similar specialties, according to Bobby‘s opinion, affected the counseling profession‘s ability of claiming itself as a unified profession.

Another example of CACREP involved with the counseling profession‘s development occurred in the following revision cycle. The 1994 CACREP Standards added several specialized standards, including the standards for (a) marital, couple and family counseling/therapy, suggested by the International Association of Marriage and Family Counselors, (b) gerontological counseling (under the community counseling specialty as ―CC/GC”), suggested by the Association for Adult Development and Aging, and (c) the career counseling (under the community counseling specialty as ―CC/CrC”), suggested by the National Career Development Association (Bobby, 2013). Interestingly,

part of this action aligned with *Counseling Futures* that there was a need for developing skills in counseling aging population and family (Walz et al., 1991). In addition, the 1994 CACREP Standards started to require the training of multicultural counseling to be infused into the curricula of all accredited program, which echoed what had been advocated in counseling profession, *multicultural competency*, since the late 1980s (Neukrug, 2012). Similarly, in response to the perspective that many counselors were not adequately trained to address crises and disasters, the 2009 CACREP Standards required the relevant training to be infused into the curricula.

The 2009 CACREP Standards also made changes similar to previous developments in the counseling profession. These changes included the implementation of program assessment and student learning outcomes, the requirement of the ―core faculty," the mergers of the community counseling and mental health counseling, and the college counseling and student affairs, the title of marriage, couple, and family counseling, the new set of standards for addiction counseling, and the student admission process (Bobby, 2013; Davis & Gressard, 2011; Liles & Wagner, 2010). These changes seemed to echo some of the strategic areas proposed in the 2007 by the 20/20 project team: strengthening professional identity, presenting as one profession, and focusing on students. It is evident that CACREP has been following the counseling profession's lead in moving toward a clear professional identity and a unified profession.

Recently several important developments in the counseling profession appear to be relevant to CACREP. In 2010, the Department of Veterans Affairs (VA) formally recognized licensed professional mental health counselors who have hold a master's

degree in mental health counseling, or a related field (i.e., addiction counseling , community counseling , marriage, couple, and family counseling, and gerontology counseling), from CACREP-accredited programs (VA, 2010). Also, in 2010, the Institute of Medicine recommended that the independent practice of professional mental health counselors in TRICARE should hold a master‘s or higher level degree in clinical mental health counseling programs accredited by CACREP (Department of Defense, 2014). This requirement became effective on December 31, 2016.

CACREP and CORE entered an affiliation agreement in 2013, with the intention to promote the counseling identity: ―counselors see themselves as counselors first and specialists second” (Bobby & Lane, 2013, p.66). Two years later, CACREP published a release, announcing a merger agreement signed by CORE and CACREP (CACREP, 2015a). The release indicated that, beginning July 1, 2017, CACREP would carry on the mission for both the CORE and CACREP. Two major benefits were identified in the release, including (a) CORE and CACREP‘s vision for a unified counseling profession would be better succeeded through a merger, and (b) counselors will be better prepared to meet the needs of all clients, considering the prevalence of disability in the society (CACREP, 2015a). All important events discussed in this section have been organized into a timeline in Table 1 below.

Table 1

Timeline of important events in the counseling profession

Year	The counseling profession	CACREP
1913	NVGA formed	
1949	Council of Guidance and Personnel Associations conference – a call for a unified voice	
1952	APGA formed	
1960s	The need of accreditation standards identified	
1970s	ACES provided drafts of accreditation standards	
1976	The 1st state licensure in Virginia	
1981		CACREP established
1988	A speech given by Walz et al at the ACES conference	The 1988 CACREP Standards
1991	*Counseling Future* by Walz et al.	
1992		A validation study on the 1988 CACREP Standards (Vacc, 1992)
1994		The 1994 CACREP Standards
1998	The CSI‘s Counselor Advocacy Leadership Conferences	
2001		The 2001 CACREP Standards
2005	*20/20: A Vision for the Future of Counseling* project started	

Table 1: continued

2009		The 2009 CACREP Standards
2010		Recognition by VA and TRICARE
2011		The CACREP Standards Revision Committee began its process of developing the 2016 Standards
2013	*20/20: A Vision for the Future of Counseling* project concluded	
2015		CORE/CACREP merger agreement
2016		The 2016 CACREP Standards
2019		Standards review process begins
2022		The 2023 CACREP Standards

Statement of the Problem

This section elaborates the identified problems from the literature, including the needs for investigating (a) the clarity of the 2016 CACREP Standards, (b) the relevance of the 2016 CACREP Standards, and (c) the future trends in the counseling profession and counselor education.

Clarity of the standards. Starting from July 1, 2016, counselor education programs which seek accreditation or reaccreditation must address the 2016 CACREP Standards (CACREP, 2015b). The Standards consists of six sections, including (a) the learning environment; (b) professional counseling identity; (c) professional practice; (d)

evaluation in the program; (e) entry-level specialty areas; (f) doctoral standards. Programs have to prepare for the submission of self-study, the on-site visit, and the responsibilities for maintaining accreditation status (CACREP, 2017b). During the application process, a program liaison should communicate process and due dates of the self-study to faculty and administrators as well as to communicate initial review results to faculty members (CACREP, 2015c). That is, the CACREP program liaisons have to have the knowledge of interpreting the 2016 CACREP Standards. Faculty members also need to be able to interpret the CACREP Standards in order to develop syllabi or the structure of professional practice (i.e., practicum and internship). However, researchers had not investigated whether counselor educators and program liaisons could understand the 2016 CACREP Standards accurately.

Relevance of the standards. In addition to the above concern regarding the clarity of the 2016 CACREP Standards, the relevance of the Standards also remained unknown. That is, there was no evidence to support whether the 2016 CACREP Standards reflected what was needed in the current practice of counselor education. The 2016 Standards Revision Committee (SRC) shared their mission, goals, and process in the development of the 2016 CACREP Standards (CACREP, 2013a). The SRC stated that they would approach the process by gathering feedback from as many constituents as possible, through surveys, conferences, and board meetings. The information they were interested included feedback and reviews of the 2009 CACREP Standards, as well as the national trends toward future. The listed timeframe for the committee‘s work started from mid-2011 and ended at January, 2015 along with the submission of the final draft to

CACREP Board (CACREP, 2013a). The SRC elaborated the direction and process of developing the 2016 CACREP Standards; however, it was not clear about how SRC collected, analyzed, and interpreted data. Accreditation standards are tightly related to the quality of education, and thus, the unclear process could risk being challenged by stake holders such as counselor educators, counselors, and students.

There was only one article which examined the relevance of the CACREP Standards (Vacc, 1992). Vacc (1992) assessed the perceived relevance of the 1988 CACREP Standards by surveying on 102 institutional representatives from 58 CACREP-accredited programs and 44 non-accredited programs. Vacc developed a survey consisting of 221 items paraphrased from each of the 1988 CACREP Standards and the accreditation process. Among these items, 216 were related to the standards and five were used to evaluate the CACREP accreditation process. Results of the study showed that most of the items were perceived as important or crucial to counselor education. Few items rated as not important included the voice against the implementation of the 60-semester-hour requirement in the mental health counseling specialty, which reflected the argument within the counseling profession in early 1990s.

Vacc (1992) stated that in general, results of the validation study showed positive content-relevant evidence which supported the relevance of the 1988 CACREP Standards. Moreover, Vacc argued that this kind of investigation could influence and further the directions of the next CACREP Standards revision. However, the article had been the only published work that examined the relevance of the CACREP Standards. According to Bobby (2013), the 2001 SRC conducted a survey to examine CACREP‘s appropriate

role in accrediting student affair and college counseling specialties. The results showed variant voices regarding this issue. As a result, CACREP adopted the SRC's recommendation based on the survey results, to continue to accredit student affairs programs and to offer another set of specialized program standards titled college counseling. Similarly, the 2009 SCR also conducted a survey to evaluate the relevance of the 2001 CACREP Standards (Bobby, 2013; T. E. Davis, personal communication, March 3, 2017); however, the results and the process have not been publicly known.

The lack of evidence to support the relevance and clarity of the 2016 CACREP Standards showed a gap in literature. For one, there was no data or literature presenting the relevance or clarity of the 2016 CACREP Standards. Also, the SRCs did not reveal their data or method regarding the review process of preceding sets of standards (e.g., how the 2016 SRC reviewed the 2009 CACREP Standards). With that being said, there may be concerns about whether the 2016 CACREP Standards were relevant to counselor education, and whether counselor educators were able to understand the standards correctly. Therefore, a study was needed to examine the relevance and clarity of the 2016 CACREP Standards.

Future trends in counseling. In earlier this chapter, three important events that discussed the future of the counseling profession and counselor education were presented (see CSI, n.d.; Kaplan & Gladding, 2011; Walz et al., 1991). Those discussions covered the period 1988 to 2013, ending with the successfully established licensure title, and the scope of practice of professional counseling. However, literature has not yet showed the future direction of the counseling profession and counselor education – that is, what is

our next step? In the discussion of accreditation standards, identifying future trends at various levels may help develop new standards or modify old standards to ensure the profession is on the right direction. For example, by realizing that geriatric counseling may be needed for baby boomers, the standards could include one that requires accredited programs to cover the topic in their training.

There were only few articles that discussed the future direction of specific areas in the counseling profession. For example, Harrington (2013) discussed the future of mental health counselors in private practice and indicated that the reform of healthcare will impact mental health counselors' service delivery. For another example, Hodge (2013) indicated that technology has played an important role in higher education and particularly in counselor education. Hodge suggested that counselor education programs may establish traditional or virtual courses that consist of students around the world (e.g., Asia, Africa, Middle East), to promote the future counselors multicultural competence. It was suggested that future trend in the counseling profession continued to demand counselor education to adapt in a rapidly, global, high-tech era. In addition, a study identified future trends in school counseling (Reiner & Hernández, 2013). The authors indicated that the education reform and politics of education had profoundly impacted the mental health services provided to students in school settings. However, according to Reiner and Hernández (2013), ASCA tended to focus on an educators‘ role which address the students‘ academic achievement instead of a mental health service providers‘ role to support the students‘ mental health well-being. Reiner and Hernández argued that school counselors may need to expect their roles to change in the future, and they believed that

school counselors should boldly state the role which emphasizes the social and career development of youth, instead of which serves as an academic interventionist.

These conceptual articles (i.e., Harrington, 2013; Hodge, 2013; Reiner & Hernández, 2013) reviewed history, current issues, and future trends in specific areas of counseling. These authors also provided their perceptions and suggestions for the future of counseling, which showed the values of futuristic studies – as Walz et al. (1991) mentioned, "In reality, our perceptions and feelings of what the future will bring can have a profound effect upon how we view and act in the present" (p. 5). However, there was no research that had been done to explore the future trends in the counseling profession or counselor education. Therefore, an explorative qualitative design study to identify the future trends in the counseling profession and counselor education was needed. It could provide valuable information to the profession as well as the CACREP Board for the next revision of CACREP Standards. This qualitative piece could join the previously described relevance and clarity study of the CACREP Standards, as part of a mixed-methods study.

Research Questions

The overall goal of this study was to examine the relevance and clarity of the 2016 CACREP Standards and to explore future trends in the counseling profession and counselor education. Specific research questions addressed are:

1. How relevant are the 2016 CACREP Standards to counselor education?
    a. Based on counselor educators' perception, how relevant is each standard?

b. What are counselor educators‘ opinions and suggestions for non-relevant standards?

2. How clear are the 2016 CACREP Standards?
    a. Based on counselor educators‘ perception, how clear is each standard?
    b. What are counselor educators‘ opinions and suggestions for unclear standards?
3. What are the identified future trends in the counseling profession and counselor education by professionals who have been recognized for significant contribution to the counseling profession?
    a. What are the most compelling issues that professional counselors face today?
    b. What are the future societal trends that may impact the counseling profession?
    c. How should CACREP- accredited counselor education programs address those future trends?

Significance of the Study

This study investigated the CACREP Standards from a futuristic perspective, meaning that it did not only examine what was existing (i.e., the 2016 CACREP Standards and relevant literature), but also explored what was anticipated to happen in the future. Accreditation standards are tightly related to the quality of education, and thus, stakeholders such as counselor educators and students may be curious about how a set of

standards is developed. More specifically, one may question, ―Are these standards relevant and clear?" According to the National Commission on Accrediting (NCA; 1972), one criticism was the lack of research to examine the relevance and clarity of the accreditation standards which promote the quality of education. The NCA (1972) indicated that it was unlikely for the public to accept a set of standards simply based on subjective decisions. Accreditation standards are adopted to recognize institutions and programs meeting minimum requirements; however, for this recognition to be valid, the accreditation standards must present the contents of what educators perceive to be relevant to the preparation of future professionals (Vacc, 1992). Moreover, education quality should be measured based on the social consensus (Millard, 1983), which in the case of the counseling profession include the perceptions of counselor educators, professional counselors, students, and even the clients. To be more specific, a set of well-developed accreditation standards should be at least supported by its direct consumers - counselor educators.

The benefit of adopting the futuristic perspective was that the results could contribute to the next movement in counselor education. For the society, accreditation standards have the impact on the quality of counseling services provided by CACREP-accredited program graduates. Accreditation standards should align with the needs of the society and clients. Therefore, information found in this study was needed for the advancement of the counseling profession and counselor education. The counseling profession has been moving toward a unified professional identity. Through this study, counselor educators' opinions on the 2016 CACREP Standards were examined. That is,

the voices of counselor educators in CACREP-accredited programs were collected. Information regarding counselor educators‘ understanding and perceptions of the 2016 CACREP Standards derived from collected data in this study.

Results of this study would provide significant implications for CACREP Standards Revision Committee of the next revision cycle. Moreover, the research design of this study would serve as valuable resource in the future (e.g., after next revision cycle or seven years later) for another research team to investigate the relevance and clarity of the CACREP Standards as well as the future trends in the counseling profession and counselor education.

Delimitations

There were several delimitations of this study. This study adopted a convergent mixed methods design which consisted of a quantitative section to examine the relevance and clarity of the 2016 CACREP Standards, and a qualitative section to explore future trends in the counseling profession and counselor education. The population of the quantitative section consisted of program liaisons and counselor educators. The surveyed program liaisons needed to be accurately listed on the CACREP‘s website. Moreover, program liaisons needed to have their current email addresses listed on their institutions‘ websites. Similarly, counselor educators needed to have their name and email address listed on their programs‘ websites. The information on the CACREP website and institutions‘ websites may not be updated with the latest data (e.g., lists of program liaisons, faculty members, email addresses, etc.). It was expected that some of the potential participants would be lost due to this issue. There were two surveys. The first

survey consisted of Section 1 to Section 4 of CACREP Standards, and was sent out to program liaisons and core faculty members of CACREP accredited programs in the U.S. Furthermore, these potential participants were also asked to identify their expertise and complete these relevant specialty areas in Section 5 and 6. Although this strategy was expected to increase the responses, however, it also risked losing some potential participants because of the length of the surveys.

For the qualitative section of the study, American Counseling Association (ACA) Fellows listed on the ACA website were contacted for the individual video-conference or phone interview. The ACA Fellows were selected as the potential participants because they were recognized as having distinctive contribution to the counseling profession, and they were expected to ―actively identify future trends, research and issues" (ACA, 2016). Similar to the participants in the quantitative section, these ACA Fellows needed to have email addresses listed on their institutions' websites, companies' websites, or personal webpages. Selecting ACA Fellows as the only population may have excluded other counselor educators who have significant contribution and unique vision of the future of counseling profession. This study also adopted a snow-ball strategy, requesting participants to refer this study to potential participants that may enrich the data.

Limitations

There were several limitations to be considered in this study. First, the quantitative data was collected through the Qualtrics online surveys, asking participants' perceptions of the relevance and clarity of the 2016 CACREP Standards. It was assumed that participants responded in an honest manner without a social desirability bias, and that

accurate information was provided. In addition, limitations of this online survey included response rates, design of the survey, and sampling strategy. The surveys provided participants ―yes" and ―no" with an opportunity to leave a narrative comment for each item. Although the dichotomous scale may have reduced the burden on participants and stimulated narrative comment, when compared to a Likert Scale, it may have provided less precise information about the degree of perceived relevance and clarity of each item. In addition, program liaisons and counselor educators were asked to select and respond to their specialties (e.g., school counseling); however, it was difficult to determine whether participants indeed had the expertise in responded areas. Also, because of unreachable information such as the distribution of training backgrounds of counselor educators teaching in CACREP-accredited programs, it was difficult to assess whether the participants were representative of the population. Lastly, the reliability of this study could not be established. The only assessable reliability was test-retest reliability; however, it was difficult to conduct the surveys for the second time.

For the qualitative section, the criteria of participant recruitment were the list of ACA Fellows on the ACA website, or the referral made by ACA Fellows. It was assumed that ACA Fellows and those referred by ACA Fellows would have their unique visions of future trends in the counseling profession and counselor education. However, other experienced counselor educators were excluded. Also, results of the qualitative study would likely to be impacted by the researcher‘s personal biases and interpretations. Thus, the results of the qualitative section may not be generalizable.

Definition of Terms

Relevance. Relevance of each standard indicated whether a standard had significant and demonstrable bearing on counselor education. In other words, if a standard was perceived as relevant, that means it could contribute to the quality of counselor training.

Clarity. Clarity indicated a standard‘s quality or state of being clear. In other words, if a standard was perceived as clear, the participant was able to understand the standard and applied it in the participant‘s work as a counselor educator.

ACA Fellow. The ACA fellows are those who received the ACA fellow awards previously in the annual ACA conference since 2004. According to the ACA website, ―the ACA Fellow Awards are given to an ACA member of professional distinction who has been recognized for significant and unique contributions in professional practice, scientific achievement and governance, or teaching and training” (ACA, 2017).

Counselor educator. Counselor educators referred to those who teach in doctoral and/or master‘s programs which prepare students to become professional counselors and/or counselor educators. When the term ―counselor educator” was used in the context of research design, it especially referred to the population who teach in CACREP-accredited programs in the United States.

Program liaison. According to CACREP (2017b), the program liaisons serve as the primary contact between CACREP and the institution‘s accredited programs. Program liaisons receive important notifications and news updates directly from

CACREP. It is preferred that program liaisons be the core faculty members who are knowledgeable of the institutional and program policies.

Core faculty. According to the Glossary in the 2016 CACREP Standards (CACREP, 2015b), a core faculty member is

> One who is employed by the institution and holds a full-time academic appointment in the counselor education program for at least the current academic year. Faculty members may be designated as core faculty in only one institution regardless of the number of institutions in which they teach classes. (p. 44)

Training background. The training background referred to participants‘ doctoral and master‘s training. To be more specific, doctoral training could be counselor education, counseling psychology, clinical psychology; master‘s training could be clinical mental health counseling, school counseling, and others; both level of training could be CACREP-accredited, and non-CACREP-accredited.

Summary

This chapter presented a brief overview of the history and background of the counseling profession, CACREP, and CACREP Standards. The statement of problem was provided to indicate the need of a study that examines the relevance and clarity of the 2016 CACREP Standards and the future trends in the counseling profession and counselor education. Research questions were outlined to present the focus of this study. Significance of the study elaborated the expected contribution of this study to the society, the counseling profession, and CACREP. Lastly, delimitations and limitations of the study were identified as well as the definition of terms. In the next chapter, a literature

review, which discusses and analyzes articles related to the counseling profession, CACREP and its Standards, validation strategies of accreditation standards, and future trends in healthcare and counseling profession, will be presented. In chapter three, the research design of this study will be explained. To be more specific, the employed methodology, the sampling plan, the instrumentation, and the data collection and data analysis procedures will be presented.

Chapter 2: Literature Review

This chapter presents an introduction and examination of literature regarding the counseling profession, CACREP and its standards, validation strategies of accreditation standards, and future trends in healthcare, the counseling profession, and counselor education.

History of the Mental Health Profession

In this section, a brief description of the history of the four majors disciplines related to the mental professions including its accreditation of education is provided chronologically.

Psychiatry. The American Psychiatric Association (n.d.) provided a definition of the psychiatry profession:

> Psychiatry is the branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders. A psychiatrist is a medical doctor (an M.D. or D.O.) who specializes in mental health, including substance use disorders. Psychiatrists are qualified to assess both the mental and physical aspects of psychological problems.

The history of psychiatry can be traced back to the late 1700s, when Philippe Pinel started to view insanity through a scientific perspective (Neukrug, 2012). In the United States, psychiatry as a profession began in the early 1800s when Benjamin Rush published his text *Medical Inquiries and Observations upon the Diseases of the Mind*, and two hospitals were established in Philadelphia and Virginia for clients with mental health disorders. Since then, the American Psychiatric Association (which was originally

founded as —the Association of Medical Superintendents of American Institutions for the Insane" in 1844) has been seeking the improvements of mental illness treatment, and has developed standards for mental health hospitals (Neukrug, 2012). Currently, the Accreditation Council for Graduate Medical Education (ACGME) accredits psychiatric education programs (ACGME, n.d.), and, the American Psychiatric Association is recognized by the Accreditation Council for Continuing Medical Education (ACCME) for providing continuing medical education (ACCME, n.d.). The profession of psychiatry's focus on mental illness diagnosis and psychopathology has guided professional counselors in the diagnosis and treatment planning (Neukrug, 2012).

Psychology. According to the American Psychological Association (2011):

> Psychologists conduct both basic and applied research, serve as consultants to communities and organizations, diagnose and treat people, and teach future psychologists and those who will pursue other disciplines. They test intelligence and personality. Many psychologists work as health care providers. They assess behavioral and mental function and well-being, study how human beings relate to each other and also to machines, and work to improve these relationships. (p. 1)

The origin of psychology can be traced back to the classical Greeks. However, modern psychology started in the late nineteenth century when the movements of the vocational assessment and psychoanalysis arose (Hergenhahn & Henley, 2014; Neukrug, 2012). The field of psychology has had a significant influence on the counseling profession's modern research tools and techniques of psychotherapies. In 1892, the American Psychological Association (APA) was founded, consisting mostly of experimental psychologists

(Hergenhahn & Henley, 2014; Neukrug, 2012). Later on, more and more clinicians joined the APA, and as a result, many new clinical associations were developed in 1940s. The Commission on Accreditation of the American Psychological Association (APA-CoA) has accredited programs in professional psychology since 1948 and currently accredits specializations including school psychology, clinical psychology, counseling psychology, and combined areas such as combined clinical-counseling psychology (APA, n.d.). Recently, another accrediting body, Psychological Clinical Science Accreditation System (PCSAS) was founded in 2007 to accredit clinical psychology programs in the United States and Canada (PCSAS, 2017). Both the APA-CoA and PCSAS are recognized by the Council for Higher Education Accreditation (CHEA), the quasi-governmental body that evaluates accreditors.

Social work. The following statement provides the definition of the social work profession:

> Social work is a profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being. It aims to help people develop their skills and their ability to use their own resources and those of the community to resolve problems. Social work is concerned with individual and personal problems but also with broader social issues such as poverty, unemployment and domestic violence. (Canadian Association of Social Workers, n.d.)

The development of the social work profession could be traced back to early seventeenth century with the intention to provide services to people who lived in poverty in England

(The Workhouse, 2017). With an increased emphasis on understanding the dynamics of system, social workers started being trained to work with social systems and families in 1940s, which has had a significant influence on the counseling profession‘s understanding of the individual from a contextual perspective. The National Association for Social Work (NASW) was formed in 1955, and in 1965, it established the Academic of Certified Social Workers to set practice standards for master‘s level social workers. For social work education, the Council on Social Work Education (CSWE) was founded in 1952 to accredit baccalaureate and master‘s degree social work programs (CSWE, n.d.).

Counseling. Compared with other professions, counseling is a relatively new profession which received its first state licensure in 1976, and developed an accrediting body, CACREP which accredits counselor education programs in 1981 (Granello & Youn, 2012). In addition, the counseling profession‘s identity was not clear when it started in the early twentieth century (Gladding & Newsome, 2010). When more and more counseling specialties emerged in 1950s, professional counselors became aware of the importance of having a unified profession. A call was made at the Council of Guidance and Personnel Associations (CGPA) conference in 1949 for a national, unified voice speaking for the profession, which led to the creation of the American Personnel and Guidance Association (Bobby, 2013).

There were three events that had significant impact on the counseling profession: the 1988 Association for Counselor Education and Supervision (ACES) conference, the Counselor Advocacy Leadership Conferences held by Chi Sigma Iota (CSI) in May and

December, 1998, and the *20/20: A Vision for the Future of Counseling* (20/20) project started in 2005 (Kaplan & Gladding, 2011). These events‘ purposes, procedures, and impact on the counseling profession will be elaborated and examined in the following section.

Counseling Futures. The monograph, *Counseling Futures*, was published after the speech about the future of counseling at the ACES conference in 1988 (Kaplan & Gladding, 2011). Walz, Gazda, and Shertzer (1991) in the monograph presented a futuristic method to study the future of counseling. The authors indicated the importance of studying the future as Walz stated, ―Access to cutting edge information, be it from research and development or policy makers, is vital to effective functioning, to professional viability in an information” (p. vii). That is, information can be capacitating only if people are able use it in response to important goals. The method introduced in the monograph includes several steps such as (a) to review the recent survey research relevant to the future of counseling and counselor education, (b) to evaluate the present status of the counseling profession, (c) to identify the forces for change in counseling and counselor education, (d) to identify the megatrends that will affect the future of the United States, and (e) to prepare the counseling and counselor education for the identified megatrends.

In the first step, several results of surveys were presented, focusing on topics such as the counseling profession, and counselor education (e.g., curriculum, degrees, administration, accreditation, employment, faculty, and professional practice; Gazda, 1991). After analyzing these survey results, Gazda (1991) shared opinions about what

was expected for counseling in the future, including (a) better training programs, (b) better research on process and outcomes in counseling, (c) an increased emphasis on preventive counseling intervention, (d) better systems for schooling – taking leadership in teacher education programs, (e) more involvement in the holistic health system (i.e., physical and mental health), (f) reassertion of counselor's role in vocational/career counseling, (g) increased scope of counselor specialties, (h) the use of more comprehensive theoretical models, and (i) the use of technology in counseling (Walz et al., 1991).

The second step presented the evolution of the counseling profession and counselor education (Walz et al., 1991). The authors indicated that "the next five years of counseling can be extrapolated from its past and present" (p. 28). The positives in counseling identified in the year of 1991 were given, including (a) counselor licensure laws had been enacted in 28 states, (b) CACREP had accredited 52 counselor education programs, (c) approximately 12% of counselors in the country were National Certified Counselors, (d) the American Association for Counseling and Development, which became the ACA in 1992, had about one-third of the counselors in the country, (e) the expanded employment opportunity for counselors, and (f) the ACES had accepted a draft of standards for clinical supervisor certification. On the other hand, the negatives identified in the year of 1991 were also given, including (a) school counseling had been left out in the school reform in the mid-1980s, (b) a report from the Commission on Precollege Guidance and Counseling examining school counseling indicated that counseling profession was in trouble, (c) counselor effort went into crisis management

and prevention were short changed because the persistent social issues (e.g., substance use, racism, poverty) were ever present, and (d) difficult economies would slow down changes in counseling. At the end of the chapter, it was also suggested that the establishment of counseling professional identity would go on but may not be completed in five years (i.e. 1992-1996).

In the third step, forces for change in counseling and counselor education were identified (Walz et al., 1991). First, counseling research and development was considered to have impacts on the future of counseling, as counselors significantly relied on the basic research and development support from other sources. The second force was the concept of marketing (Walz et al., 1991), defined as the ~~"~~conscious effort on the part of a developer to offer services/products which respond to the needs and interests of special client groups" (p. 44). The authors argued that marketing forces were exerting a powerful impact on the delivery of counseling education and counseling practice. Third, five demographics were predicted to play an important role in shaping the characteristics of the client population and the skills needed in counseling practice. These five demographics included working women, aging population, the needs of non-white students, the multicultural competence to work with ethnically underserved clients, and the decline of the middle class. Fourth, the generation and use of new knowledge was identified as an importance force that would change the counseling profession. Particularly, how quickly the new knowledge was generated and how well the counselors could acquire and use the new knowledge were two indicators that needed attentions (Walz et al., 1991). Finally, the shifting personal development paradigm in the society,

which related to individuals‘ career decision making, was considered as the force that may have influence on the counseling profession (Walz et al., 1991).

Next, nine trends that would affect the future of the United States were identified (Walz et al., 1991). These trends included (a) the increased aging population, (b) the increased diversity, (c) the changed life-style, (d) information-based (i.e., technology-led) economy, (e) globalization, (f) the improving personal and environmental health, (g) economic (economic status/class) restructuring, (h) the redefined –family" and –home," and (i) the rebirth of social activism (Walz et al., 1991). Finally, in the last step, the monograph addressed how to generalize these previously identified trends to the counseling profession. For example, at clinical practice level, it was suggested that counselors would need to acquire the knowledge of working with aging population, family and the multicultural society. In addition, the rapidly changed technology was considered to impact the counseling profession. Also, self-learning, networking, peer mentoring and continuing education were believed to take important roles in the future counseling. Moreover, counseling outcome research was called as important for counselor education and counseling services. At the educational level, the needs of recruiting diverse student populations were identified. Lastly, at the professional level, social marketing and ethical practices were called for improving the public knowledge and perception on the counseling profession (Walz et al., 1991). In sum, this monograph identified the future trends in the society, the counseling profession, and the counselor education. It presented the contents of –what happened," –what is happening," –what may impact the counseling profession," –what are the megatrends in the future of the United

States," and –what can we do as a profession." More importantly, this monograph provided a framework of how to study the future of counseling.

Counselor Advocacy Leadership Conferences. Another important event in the counseling profession was the Counselor Advocacy Leadership Conferences held by Chi Sigma Iota International in May and December, 1998 (Kaplan & Gladding, 2011). Following the strategic planning meeting in 1994 which led to the decision to make counselor advocacy as the substantial commitment (Nemec & Sweeney, 1998), CSI invited a group of leaders from counseling associations and organizations to share and discuss perceptions on the common visions for counselor advocacy (CSI, n.d.). Representatives at the conference in May identified six themes and then revisited these themes in the December conference. Each of the six themes is presented below.

Counselor education. The first identified theme was counselor education. The goal was to ensure that counselor education students graduate with a clear professional identity and pride as professional counselors. Several objectives were listed to achieve the goal, including: (a) faculty members in counselor education programs should perceive their primary professional identity as counselor educations and members of the counseling associations, particularly ACES; (b) counselor education students and graduate should own the primary professional identity as professional counselors and members of ACA and its divisions; (c) counselor education students and graduate should have a clear understanding of and respect for all counseling specialties; (d) counselor education faculty members should be credentialed as professional counselors; (e) all counselor educators should participate and encourage students to participate counseling

professional organizations; (f) all counselor education programs should be encouraged to seek CACREP-accreditation; (g) counselor education programs should incorporate teaching counselor and clients advocacy into curriculum; and (h) counselor education graduates should meet the educational requirement of professional counselor credentials. Apparently, this theme primarily focused on the counseling professional identity at the educational level. Identified obstacles included (a) faculty members held other professional identities; (b) students received mixed messages from the faculty members about the professional identity; and (c) counseling associations sent mixed messages to attack each other (CSI, n.d.).

Intra-professional relations. This theme discussed the professional identity at the professional level. The goal was to intra-professional relations: to develop a unified advocacy plan for the advancement of professional counselors and clients. The objectives included: (a) counseling associations should agree upon a unified professional identity; (b) counseling associations should collaborate on advocacy projects regarding legislation, research, and grants; (c) counseling associations should be unified in obtaining counselor/counseling related legislation; and (d) counseling professions should regularly consult with each other on issues of counselor advocacy. The identified obstacles included (a) the lack of resources; and (b) those counseling associations which had passion in advocacy already had their own agendas, which made the collaboration difficult (CSI, n.d.).

Marketplace recognition. The third theme was marketplace recognition, which had a goal to assure that professional counselors receive suitable compensation and be

free to provide service within their competence areas. The objectives included: (a) professional counselors should be recognized by the state and national legislation as service providers in the areas that they have competence; (b) professional counselors should be employed with payment that matches their competence; and (c) professional counselors and their valuable services should be recognized in the media. The identified obstacles included (a) the terms ―counseling" and ―counselor" had been used loosely in daily language, (b) the sabotage from the counselor educators hold other professional identities as the primary one, (c) national accreditation standards that permitted faculty from other disciplines to hold the core faculty positions, and (d) resistances from other disciplines such as psychology, social work, marriage and family therapy, and psychiatric nursing (CSI, n.d.). This theme echoed what was identified by Walz et al. (1991) that professional counselors needed to gain recognitions from public.

Inter-professional issues. The next theme was related to the inter-professional issues with the goal to establish working relationships with other professions on matters of mutual interest to achieve the advocacy goals (CSI, n.d.). The objectives included: (a) counseling professions should identity potential collaboration with other associations, groups, and disciplines; (b) a systematic plan should be developed to establish collaborations with the leadership of significant organizations and individuals that would support the counselor advocacy; (c) a strategy should be developed to respond to potential harms from other organizations on the employment or practice of professional counselors; and (d) counseling associations should be encouraged to develop and

maintain resources necessary for counselor advocacy. Identified obstacles included the absence of a comprehensive plan, and the insufficient resources.

Research. The goal of the fifth theme, research, was to promote evidence-based practice in counseling. The objectives included: (a) counseling outcome research should be used demonstrated the counseling effectiveness; (b) research should be used to assess counselor preparation outcome; (c) research should determine the state of counselor employability; (d) research should assess public awareness of the counseling profession and counseling services; (e) sources of funding for counseling research should be identified; and (f) the use of research should be encouraged. The main obstacles were the lack of resources (e.g., researchers, funding, and knowledge) and the low attention put on research (CSI, n.d.).

Prevention/wellness. The last theme was to promote the optimal human development through prevention and wellness (CSI, n.d.). The objectives included: (a) to promote client wellness; (b) to encourage counselors to include wellness as part of their philosophical orientation and practice; and (c) to promote counselor wellness. The identified obstacles included the lack of commitment, recognition, clear definition, and public awareness.

In sum, the Counselor Advocacy Leadership Conferences presented several themes, goals and objectives that participants identified as important to the development of the counseling profession and counselor education. Most of the objectives and goals aligned with the *Counseling Futures*, including the professional identity, the urgent need of research, collaboration with other disciplines, and preventive counseling interventions

(CSI, n.d.; Walz et al., 1991). Furthermore, the first two themes counselor education, and intra-professional issues were taken into consideration during the 20/20 project when it started in 2005 (Kaplan & Gladding, 2011).

20/20: A Vision for the Future of Counseling. In the 2005 ACA conference, seven professionals of the presidential teams of ACA and the American Association of State Counseling Boards (AASCB) met. These professionals then became the Oversight Committee of the *20/20: A Vision for the Future of Counseling* (Kaplan & Gladding, 2011). The 20/20 project aimed to identify issues that needed to be addressed for advancements of the counseling profession. Delegates from thirty counseling associations were invited to participate to reach consensus on these identified issues. The 20/20 project utilized a consensus model, meaning that a minimum of 90% delegates had to agree on a concept to reach a consensus.

The initial phase of 20/20 project started in the 2006 ACA conference, where delegates were asked to identify general areas of focus. As a result, seven strategic areas that needed to be emphasized, including: "(a) strengthening identity, (b) presenting ourselves as one profession, (c) improving public perception/recognition and advocating for professional issues, (d) creating licensure portability, (e) expanding and promoting the research base of professional counseling, (f) focusing on students and prospective students, and (g) promoting client welfare and advocacy" (Kaplan et al., 2014, p. 366). These delegates then formed seven workgroups, based on their own expertise and interests, to generate potential issues within these seven strategic areas. At the end of this phase, 22 issues were identified as which fit within the scope of 20/20. These strategic

areas and issues were recognized as the backbone of the *20/20 Principles for Unifying and Strengthening the Profession* (20/20 Principles; Kaplan & Gladding, 2011). The 20/20 Principles were endorsed by 29 of the 30 organizations participating in 20/20. The American School Counselor Association (ASCA) did not endorse the 20/20 Principles.

Definition of counseling. After closing the initial phase with the 20/20 Principles, delegates selected one issue that was critical to the first three strategic areas which on unifying the counseling profession – a clear definition of counseling was needed for the public (Kaplan et al., 2014). Thus, a two-round Delphi method, which involved with a mix of qualitative and quantitative methods to converge consensus, was used to finalize the definition of counseling. At the end of the discussion in a delegate meeting in the 2010 ACA conference, the definition of counseling was finalized: ―Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan et al., 2014, p. 368). Following the meeting, the definition was then endorsed by 29 of the 31 organizations (the National Rehabilitation Counseling Association joined as the 31st organization after the definition was finalized); two that declined to endorse were the ASCA and the Counselors for Social Justice.

The 20/20 Building Blocks to Portability Project. Another project in the *20/20: A Vision for the Future of Counseling* was the *Building Blocks to Portability Project*, which aimed to finalize a unified licensure title and a scope of practice for professional counseling (Kraus, n.d.). Most of the participating organizations voted, except ASCA which abstained and the National Employment Counseling Association which did not

vote. For the licensure title, 28 of the 29 voting organizations voted to endorse the license title License Professional Counselor, whereas the American Mental Health Counseling Association voted not to endorse. The scope of practice for professional counseling was also voted by 27 of the 29 voting organizations; two organizations, the American Rehabilitation Counseling Association and the National Rehabilitation Counseling Association, voted not to endorse (Kraus, n.d.). Kraus (n.d.) indicated that the project had a successful outcome, and, the next step was to explore how to deliver these consensuses to those who make decisions at the licensure boards across the country.

Significance for the counseling profession. Several points of significance of the 20/20 project were identified in literature. First of all, having the definition of counseling endorsed by the diverse counseling associations is historic (Kaplan et al., 2014). It is no doubt that the definition strengthens the concept of having a unified profession. Second, it was the first time that the delegates came from over two dozen counseling associations met and reach a consensus on the issues that needed to be addressed for the advancement of counseling, definition of counseling, licensure title, and the scope of practice for professional counseling (Kaplan & Gladding, 2011; Kaplan et al., 2014; Kraus, n.d.). Last, the consensus was reached based on opinions of leadership in counseling profession, instead of external parties that tried to define the counseling profession (Kaplan et al., 2014).

In sum, the *20/20: A Vision for the Future of Counseling* project accomplished several goals, including: (a) seven strategic areas and two issues that needed to be addressed in the counseling profession were identified (Kaplan & Gladding, 2011); (b)

the definition of counseling was endorsed by 29 counseling associations (Kaplan et al., 2014); and (c) the licensure title and the scope of professional counseling practice were developed (Kraus, n.d.). The first goal aligned with concepts listed in previous literature (cf. CSI, n.d.; Walz et al., 1991) such as the development of counseling professional identity, the recognition from the public, marketing, strengthening the counselor training, promoting counselor and client advocacy, and evidence-based practice.

Leaders in the counseling profession. The three events presented above have had significant influence on not only the counseling profession, but also counselor education. Leaders in these events made some suggestions for the profession that directly and indirectly affected the decision making of counselor education related organization (e.g., CACREP). It is worthy to note that these leaders were those who had made significant contribution to the counseling profession. For example, the first author of *Counseling Futures*, Garry Walz, had served several important roles in the counseling profession, such as the 20th president of ACA, the director of the Educational Research and Information Clearinghouse on Counseling and Student Services, and the founding editor of journal VISTAS (Yep, 2017). In addition, these three authors of the *Counseling Futures* all received the ACA Fellow Award, which recognizes the ACA member of professional distinction for ~~s~~significant and unique contributions in professional practice, scientific achievement and governance, or teaching and training" (ACA, 2017). In fact, several delegates in the 20/20 project were also the ACA Fellow Awardees (i.e., Thomas Sweeney, Thomas Clawson, Brad Erford, Lynn Linde, Robert Chope, Kent Butler, and Carol Bobby). This also shows that the ACA Fellow Award could be one of the criteria to

help select participants for a study which explores the megatrends in the counseling profession and counselor education.

CACREP and its Standards

The futuristic perspectives identified in the previous section indicated the importance of counselor education. It shapes the professional identity and also unifies the counseling profession. Among these discussions, the name of CACREP appeared several times, and was identified as one of the important factors that could strengthen the counseling profession (CSI, n.d.; Kaplan & Gladding, 2011; Walz et al. 1991). In fact, the origin of CACREP can be traced back to the *Manual for Self-Study for a Counselor Education Staff* by George Hill in 1960s, which became part of the foundation of the self-study process used by ACES and CACREP (Sweeney, 1992). It was also the time when the profession called for the development of the accreditation standards for counselor education programs (Neukrug, 2012). Consequently, ACES in 1970s provided drafts of standards for master‘s level counseling programs, and later on, CACREP was formed to establish standards further for the counseling profession. As an accrediting body, CACREP accredits ~~“m~~aster‘s and doctoral degree programs in counseling and its specialties that are offered by colleges and universities in the United States and throughout the world” (CACREP, 2017a). According to the CACREP Annual Report 2015 (CACREP, 2016a), CACREP accredited 717 counseling programs at 323 institutions with more than 40,000 enrolled students across the country during 2015. In this section, CACREP and its recent developments, empirical studies related to CACREP, and revisions of the CACREP Standards are discussed.

CACREP and CHEA. As an accredited body, CACREP has been recognized the Council for Higher Education Accreditation, the largest institutional higher education membership organization that promotes academic quality of degree-granting colleges and universities (CACREP, 2017a; CHEA, 2015). CHEA provided national services such as to identify emerging issues in accreditation and quality assurance, to address issues of mutual interest in accreditation, and to provide the information about regional, faith-related, career-related, and programmatic accrediting bodies, and databases of accredited institutions and programs (CHEA, 2015). CHEA is the only nongovernmental higher education that provides recognition – the scrutiny and affirmation – to the accreditors (e.g., CACREP). CHEA has recognized several accrediting bodies in mental health professions and healthcare professions, such as the Accreditation Commission for Education in Nursing, the Accreditation Council for Pharmacy Education (ACPE), the American Psychological Association (APA-CoA) Commission on Accreditation, the Commission on Accreditation for Marriage and Family Therapy Education of American Association for Marriage and Family Therapy, the Council for Standards in Human Service Education, Council on Social Work Education (CSWE)‘s Commission on Accreditation (CoA), Psychological Clinical Science Accreditation System (PCSAS), Council on Rehabilitation Education (CORE) Commission on Standards and Accreditation, and CACREP (CHEA, 2017).

CACREP has been recognized by CHEA since April, 2002 (CHEA, 2017). Like other recognized accreditors, CACREP has to be reviewed by CHEA regarding its quality assurance based on CHEA recognition standards. These include (a) advance academic

quality, (b) demonstrate accountability, (c) encourage self-scrutiny and planning for needed improvement, (d) employ sound procedures in decision making, (e) demonstrate ongoing evaluation of accreditation practice, and (f) possess sufficient resources (CHEA, 2015, p. 2). Moreover, the review process is similar to what counselor education programs undergo when seeking CACREP accreditation. For example, CACREP submitted the application to CHEA and went through the re-recognition process in 2012 (CACREP, 2013b). The announcement from CACREP (2013b) showed that, due to the change in the 2010 CHEA recognition criteria, CACREP was required to monitor that accredited programs to transparently share information of student outcomes to the public. This shows that CACREP not only assures the quality of accredited programs, but also is monitored by CHEA to maintain its credibility.

Recent developments. While maintaining as a credible accreditor, CACREP has been moving together with the counseling profession through revising its accreditation standards and collaborating with other organizations (Bobby, 2013). As one of the participating organizations in the Chi Sigma Iota‘s Counselor Professional Advocacy Leadership Conferences (CSI, n.d.), and the *20/20: A Vision for the Future of Counseling* (Kaplan & Gladding, 2011), CACREP has been making effort to promote counseling profession identity, the concept of a unified profession, and the licensure portability (Mascari & Webber, 2013). Recently, CACREP‘s efforts have been recognized by other organizations. For instance, the Department of Veterans Affairs (VA) officially recognized licensed professional mental health counselors who have received master‘s degree in mental health counseling, or a related field (i.e., addiction counseling,

community counseling, marriage, couple, and family counseling, and gerontology counseling) from CACREP-accredited programs in 2010 (VA, 2010). Furthermore, the Institute of Medicine recommended in 2010 that the independent practice of professional mental health counselors in TRICARE should hold a master‘s or higher level degree in CACREP-accredited clinical mental health counseling programs (Department of Defense, 2014). This requirement has been effective after December 31, 2016. These recognitions have implied the importance for CACREP accreditation which assures the quality of education and allows professional counselors to present their own identity. Also, these achievements were considered as the turning points which facilitated the merger of the Council on Rehabilitation Education (CORE) and CACREP.

The CORE and CACREP merger. In 2013, CACREP and CORE entered an affiliation agreement, with the intention to promote the counseling identity: ―counselors see themselves as counselors first and specialists second” (Bobby & Lane, 2013, p.66). In 2015, CACREP published a release, announcing a merger agreement signed by CORE and CACREP (CACREP, 2015a). The release indicated that, beginning July 1, 2017, CACREP would carry on the mission for both the CORE and CACREP. Two major benefits were identified in the release, including (a) CORE and CACREP‘s vision for a unified counseling profession is better succeeded through a merger; and (b) counselors will be better prepared to meet the needs of all clients, considering the prevalence of disability in the society. The merger again demonstrated CACREP‘s efforts on unifying the counseling profession.

Empirical studies. In addition to these developments and achievements, several empirical studies have depicted the relationships between CACREP and the counseling profession. A brief description of each study is provided below.

CACREP and student outcomes. One study investigated the frequencies and types of 453 ethics violations cases in 31 state licensure boards (Even & Robinson, 2013). The results showed that graduates from CACREP-accredited programs who committed to ethical violations were less frequent compared to those who graduated from non-CACREP-accredited programs, $\chi 2$ (1, N= 453) = 181.83, $p < .001$. The results of further investigation suggested that the ethic training included in the CACREP core curriculum areas may contribute to the lowed frequency of ethics violations among graduates from CACREP-accredited programs. The outcomes of this study demonstrated the quality assurance of CACREP accreditation, which also indirectly influences the perceptions of the public on the counseling profession.

Another article also investigated the relationship between CACREP accreditation and the student outcomes. By obtaining the information from the National Board for Certified Counselors, Adams (2006) randomly selected 1,936 students and new graduates and examined their scores of National Counselor Examination between 1995 and 1999. The author found that those who graduated from CACREP-accredited programs scored significantly higher on the exam. Although this study did not provide evidence that CACREP accreditation directly promoted a better student outcome; however, it provided a sense that those CACREP programs maintained a minimum quality of education which assisted those participants to pass the exam.

Hindrances to seeking CACREP accreditation. In addition to student outcomes, literature also has discussed the hindrances to seeking the accreditation status. For instance, Bobby and Kandor (1992) examined the perceptions of a select set of the 1988 CACREP Standards regarding whether these standards would hinder counselor education programs from seeking and achieving accreditation. The authors recruited 272 counselor educators from CACREP-accredited and non-CACREP-accredited programs, administered a 34-item survey using a 5-point Likert scale. Results showed that five items were perceived to be problematic for the overall sample of the 272 participants. These items included: (a) A minimum 600 clock-hour internship is required for all entry-level program areas (the 1988 CACREP Standard III.l); (b) Within the program, the ratio of full-time equivalent (FTE) student to FTE faculty is no greater than 10:1 (the 1988 CACREP Standard V.G); (c) Programs must offer graduate level study with a minimum of 48 semester hours or 72 quarter hours of credit (the 1988 CACREP Standard ll.B); (d) There must be at least three (3) full-time faculty members assigned to the program (the 1988 CACREP Standard, Preamble, Section IV); and (e) The average student-to-adviser ratio for the academic unit, based on head count (not FTE) is not greater than 20:1 (the 1988 CACREP Standard V.Q; Bobby & Kandor, 1992).

Bobby and Kandor (1992) indicated that although the CACREP Board had received information and feedback on the 1988 CACREP Standards through various mechanisms (e.g., phone calls, letters, publications), none had provided analyzable data from a broad-based voice like their study did. Results of the study not only implied that there may be minimal revisions required for the 1994 CACREP Standards, but also

pointed out these standards which the accreditation-seeking programs may need assistance from the CACREP Board. More importantly, this study affirmed that most counselor educators perceived meeting these standards as not problematic. This study provided an example, and indicated a need of examining the counselor educators' perceptions of present CACREP Standards. This type of study not only can investigate what is happening, but also provides valuable information to the future revision of CACREP Standards.

Perceptions of the CACREP accreditation process. In response to the call for providing assistance to non-accredited programs seeking CACREP accreditation (Bobby, 2013), a qualitative study was conducted to explore the perceptions of the efficacy of the CACREP accreditation process (Lu, Smith, & Davis, 2016). The authors interviewed seven program liaisons whose program became CACREP-accredited between 2013 and early 2016, and aimed to explore the perceived overall accreditation process, motivations, hindrances, and impact of CACREP accreditation. Six themes were identified in the study, including (1) pressure and initiative as motivation for seeking accreditation; (2) faculty dynamic and administration attitude as supports and obstacles; (3) leadership; (4) necessary adjustments; (5) changes brought by CACREP accreditation; and (6) relationship between counseling professional identity and CACREP. The identified motivations included graduate employability, student recruitment, quality of education, counseling professional identity, and licensure portability. In addition, the identified hindrances include the cost of accreditation, necessary faculty and curricular adjustments, opposition from other faculty members, opposition from other departments, differences

between the CACREP Standards and the state licensure boards, and the impact on student recruitment. Lastly, participants in the study also reported the perception that CACREP accreditation has a mutual and close relationship with the counselor professional identity (Lu et al., 2016).

Revision of the CACREP Standards. As described previously, CACREP has been moving together with the counseling profession through revising its accreditation standards and collaborating with other organizations (Bobby, 2013). Researchers have identified the close relationships between CACREP, the counseling profession, and counseling professional identity. So far, the CACREP Standards have had several revisions since 1981 (i.e., 1988, 1994, 2001, 2009, and 2016). In order to understand the trends in counselor education, the following section discusses the identified significant changes and movements in those sets of standards.

The 1988 CACREP Standards. The 1988 CACREP Standards was the first revision after the original set of standards in 1981. During the development of the 1988 CACREP Standards, one argument within the counseling profession was regarding whether Mental Health Counseling specialty should require a minimum of 60-semester-hours (Bobby, 2013). As a result, the CACREP Board voted to offer the standards for Mental Health Counseling which required 60 credit hours, while remaining the standards for Community Counseling that required only 48 credit hours. Offering two similar specialties, according to Bobby‘s opinion, affected the counseling profession‘s ability of claiming itself as a unified profession (Bobby, 2013).

The 1994 CACREP Standards. The previously described study by Bobby and Kandor (1992) identified several perceived problematic standards in the 1988 CACREP Standards, and made some suggestions for the 1994 CACREP Standards. The 1994 CACREP Standards added several specialized standards, including the standards for (a) marital, couple and family counseling/therapy, suggested by the International Association of Marriage and Family Counselors, (b) gerontological counseling (under the community counseling specialty as "CC/GC"), suggested by the Association for Adult Development and Aging, and (c) the career counseling (under the community counseling specialty as "CC/CrC"), suggested by the National Career Development Association (Bobby, 2013). Interestingly, part of this action aligned with what the *Counseling Futures* indicated – there was a need for developing skills in counseling aging population and family (Walz et al., 1991). Moreover, the 1994 CACREP Standards required the training of multicultural counseling to be infused into the curricula of all accredited program, which echoed what had been advocated in counseling profession – multicultural competency – since the late 1980s (Neukrug, 2012).

The 2009 CACREP Standards. The 2009 CACREP Standards also made changes that were similar to the movements of the counseling profession. These changes included the implementation of program assessment and student learning outcomes, the requirement of the "core faculty," the mergers of the community counseling and mental health counseling, and the college counseling and student affairs, the title of marriage, couple, and family counseling, the new set of standards for addiction counseling, and the student admission process (Bobby, 2013; Davis & Gressard, 2011; Liles & Wagner,

2010). These changes seemed to echo the identified themes in the Counselor Professional Advocacy Leadership Conferences (cf. CSI, n.d.) and some of the strategic areas proposed in the 2007 by the 20/20 project team: strengthening professional identity, presenting as one profession, and focusing on students (cf. Kaplan & Gladding, 2011). Obviously, CACREP has been guiding the counseling profession moving toward the clear professional identity and a unified profession. In addition, in response to the perspective that many counselors were not adequately trained to address crises and disasters, the 2009 CACREP Standards required the relevant training to be infused into the curricula (Neukrug, 2012).

The 2016 CACREP Standards. The 2016 Standards Revision Committee (CACREP, 2013) reported that the first meeting was held in July, 2012. According to the Standards Revision Committee, one of the commitments was to make the standards revision process as transparent as possible. An effort was made to exclude redundancy and confusing standards (CACREP, 2015b). Moreover, another goal of the 2016 CACREP Standards was to support a unified counseling profession as well as to promote a strong professional counselor identity among students and graduates. These changes seem to align with the mission and outcomes of the 20/20 project (cf. Kaplan & Gladding, 2011)

The 2023 CACREP Standards. According to a press release by CACREP (2016b), the 2023 Standards are anticipated to be published in the summer 2022, and the standards review process will begin in 2019. One change can be expected is the infusion of disability concepts into the CACREP core curriculum (i.e., Section 2 – Counselor

Professional Identity of the CACREP 2016 Standards), due to the CACREP and CORE merger. The release indicated that a task force was assigned to develop recommendation for the infusion and the task was expected to be completed by June 1, 2017 (CACREP, 2016b).

Validation Strategies

The above release (CACREP, 2016b) indicated that the review process of standards would take place in 2019; however, it is not clear to public regarding how the review committee will conduct the process. Similarly, the review process for the development of the 2016 CACREP Standards was not transparent as well. The 2016 Standards Revision Committee (SRC) shared their mission, goals, and process in the development of the 2016 CACREP Standards (CACREP, 2013a). The committee stated that they would approach the process by gathering feedback from as many constituents as possible, through surveys, conferences, and board meetings. The information they were interested included feedback and reviews of the 2009 CACREP Standards, as well as the national trends toward future. The listed timeframe for the committee‘s work started from mid-2011 and ended at January, 2015 with the submission of the final draft to CACREP Board (CACREP, 2013a). The article (CACREP, 2013a) elaborated the direction and the process of developing the 2016 CACREP Standards. However, several questions remain: (a) how did the SRC collect feedback and data from external resources (e.g., counselor educators, professional counselors, leaders in the counseling profession); (b) what kind of data did the SRC collect (e.g., quantitative, qualitative); (c) how did the SRC analyze the

collected data; (d) how did the SRC incorporate the findings into the 2016 CACREP Standards.

Accreditation standards are tightly related to the quality of education, and thus, the unclear process could risk being challenged by stake-holders. In fact, criticism of specialty accreditation (e.g., counselor education) existed since more than three decades ago, according to the National Commission on Accrediting (NCA; 1972); one criticism related to this paper was the lack of research to validate the accreditation standards which promote the quality of education. A commission report by the NCA (1972) indicated that it was improbable for public to accept a system simply based on subjective judgments. Accreditation standards serve the purpose of recognizing those programs meeting minimum requirements; however, for this recognition to be valid, the accreditation standards must present the contents of what educators perceive to be relevant to the preparation of future professionals (Vacc, 1992). Moreover, education quality should be measured based on the social consensus (Millard, 1983), which in the case of the counseling profession, include the perceptions of counselor educators, professional counselors, students, and even the clients. With that being said, a set of well-developed accreditation standards should be at least supported by its direct consumers - counselor educators.

Validation of the CACREP Standards. To date, there is only one article which examined the relevance of the CACREP Standards (Vacc, 1992). Vacc (1992) assessed the perceived relevance of the 1988 CACREP Standards by surveying on 102 institutional representatives from 58 CACREP-accredited programs and 44 non-

accredited programs. The author developed a survey consisting of 221 items paraphrased from each of the 1988 CACREP Standards and the accreditation process. Among these items, 216 were related to the standards and five were used to evaluate the CACREP accreditation process. Participants were given a 5-point scale from 1-crucial to 4-not relevant, and 5-don‘t know to fill out the survey.

Results of the Vacc (1992) study consisted of three sections. First of all, the respondents‘ ratings revealed the perceived relevancy of the 216 items developed based on the 1988 CACREP Standards. Most of the items were perceived as important or crucial to counselor education. Few items were not rated as important, including (a) a minimum of 60 semester hours or 90 quarter hours for mental health counseling (MHC) programs, (b) faculty provision of in-service activities for counselors, (c) student assistance with in-service activities of professional development, and (d) the requirement of 12-18 hours beyond the entry-level program for MHC students. Moderate variations were found in these items as well. For ratings of 11 sub-areas (i.e., institution, clinical instruction, faculty staff, doctoral level, etc.), most were perceived as crucial or important except (a) doctoral level preparation, (b) mental health counseling, and (c), student affairs. These three areas also had the greatest size of variance. For ratings of the core curriculum, all eight individual core curriculum areas were perceived as important or crucial to accreditation.

Second section discussed the relationships between judgments of the relevance of the entire CACREP Standards, and the demographic background of participants (Vacc, 1992). These analyzed characteristics of demographic background included the numbers

of faculty members in their programs, whether their programs were CACREP-accredited, whether their programs offered master‘s degree only or master‘s degree and doctorate. According to the report, the author found that the participants with larger numbers of program faculty and the participants from CACREP-accredited programs gave significant higher scores of the relevance of the CACREP Standards. Lastly, Vacc (1992) reported the participants‘ perceptions regarding the values of (a) the CACREP self-study, (b) site team, (c) overall accreditation process, (d) assisting graduates in obtaining employment, and (d) assisting graduates with acquiring support within their institutions. Responses showed that participants perceived these values as important and crucial.

Vacc (1992) summarized the study by stating that in general, results showed positive content-relevant evidence which supported the relevance of the 1988 CACREP Standards. Moreover, he argued that this kind of investigation could influence, benefit and further the directions of the next CACREP Standards revision. However, to date, his article has been the only published work that examined the relevance of the CACREP Standards. According to Bobby (2013), the 2001 SRC conducted a survey to examine CACREP‘s appropriate role in accrediting Student Affair and College Counseling specialties. The results showed variant voices regarding this issue. As a result, CACREP adopted the SRC‘s recommendation based on the survey results, to continue to accredit Student Affairs programs and to offer another set of specialized program standards titled College Counseling. Similarly, the 2009 SCR also conducted a survey to evaluate the relevance of the 2001 CACREP Standards (Bobby, 2013; T. E. Davis, personal

communication, March 3, 2017); however, the results and the process have not been publicly known.

Validation of the accreditation standards in other professions. In order to expand the knowledge of validation of accreditation standards, a literature review was conducted to explore the articles with similar topics in other mental health and healthcare professions. As described earlier, like CACREP, many accrediting bodies in other professions (e.g., CSWE, APA-CoA, PCSAS) are recognized by CHEA as well (CHEA, 2017). Thus, it is reasonable to learn from other accrediting bodies. The objectives were to explore how other professions validated and revised their accreditation standards, and what were the directions these scholars suggested for their future accreditation standards.

Social work. Gambrill (2001) in her conceptual work indicated several questions regarding educational policy and accreditation standards of social work education, while the Council on Social Work Education (CSWE) was redrafting its Educational Policy and Accreditation Standards (EPAS) in 2001. These questions were related to the trends such as evidence-based practice, integrated healthcare, and outcome-based evaluation (Gambrill, 2001). Gambrill argued that CSWE should integrate these components to increase the credibility of the social work profession. Another argument, which was relevant to the topic of this paper, questioned that there was no evidence-based standards throughout the newly revised draft. That is, the accreditation standards were revised primarily relied on subjective opinions. The standards should be drafted based on the efficiency of previous standards in terms of the quality of education and the quality of services provided to clients (Gambrill, 2001). Moreover, Gambrill further indicated that

the clarity of the standards should assist programs to exercise their discretion in acceptable ways, and in the meantime, provide room for program to exercise their unique characteristics, as she stated –Standards should be clear enough that no un-anticipatable zingers come the way of a program from an accreditation team." (p. 230). Also, Gambrill strongly encouraged the CSWE to move toward client-centered and outcome-based directions throughout the article. In sum, this article provided several suggestions for validating the accreditation standards, such as revising the standards based on evidences beyond subjective opinions, and with clarity.

Psychology. In the literature of psychology profession over the past decade, no article published in the United States discussing the directions, validations or revisions of accreditation standards of the psychology profession could be located. Internationally, Malouff (2012) in his article published in the Psychotherapy in Australia suggested the need for empirically supported psychology training standards, similar to the concepts mentioned by Gambrill (2001). He argued that the training standards of the psychology profession (e.g., Australian Psychology Accreditation Council, APA-CoA, PCSAS) should be developed based on evidence that the standards lead to better outcomes in the clients. To be more specific, he suggested these accreditation agencies to show evidence that these aspects, including clinical experience, supervision, coursework and research training, contribute to better client outcomes. However, these current sets of accreditation standards –appear to be based on supposition rather than on evidence (p.31)." In sum, Malouff encouraged the accreditation agencies of the psychology profession to start developing strategies that will lead to an evidence-based training.

Pharmacy education. Zellmer, Beardley, and Vlasses (2013) described the data collected from the Accreditation Council for Pharmacy Education Conference on Advancing Quality in Pharmacy Education in 2012. According to the authors, the conference had two objectives: (a) to examine the accreditation standards related to pharmacist competencies, and (b) to examine standards related to assessment of student learning, and educational program quality. The data consisted of the recommendations and how conference attendees perceived these recommendations. First of all, around one hundred attendees were divided into five groups and each group was assigned a discussion topic formed based on literature, conference objectives, and results of preconference surveys. Topics included the top pharmacist competencies for current practice, competencies for future practices, and so forth (Zellmar et al., 2013). These groups drafted recommendations for survey at the final plenary session where 63 non-ACPE stakeholder conferees voted each recommendation with given options (a) low impact/low feasibility, (b)low impact/high feasibility, (c) high impact/low feasibility, (d) high impact/high feasibility, and (e) no opinion. It was the ACPE‘s intention to collect feedback from non-stakeholders and ACPE stakeholders for its 2013 accreditation standards revision (Vlasses & Bearsley, 2013). The recommendations were, for example, ―ACPE standards should not require a research project but rather should place greater emphasis on development of skills related to the evaluation of the literature, research methods and design, and interpretation of data" (Zellmar et al., 2013, p. 2), and ―ACPE should ensure that assessment data be used for programmatic improvement" (p. 5). Those recommendations rated by 51% or more of conferees as ―high impact/ high feasibility,"

and those with variability among respondent types (i.e. academics, practitioners) were reported in the article. Zellmar et al. (2013) stated that these recommendations for changes in the accreditation standards were valuable for ACPE to ensure that the accreditation standards were aligned with the needs of the pharmacy profession and society.

Medical education. Kassebaum, Eaglen, and Cutler (1998) examined the clarity and importance of accreditation standards for medical education by nationally surveying 701 participants of deans and educational administrators in U.S. medical schools, directors of residency training programs, medical students, practicing physicians, and members and surveyors of Liaison Committee on Medical Education (LCME). The authors conducted a national mail survey of 44 accreditation standards related to teaching, learning and evaluation in medical education in 1997. The participants were asked to rate each of these standards for (a) perceived importance to the quality of medical education, and (b) the clarity by which meaning was conveyed. The participants were given 5-point Likert Scales for both the importance (from 1 = no importance, 3 = neutral or don‘t know, to 5 = highly important), and the clarity (from 1 = incomprehensible, 3 = neutral or don‘t know, to 5 = crystal clear). The opportunity to write narrative comments was also available. In the results section, Kassebaum et al. reported the mean ratings for importance and clarity of the surveyed standards, and identified three clusters (i.e., qualities of students, purposes of instruction, and outcome-based standards) in the mean ratings of importance by semantic and statistical bounds. Moreover, the authors also investigated the correlations of mean ratings for importance and clarity between the

participant groups. For example, they found out that the mean ratings of importance were highly correlated between the groups of deans, LCME members/surveyors, and educational administrators. In sum, this article presented a systematic review to ensure the accreditation standards of LCME were valid; it also provides an alternative way of validating the accreditation standards (cf. Vacc, 1992; Zellmar et al., 2013).

Similarly, van Zanten, Boulet, and Greaves (2012) evaluated the importance of accreditation standards used by agencies around the world for medical education. The authors aimed to provide data for accreditation agencies of medical education to validate the standards. The authors developed a survey that consisted of World Federation for Medical Education (WFME) standards and additional standards used around the world, giving participants the following options to rate each of the standards: (1) not important, (2) important but not essential, (3) essential, and (4) not able to rate, or the meaning is not clear. The survey was organized into nine WFME topic areas, including (a) mission and objectives, (b) educational program, (c) assessment of students, (d) students, (e) academic staff/faculty, (f) educational resources, (g) program evaluation, (h) governance and administration, and (i) continuous renewal. Thirteen experts in accreditation of medical education in this study completed the survey, evaluating the importance of each standard. Findings showed that most of the 150 standards were often essential for ensuring medical education quality; while four standards had mean ratings below 2.00 (highest rating was 3.00). The authors stated that data of the study were useful for determining best practices for accreditation systems of medical education. The study presented another way and the importance of validating accreditation standards, although this current author found it

problematic when the study (a) only recruited a small sample of participants, and (b) only recruited participants that were medical education accreditation experts.

In sum, the aforementioned literature provides an overview of approaches to validate accreditation standards. These approaches vary in different parts of research design, including (a) development of survey items (i.e., original standards, paraphrased standards, and suggestions from professionals), (b) area of interest (i.e., relevance, importance, impact, and feasibility), (c) data collection (i.e., mail survey, email survey, and conference), (d) types of raters (i.e., educators, students, members of accreditation bodies, and practitioners), and (e) data analysis (i.e., rank of perceived importance, independent sample t-tests, and coding of narrative comments).

Future Trends

In addition to the review of current issues and movements, a literature review of megatrends in healthcare in the United States was conducted, following the suggestion from Walz et al. (1911). In fact, articles and studies also has revealed that the current trends and megatrends of the profession should be included in the curriculum and the accreditation standards (e.g., Danielsen, 2012; Davis & Ringsted, 2006; Hodges, 2013; Kay & Myers, 2014; McGuinness, 2012; Theander, 2016; Vlasses & Bearsley, 2013; Woodhead et al., 2015; Zellmer et al., 2013). It is the profession and the accreditation body‘s responsibility to discuss the recent advances and future directions for their students (Plakun, 2015).

The initial effort was made to locate the literature related to megatrends of the counseling profession. However, only few articles discussed from a futuristic perspective

(e.g., Harrington, 2013; Hodges, 2013). Further, the search of literature related to megatrends in healthcare and other mental health professions was conducted. These articles discussed several topic areas of future healthcare (Table 2). In this section, each topic area is described and compare with previous literature (e.g., CSI, n.d.; Kaplan & Gladding, 2011; Walz et at., 1991).

Table 2

Topic areas of future healthcare

Area	Subarea
Healthcare Reformation	Integrated Healthcare Technology
Multiculturalism	Older Adults
	Rehabilitation
Evidence-Based Practice	

Healthcare reformation. Several articles mentioned that the Affordable Care Act (ACA) has changed the healthcare system in the United States (Balasubramanian & Jones, 2016; Emanuel, 2015; Enders et al., 2013). The improvement of the healthcare system has been reflected in the reforms of the Medicare and Medicaid insurance programs. These programs and ACA were predicted to cause several consequences, such as the

closure of rural hospitals (Balasubramanian & Jones, 2016; Emanuel, 2015; Enders et al., 2013), affordable and better quality mental healthcare (Emanuel, 2015), and integrating mental health interventions into primary care practice (Emanuel, 2015).

Integrated healthcare. According to a report by the World Health Organization (WHO; 2015), integrated healthcare system is the management and health service delivery which people receive a continuum of healthcare from disease prevention to rehabilitation services, through different sites of care within the health system. Moreover, WHO (2015) proposed several strategic goals for health service delivery to be more integrated. This report indicated the importance of integrated healthcare in the future. In addition, the reforms of healthcare also may shift the delivery environment toward integrated healthcare system (Enders et al., 2013). Norbbye (2016) conducted a qualitative study to explore the impact of integrated healthcare services on practitioners. Participants in the study included rural healthcare service partners, students from four professional programs (medicine, nursing, physiotherapy, and occupational therapy), and lecturers from each of these programs. Students formed inter-professional healthcare teams and worked with patients with chronic conditions for two weeks. The pre- and post-interviews showed the increased knowledge of the chronic conditions and how to collaborate with other professions. The results showed the positive outcomes of inter-professional practice. The author stated that collaborative partnerships had potential in the international arena for a better practice.

In addition, literature showed that inter-professional education (IPE) and inter-professional collaborative practice (IPCE) play a prominent role in the future of

healthcare and health professions‘ education in the U.S (Zorek & Raehl, 2012). Zorek and Raehl (2012) used content analysis to identify the IPE- and IPCP-related statements in accreditation standards of U.S. schools of dentistry, medicine, nursing, occupational therapy, physical therapy, physician assistant, psychology, public health, and social work. To be more specific, the authors used terms such as ―interprofessional," ―interdisciplinary," ―multi-professional," ―collaborate," ―cooperate," and ―team" to locate IPE and/or IPCP statements in these accreditation standards. The findings showed that U.S. accrediting bodies lack a collective mandate for the goals of IPE, and U.S. health professionals may not be prepared for IPCP. Zorek and Raehl recommended that health professions‘ training programs should foster graduates‘ competence in the domains of interprofessional collaborations. Upon review of the 2016 CACREP Standards (CACREP, 2015b), the terms ―interdisciplinary" and ―integrated" were found existed. However, like Zorek and Raehl indicated, these standards seem to lack a mandatory and concrete manner.

In the case of the counseling profession, Harrington (2013) in a special issue of the *Journal of Mental Health Counseling* discussed the future of mental health counselors in private practice. She indicated that the reform of healthcare would impact mental health counselors' service delivery. Moreover, she urged professional counselors to assume a role in the integrated healthcare system like other health professions. For example, Kay & Myers (2014) indicated that the changes in the healthcare brought by Affordable Care Act may require psychiatrists to develop skills in providing effective and evidence-based psychotherapies, if they are to assume team leadership roles in the

integrated healthcare system. Due to the increased services of psychotherapies provided by other mental health professionals, the authors believed that psychiatrists must be able to supervise the delivery of these treatments. For another example, McGuinness (2012), a clinical psychologist, believed that clinical psychologists with prescriptive skill and authority would add value to any healthcare organization. According to McGuinness, as the concept of integrated healthcare system began to grow, a hybrid professional (i.e., prescribing clinical health psychologist) would benefit new healthcare models.

Technology. It is suggested that the improvement of technology will facilitate the use of digital medicine, including using electronic health records, integrating real-time data on clients, analytics and decision supports, engagement in electronic communications with clients and their caregivers, and constant monitoring of quality of life (Emanuel, 2015). In addition, there would be a rapid growth in self-care and self-monitoring technology. Enders et al. (2013) predicted that over the next decade, as much as 50% of healthcare would move from hospitals to home and community because of the rise of new technologies. Moreover, smartphones would allow clients to easily access the healthcare applications, self-care and engagements. Literature also showed the improvement of technology would benefit the aging population (e.g., Kernisan, 2016).

Clough and Casey (2015) indicated that mobile technologies would have the potential to significantly enhance components of psychotherapies such as client access, intake, and engagement. The authors further stated that more rigorous empirical studies were needed to provide clients with evidence-based options. Similarly, Greenhalgh, Procter, Wherton, Sugarhood, and Shaw (2012) examined 68 publications representing

various perspectives (i.e., academic, policy, service) on tele-healthcare and tele-care. Results showed that stakeholders held competing assumptions and values, and suggested that a more effective inter-stakeholder dialogue (i.e., studies and articles) would help to develop a better practice of tele-care.

In the case of the counseling profession, Hodge (2013) indicated that technology plays an important role in higher education and particularly in counselor education. Hodge stated that, for example, counselor education programs could establish courses consisting of students around the world (e.g., Asia, Africa, Middle East) residential or virtually, to promote the future counselors‘ cultural competence. The author suggested that future trend in the counseling profession continued to demand counselor education to adapt in a rapidly, global, and high-tech era. Professionals in other disciplines also indicated their use of technologies. For example, Andrew and Williams (2014) in the psychiatry and psychology fields described the effectiveness of internet-delivered cognitive behavioral therapy (iCBT). The authors indicated that meta-analyses of iCBT for depressive and anxiety disorders both showed significant effect of iCBT over control conditions. For another example, Sayar and Cetin (2015) indicated that technology improves psychiatric diagnosis processes. Such technologies included automated speech analysis program detecting clients' thought and feeling, nano-psychiatry which monitors neurons and brain, and endophenotypes which focuses on biomarkers and genes. These articles demonstrated the potential and needs of adapting technologies in the counseling profession. Upon review of the 2016 CACREP Standards (CACREP, 2015b), this current author found that the term —technology” was used throughout the document. For example,

it indicated that programs have to address ―technology‘s impact on the counseling profession" (II.F.1.j) in one of the common core areas.

Multiculturalism. In addition to the general discussion about multiculturalism, two populations were identified in literature: (a) aging population, and (b) persons with disability.

Aging population. The needs of mental health care for the aging population are expected to increase over the next decade (WHO, 2011). It is predicted to be more than 800 million people older than 65 in 2025, compared to 390 million in 2012 (Danielsen, 2012). Literature also showed that the aging population would create new needs of enhanced self-care and effect strategy for managing chronic conditions and integration with behavioral health (Enders et al., 2013). Moreover, the role for family caregiving may have a huge impact on health of caregivers.

Literature showed that the number of older adults with mental health conditions, including dementia, is projected to increase over the next decade (Karel, Gatz, & Smyer, 2012). As a result, professional counselors may gain opportunities to work with older adults, and the increase number of older adults may affect students‘ future practice. However, little is known about the current training among counselor education programs. Leggett and Zarit (2014) indicated that, although the prevention of geriatric mental health disorders is a field loaded with challenges, mental health professionals would have to learn and explore strategies for working with older adults at risk for mental health issues.

Thus, the question for counselor educators and CACREP is whether it is important to prepare their students to work with older adults with mental health

conditions as well as caregivers. In fact, this megatrend was identified in the *Counseling Futures* by Walz et al. (1991). Later on, the CACREP Board and 1994 Standards incorporated the gerontological counseling as one of the specialty area. The gerontological counseling specialty had been in the CACREP Standards until it was deleted during the development of the 2009 CACREP Standards on the basis that only two programs applied accreditation since the specialty‘s standards were adopted (Bobby, 2013).

Rehabilitation. Literature has also suggested an increased need of rehabilitation services in the future (Danielsen, 2012; Emanuel, 2015). In the counseling profession, several studies also suggested to increase the counselor education students‘ competence in working with persons with disabilities (e.g., Parkinson, 2006; Thomas, Curtis, & Shippen, 2011). According to the CACREP‘s announce released recently, a task force has been explore the ways to integrate the concepts of disability in the common core areas in the next 2023 CACREP Standards (CACREP, 2016b).

Evidence-based practice. Literature shows that there has been a shift to an evidence-based model within the healthcare practice and would continue to develop (Danielsen, 2012; Enders et al. 2013; Rashid, Thomas, Shaw, & Leng, 2016). Evidence-based practice means that these clinical decisions made by healthcare service providers are standardized and supported by research evidences (Enders et al. 2013). The adoption of evidence-based model is accompanied by an investment in clinically relevant research (Danielsen, 2012). That is, the trend of moving toward evidence-based practice has two

implications for counselor education: (a) students need to be prepared for evidence-based practice, and (b) students need to be trained to conduct research to support the movement.

The 2016 CACREP Standards (CACREP, 2015b) listed several standards related to the use of evidence-based practice, including (a) –evidence-based counseling strategies and techniques for prevention and intervention" (p. 11), (b) –identification of evidence-based counseling practices" (p. 12), and (c) –evidence-based counseling practices" (p. 34). Based on above standards, the 2016 CACREP Standards do require that counselor educators to train their master's and doctoral students to adopt the evidence-based practice model. However, to date, there is no evidence showing that how well the counselor educators have trained their students to adopt the evidence-based model.

In addition, another factor related to evidence-based practice is that whether research training is adequate in educational programs. If current counselor education students are not trained to conduct research, there would be a shortage of empirical evidence to support counseling practice. Researchers in other professions have discussed the future direction of research training for students. For example, Burnam, Heoner, and Miranda (2009) stated that evidence-based practice had been a trend in psychology and psychiatry, while several topics had to be addressed in future research, including the measurement challenges such as whose perspective (i.e., clinician or client) the assessment should be made, and the development of low-cost assessment tools. The authors also suggested researchers to focus and examine components and processes of psychotherapies. Similarly, Castonguay, Eubanks, Goldfried, Muran, and Lutz, (2015) stated that integration approach has become an important movement within

psychotherapy practice. The authors highlighted this important movement by summarizing 25 years of research on integration. The authors believed that research on integration therapies was needed to promote the evidence-based practice. Literature from other professions (i.e., psychology, psychiatry) identified that evidence-based practice has been the trend within the psychotherapy practice, thus, they advocated and suggested future direction of research as well as a need of research training for students (Kay & Myers, 2014). On the other hand, this current author could not locate any study that discusses future directions of counseling research or how counselor educators should prepare their students to become researchers and contribute to the profession. The 2016 CACREP Standards have addressed ~~–th~~e importance of research in advancing the counseling profession, including how to critique research to inform counseling practice" (II.F.8.a). The Standards also list research as one of five doctoral core areas.

To conclude, megatrends identified from literature include (a) the development of the integrated healthcare, (b) the increased use of technology in healthcare, (c) the increased number of aging population, (d) increased number of clients with disabilities, and (e) the emphasis in evidence-based practice. Interestingly, most of them (e.g., integrated healthcare, technology in counseling, skills of working with aging population, the infusion of disability, and evidence-based practice) were identified in the previous important events in the counseling profession (cf. CSI, n.d.; Kaplan & Gladding, 2011; Walz et al., 1991), and some of them have or had been adopted in the CACREP Standards (cf. Bobby, 2013).

Summary

In this chapter the literature was reviewed in relevant topics of interests, including developments in the counseling profession, CACREP and its Standards, validation strategies of accreditation standards, and future trends in healthcare and counseling profession. These knowledge bases provide sound support and rationale to develop and conduct this current study, which focused on the validation of the 2016 CACREP Standards and the exploration of future trends in the counseling profession and counselor education. In the next chapter, the methodology of this study, including research design, sampling plan, instrumentation, and data collection and analysis procedures will be presented.

Chapter 3: Methodology

Chapter 1 provided an overview of the research. In Chapter 2, the literature that undergirded the statement of problems this study aimed to investigate was elaborated. The methodology used to examine the relevance and clarity of the 2016 CACREP Standards, as well as to explore the future trends in the counseling profession and counselor education is outlined in this chapter. The research questions for the study were:

1. How relevant are the 2016 CACREP Standards to counselor education?
    a. Based on counselor educators‘ perception, how relevant is each standard?
    b. What are counselor educators‘ opinions and suggestions for non-relevant standards?
2. How clear are the 2016 CACREP Standards?
    a. Based on counselor educators‘ perception, how clear is each standard?
    b. What are counselor educators‘ opinions and suggestions for unclear standards?
3. What are identified future trends in the counseling profession and counselor education by professionals who have been recognized for significant contribution to the counseling profession?
    a. What are the most compelling issues that professional counselors face today?
    b. What are the future societal trends that may impact the counseling profession?

c. How should CACREP- accredited counselor education programs address those future trends?

The following sections highlight the research design, the sampling plan, the instrumentation, and the data collection and analysis procedures.

Research Design

The research design employed an advanced convergent mixed-methods approach. In using a convergent mixed-methods design, the research collects both quantitative and qualitative data, analyzes these data separately, and compares the results to yield the answers to the research questions (Creswell & Plano Clark, 2011). That is, this study consisted of a quantitative section and a qualitative section. The quantitative section employed a survey design to answer the research question 1 and 2. To be more specific, the quantitative section consisted of: (a) a quantitative component, which used a survey asking participants‘ opinions (–Yes” or –No”) on relevance and clarity of each standard to answer the research question 1.a, and 2.a; and (b) a qualitative component which collected participants‘ reasons of why they selected –No” for the relevance or clarity of certain standards to answer research question the 1.b and 2.b. The qualitative component was used to explain the results of the quantitative component, which makes this entire quantitative section a smaller explanatory mixed-methods design embodied by a larger parallel mixed-methods design (Figure 1). Moreover, at the end of the survey, participants were asked to share their opinions on what pressing issues in the counseling profession and counselor education should be addressed within the next 5 years. The

information collected from this question, along with the results from the qualitative interviews was used to answer the research question 3.

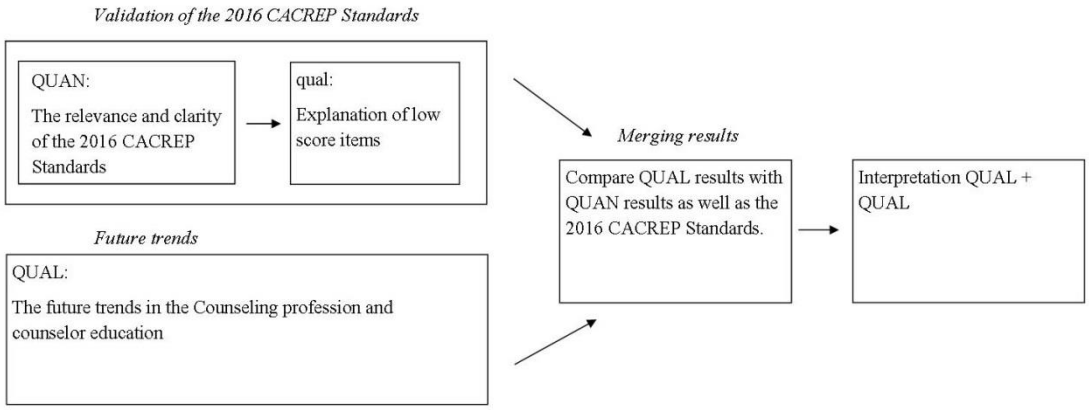

Figure 1. Research diagram

On the other hand, the qualitative section employed a phenomenological approach to explore the answers for the research question 3. Specially, participants were interviewed with the research questions 3.a, 3.b, and 3.c. Common themes were identified through the interviews. Results from the qualitative section and qualitative section went through the merging process, which made this study a convergent mixed-methods research design.

Operational Definition of Variables

Variables in the quantitative section are:

Relevance. Relevance was an ordinal variable reported by participants given ―Yes" or ―No" options along with a space for any comment. Relevance of each standard indicated whether a standard had significant and demonstrable bearing on counselor

education (Vacc, 1992). In other words, if a standard was perceived as relevant, that means it could contribute to the quality of counselor training.

Clarity. Clarity was an ordinal variable reported by participants given "Yes" or "No" options along with a space for any comment. Clarity indicated a standard's quality or state of being clear. In other words, if a standard was perceived as clear, the participant was able to understand the standard and applied it in the participant's work as a counselor educator.

Participants

Quantitative section. As opposed to random or stratified sampling, the target population for this study was the entire pool of accessible program liaisons and core faculty members teaching in CACREP-accredited programs. As reported by CACREP (2016a), there were 2,286 full-time faculty members teaching in 717 CACREP-accredited programs at 323 institutions during 2015. On March 6, 2017, the CACREP website (CACREP, 2017a) indicated that there were 764 accredited programs. Therefore, it was expected that the number of target population should be more than 2,286. Part-time faculty members were not included in this study as they did not meet the requirements of core faculty members in 2016 CACREP Standards, and their work were expected to have less direct involvement with the CACREP Standards.

The researcher retrieved a list of CACREP accredited programs from the CACREP website (CACREP, 2017a) from May 1, 2017 to May 2, 2017. A total of 761 programs were on the list. The researcher then visited each program's website to retrieve email addresses of counselor educators. The process started on May 3, 2017 and

continued until May, 7, 2017. The researcher did not retrieve the email address of a counselor educator if (a) the title of the educator was either part-time, adjunct, affiliate professor; (b) the terminal degree the educator had earned was not a doctoral degree; (c) the educator was listed in the same department but held the title that was less likely to teach in a counselor education program, such as developmental psychologist; (d) the institution or the program did not list the educator‘s email address publicly; or (e) the researcher could not find the email addresses of educators in a program with a 5-minute effort. The methods employed to search counselor educators‘ email addresses included, (a) to visit the program‘s website directly; (b) to find the website where the institution introduces faculty members by searching the program liaison‘s name at Google.com; and (c) to type in the program liaison‘s name together with the term *“email address”* at Google.com to search the email address directly. Because of the merger of CACREP and CORE on July 1, 2017 (CACREP, 2015a), the researcher repeated the above procedure to collect email addresses of counselor educators from another 78 rehabilitation counseling programs which were automatically granted the CACREP accreditation status on July 1, 2017. The process of email address collection started on July 2, 2017 and continued until July 3, 2017. At the end, the researcher collected 1,946 emails addresses of potential participants.

Qualitative section. A purposeful sample was obtained by using the ACA website to generate a list of all ACA Fellows. The ACA Fellows were selected as potential participants because they were recognized as having made distinctive contributions to the counseling profession, and they were expected to actively identify

future trends, research and issues (ACA, 2016). Moreover, the list of ACA Fellows was available and convenient to access through the ACA website. There were 136 ACA Fellows from 2004 to 2017. Similar to the process of quantitative section, the researcher collected the email addresses of the ACA Fellows on April 30, 2017. The search methods included (a) to type in the Fellow's name and the term *"email address"* at Google.com to search; and (b) to search the Fellow's name and the affiliated institution. Because many Fellows were retired or not affiliated with any institution, only 71 email addresses were retrieved at this stage. In addition, the potential participants in this section also included those who were selected through the snowball sampling strategy. The researcher planned to collect at least twelve participants in this qualitative section until the data reached saturation (Patton, 2015). Further information on sampling is presented in the Data Collection Procedures section.

Instrumentation

Relevance and clarity. For the quantitative section, two surveys were developed using the 2016 CACREP Standards as the items. The 2016 CACREP Standards consist of six Sections: (1) The Learning Environment (30 items); (2) Professional Counseling Identity (14 items); (3) Professional Practice (22 items); (4) Evaluation in the Program (11 items); (5) Entry-Level Specialty Areas, including addiction counseling (27 items), career counseling (21 items), clinical mental health counseling (23 items), clinical rehabilitation counseling (35 items), college counseling and student affairs (26 items), marriage, couple, and family counseling (27 items), and school counseling (34 items); (6) Doctoral Standards (66 items). The Section 2 consists of eight common core areas with

many sub-standards (e.g, 2.F.1.a., 2.F.1.b., etc.) which would expand the numbers of items in Section 2 to 91 items. After consulting with the dissertation committee chair and members after a pilot study, the researcher used each of the eight common core area as one item and asked participants to evaluate all sub-standards at once. Each item was followed by a question asking whether the item was relevant to counselor education, and a question asking whether the item was clear with the "Yes" and "No" options. Also, if participants selected "No" as their opinion, they would be instructed to provide a narrative comment (see Appendix A). The first survey consisted of Section 1 to Section 4 with 77 items; the second survey consisted of Section 5 and Section 6.

Demographic questionnaire. A demographic questionnaire was developed for this study. Participants were asked to provide demographic information such as their master's and doctoral training backgrounds, and the ACES regions (Western, Rocky Mountain, Southern, North Central, and North Atlantic) where their programs were located. The rationale for including the former item was because literature had indicated that counselor educators' primary training background and professional identity may impact their views and beliefs toward counselor education (Davis & Gressard, 2011; Bobby & Urofsky, 2011). As a result, counselor educators with different training backgrounds might have different opinions on the CACREP Standards. The rationale for adding the ACES region item was because requirements for professional counselor licensure varied in different states (Mascari & Webber, 2013). Literature also has shown that counselor educators' attitude toward CACREP accreditation and Standards may be influenced by the different requirements between state licensure board and CACREP

Standards (Bobby & Kandor, 1992; Lu, et al., 2016). Thus, information about participants' region may be valuable for future investigation. Moreover, in order to filter out those who were not core faculty members but listed on the program websites, participants were asked to identify their roles in CACREP-accredited counselor education programs (CACREP liaison/core faculty member, CACREP liaison/non-core faculty member, and core faculty member/non-liaison). Although the above demographic information has limited use for the current study's research questions, it may be valuable for supplemental or future study and analysis.

Qualitative interview questions. Interview questions were developed for the qualitative section of this study, including (a) what are our most compelling issues that professional counselors face today? (b) What are the future societal trends that may impact the counseling profession? (c) Does CACREP-accreditation, in your perception, influence the future of the counseling profession? If yes/no, why is that? (d) How should CACREP-accredited counselor education programs address those future trends? The semi-structured interview design allowed the researcher to ask follow-up questions to get more comprehensive and informative data.

Data Collection Procedures

The researcher obtained the original IRB approval from the Office of Research Compliance at Ohio University (17-E-132; see Appendix B) on April 13, 2017. One amendment IRB approval was obtained on July 7, 2017 after consulting with the dissertation committee chair and members due to the issues identified from the pilot test.

Another amendment was submitted and approved on August 14, 2017 because the researcher missed one specialty area in the first survey.

Quantitative section. The targeted populations in this study included program liaisons and core faculty members in CACREP-accredited programs. The researcher collected the email addresses of 1,946 potential participants in the United States. In the meantime, the researcher developed the first survey and second survey online using the Qualtrics Survey Software through Ohio University. The both surveys included (a) a consent form which briefly described the survey purpose and confidentiality; (b) demographic questionnaire; and (c) survey items.

Pilot test. The researcher sent out the first survey to fifteen potential participants on the list on May 8, 2017, and followed up on May 15, 2017. Only one participant completed the survey while the rest of potential participants did not click on the link. After consulting with the committee chair and members, and getting their approval, the researcher made few changes on the data collection procedure. Please see Table 3 below for the changes made.

Table 3

Changes made after pilot test

	Original plan	Modified plan
1	To send out the first survey to program liaisons only, and to send the second survey to all counselor educators and program liaisons.	To send out both the first and second surveys to all counselor educators and program liaisons.
2	To collect data during the summer, 2017.	To start collecting data from August, 2017
3	To ask participants to evaluate each sub-standard in Section 2.	To ask participants to evaluate each common core area in Section 2 at once.

The first change was made in order to expand the participant pool and to reduce the risk of insufficient participant number. The second and third changes were made to facilitate the participation and to reduce the risk of low response rate.

Data collection. The researcher sent out the recruitment emails (see Appendix C) to 1,931 potential participants (fifteen potential participants in pilot test excluded) on August 15, 2017. Three follow-ups were sent on August 22, August 29, and September 5, 2017. The participants were asked to complete the whole first survey, and to complete the specialty areas in the second survey which matched their expertise.

Qualitative section. The researcher sent out the recruitment email (see Appendix D) along with the consent form to ACA Fellows (N =71). The process started on May 8, 2017 and the email was sent to a different set of twenty potential participants every other week in order to prevent an overwhelming number of participants. The researcher also

used snowball sampling strategy to recruit potential participants. Snowball sampling strategy is considered as an effective and efficient way to recruit interviewees in a qualitative study (Patton, 2015). At the end of interviews, the researcher asked interviewees to refer this study to other qualified candidates that may provide informative data to this study. Interviewees were given options to have the interview through a phone call or a video conference call. At the beginning of each interview, the researcher read and received the consent from each participant. The length of interview ranged from 30 minutes to 50 minutes.

Data Analysis Procedures

Quantitative section. After the data collection procedures, statistical analysis of collected data was performed using the Microsoft Office Excel 2010 software. This step examined the following research questions:

1. How relevant are the 2016 CACREP Standards to counselor education?
    a. Based on counselor educators‘ perception, how relevant is each standard?
    b. What are counselor educators‘ opinions and suggestions for non-relevant standards?

First, the mean score (range from 0 to 1) of each standard‘s perceived relevance was analyzed. The lowest 10% of the standards items were identified and participants‘ narrative comments were further examined. Furthermore, because previous studies used .8 as the cut-off point (T. E. Davis, personal communication, March 3, 2017; Vacc, 1992), the standards rated greater than .8 were considered as highly relevant. Moreover,

by following the principles suggested by Saldaña (2016), the researcher coded and identified the common themes in the narrative comments to explain the quantitative results. In addition, the mean score of each Section in the 2016 CACREP Standards (e.g., Section 1: The Learning Environment) was analyzed to present the perceived relevance of the whole Section.

2. How clear are the 2016 CACREP Standards?
    a. Based on counselor educators‘ perception, how clear is each standard?
    b. What are counselor educators‘ opinions and suggestions for unclear standards?

Second, the mean score (range from 0 to 1) of each standard‘s perceived clarity was analyzed. The lowest 10% of the standards items were identified and participants‘ narrative comments were further examined. Similarly, the standards rated greater than .8 were considered as highly clear. Once again, the researcher coded and identified the common themes in the narrative comments to explain the quantitative results.

Qualitative section. The interviews were audio-recorded and then transcribed after each interview. The transcripts were coded and analyzed by using the open coding strategy to identify the common themes of future trends in the counseling profession, and how should these trends be addressed in counselor education. The researcher used procedures suggested by Saldaña (2016) to analyze the qualitative interviews. The procedures included (a) to write analytic memos about narrative data while reading through it; (b) to go through the first cycle coding; (c) to examine and organize the code

map after the first cycle; (d) to go through the second cycle coding; and (e) to develop categories, and themes after the second cycle (Saldaña, 2016).

Credibility and trustworthiness. The researcher utilized two validation strategies, involving self-reflection and triangulation, to enhance the credibility of this study. According to Creswell (2013), clarifying researcher bias through self-reflection is imperative for credibility. The researcher addressed the following subjectivity issues prior to the interviews: (1) the counseling profession is on the right direction; (2) these leaders will have great visions as well as concerns related to the future of the counseling profession; (3) there are still many urgent issues that the profession has to deal with; and (4) the counseling profession has to evolve to meet the needs of the society. Through clarifying researcher biases, readers will understand the researcher‘s position and any assumptions that may impact the data analysis and interpretation of the results (Creswell, 2013). In addition to researcher self-reflection, the researcher consulted with experts who either had experiences with CACREP and/or has been considered as a seasoned counselor educator. The purpose of consultation was to ensure that issues discussed by the participants were not misinterpreted. These strategies of self-reflections and triangulation provided a greater sense of confidence about the credibility and trustworthiness of the process.

Merger of the quantitative and qualitative results. An important step in a mixed-methods study is to compare the quantitative and qualitative results (Creswell & Plano Clark, 2011) in order to answer the overall research question. The main research question of this study was to identify the next step of the counseling profession and

counselor education. To answer this question, in Chapter 5 the researcher compared the quantitative and qualitative data at different levels. First of all, the identified standards with low relevance or clarity were explained by participants‘ narrative comments. Some standards were also discussed by the interviewees in the qualitative section. Secondly, the overall evaluation of the 2016 Standards provided the sense of how counselor educators perceived the current set of standards; this was one part discussed by the interviewees in the qualitative section. Lastly, the difference of how counselor educators perceived the 2016 CACREP Standards between each section echoed the future trends suggested by the interviewees in the qualitative sections. Therefore, the merger of the quantitative and qualitative results yielded valuable information for the overall research question.

Summary

This chapter focused on the methodology that the researcher employed to answer the research question – to examine the relevance and clarity of the 2016 CACREP Standards and to explore the future trends of the counseling profession and counselor education. A mixed methods approach was implemented for this study. Populations included program liaisons, core faculty members, the ACA Fellows, and those referred by the ACA Fellows. In addition, the sampling plan, the instrumentation used, and the collection and data analysis procedures were summarized in this chapter.

Chapter 4: Results

The purposes of this mixed-methods study were: (1) to examine the relevance and clarity of the 2016 CACREP Standards; and (2) to explore the future trends of the counseling profession and counselor education. The overarching mixed-method question this study aimed to answer was "what is the next step of the counseling profession and counselor education?" Mixed-methods approach provides strengths that supplement the weaknesses of the quantitative and qualitative methods (Creswell & Plano Clark, 2011). The quantitative section provided perceptions from a number of counselor educators on the 2016 CACREP Standards. Furthermore, qualitative interviews allowed the researcher to collect the voices from the subgroup of counselor educators. The mixed-methods approach employed in this study allowed the researcher to combine multiple forms of information and helped answers the overarching question.

The researcher presents the results of the quantitative and qualitative sections. In the quantitative section, the demographic descriptions of the participants and the results of the analyses of the surveys are presented. Next, the researcher presents the demographic descriptions of the participants in the qualitative section. Finally, the identified codes and themes from the qualitative interviews are reported.

Quantitative Section

Participants. The data collection started from August 15, 2017 and continued until September 15, 2017. The researcher sent out recruitment emails to previously collected 1,946 addresses. Among these email addresses, 39 were not correct or were rejected, possibly because (a) the institutions' websites provided wrong email addresses;

or (b) the counselor educators left the institutions and the email addresses were no longer available. In addition, 73 counselor educators responded that they were not in the position to participate. The reasons included (a) they were on a leave during the semester; (b) they were not teaching at a counselor education program, or a CACREP-accredited program; and (c) they were no longer affiliated with the institutions. Moreover, 41 counselor educators responded to indicate that they did not want to participate in the study.

The first survey. First of all, 232 participants started the survey response process, 45 participants did not answer any survey items, 32 completed part of the survey items, and 155 participants completed the whole first survey which consisted of Section 1 to Section 4 of the 2016 CACREP Standards. The demographic information of these 155 participants is presented in Table 4. Most of the participants were core faculty members who took either a liaison role (N = 70) or not (N = 81). Four participants were program liaisons but were not core faculty members. Nearly half of the participants were from the Southern ACES region (N = 69); the rest of the participants came from North Central region (N = 35), North Atlantic region (N = 29), Western region (N = 14), and Rocky Mountain region (N = 8). About 44.52% of the participants (N = 69) received training from CACREP-accredited master‘s programs while the rest received training from non-CACREP-accredited or non-counseling programs. Three participants did not receive a master‘s degree or did not want to share. Lastly, about 56.77 % of the participants (N = 88) received training from CACREP-accredited doctoral programs while the rest received training from non-CACREP-accredited or non-counseling doctoral programs. Two participants provided ―N/A” as the answer to this question. With the sample size = 155,

an expected 80% - 20% split, a population size = 2,300, and a 95% confidence interval (i.e., $\alpha^2 = .05$; $z = 1.96$), the sampling error would be ± 6.08% (Krejcie & Morgan, 1970). Therefore, if a standard received .839 (i.e., 83.9% of participants perceived it as relevant to counselor education) as a score of relevance, the actual score could be from .7782 to .8998.

Table 4

Demographic information of the first survey

Category	Distribution (*N* = 155)
Role	Liaison & core faculty (45.16%) Liaison (2.58%) Core faculty (52.26%)
ACES region	North Atlantic (18.71%) North Central (22.58%) Rocky Mountain (5.16%) Southern (44.52%) Western (9.03%)
Master‘s training	Counseling (83.87%) Psychology (7.10%) Others (7.10%) None (1.93%)
Accreditation status of master‘s training	CACREP-accredited (44.52%) Others (55.48%)
Doctoral training	CES, CE or Counseling (60.00%) Psychology (13.55%) Rehabilitation (16.77%) Others (8.39%) None (1.29%)
Accreditation status of doctoral training	CACREP-accredited (56.77%) Others (43.23%)

*Note:*CES = Counselor Education and Supervision; CE = Counselor Education

The second survey. In the second survey which consisted of Section 5 and 6 of the 2016 CACREP Standards, six participants completed the addiction counseling specialty area; six completed the career counseling specialty area; 37 participants completed the clinical mental health counseling specialty area; ten completed the clinical rehabilitation counseling specialty area; three completed the college counseling specialty area; seven completed the marriage, couple, and family counseling specialty area; 17 participants completed the school counseling specialty area; and 21 participants completed the Section 6 where the doctoral standards were listed.

Results of the first survey. The mean scores of relevance and clarity of each standard was calculated and sorted from the lowest to the highest. As described in the Chapter 3, the researcher specifically looked at the lowest 10% items on both the relevance and clarity parts. The results from this section answered the research question 1 and 2:

1. How relevant are the 2016 CACREP Standards to counselor education?
    a. Based on counselor educators‘ perception, how relevant is each standard?
    b. What are counselor educators‘ opinions and suggestions for non-relevant standards?
2. How clear are the 2016 CACREP Standards?
    a. Based on counselor educators‘ perception, how clear is each standard?

b. What are counselor educators‘ opinions and suggestions for unclear standards?

Relevance. In general, all standards of Section 1 to Section 4 received relatively high scores (i.e., > .8) on the perceived relevance. The standards received low scores on relevance and the demographic information of participants who voted ―no‖ on these standards were listed on Table 5. The lowest rated item in this part was 1.W of the 2016 CACREP Standards (CACREP, 2015b). It received .839 for its mean score, which means 17.1% of the participants perceived it as non-relevant to counselor education. The standard requires the core faculty members teaching at CACREP-accredited programs to have doctoral degrees in counselor education or in other related areas if they have taught full-time for one year at CACREP-accredited programs prior to July 1, 2013. The comments given by participants included: (a) it caused a loss of qualified educators from other disciplines without CACREP-accredited doctoral degrees; (b) "This is only relevant in so far as the assumption that a doctoral degree in counselor education is significantly better for training counselors than a doctoral degree in another area that is closely related"; and (c) there is a need to address those who graduate from CORE-accredited doctoral programs. Another identified standard was 1.D (M = .890). The standard requires the institution to provide graduate assistantship opportunities for program students. Participants indicated that this item was at the institutional level which programs had no control over. One participant shared, ―I do not believe an accreditation body should be able to tell an academic institution how to appropriate Teaching or

Research or Graduate assistantships." Some participants believed that the requirement did not impact the quality of the program and thus it was not relevant to counselor education.

Table 5

Standards with low scores on relevance

Item	Score	Demographic information of participants who voted ~~"no~~"					
		Role		Master's training		Doctoral training	
		L/C	C	CACREP	Non-C	CACREP	Non-C
1.W	.839	15 (60.0%)	10 (40.0%)	7 (28%)	18 (72%)	6 (24%)	19 (76%)
1.D	.890	9 (52.9%)	8 (47.1%)	8 (47.1%)	9 (52.9%)	8 (47.1%)	9 (52.9%)
1.S	.916	9 (69.2%)	4 (30.8%)	3 (23.1%)	10 (76.9%)	1 (7.7%)	12 (92.3%)
1.J	.923	9 (75.0%)	3 (25.0%)	4 (33.3%)	8 (66.7%)	3 (25.0%)	9 (75.0%)
1.T	.929	7 (63.6%)	4 (36.4%)	3 (27.3%)	8 (72.7%)	4 (26.4%)	7 (63.6%)
2.F.3	.948	6 (75.0%)	2 (25.0%)	3 (27.5%)	5 (62.5%)	3 (27.5%)	5 (62.5%)
3.Q	.948	5 (62.5%)	3 (37.5%)	5 (62.5%)	3 (27.5%)	1 (12.5%)	7 (87.5%)
4.D	.948	4 (50.0%)	4 (50.0%)	5 (62.5%)	3 (27.5%)	3 (27.5%)	5 (62.5%)

Note: L/C = CACREP liaison/core faculty member; C = core faculty member/non-liaison; Non-C = Non-CACREP accredited

Besides 1.W and 1.D, the other standards were rated greater than .9. The next identified standard was 1.S. which regulates the number of course credit hours taught by non-core faculty (*M* = .916). Participants reported that there were difficulties at the institutional level (e.g., a Research I institution, department budget, 60 credits

requirements). Few participants also stated that it excluded students' opportunities to learn from other experts. One participant indicated that there were not enough available educators that met core faculty requirement. Another identified standard was 1.J (*M* = .923) which requires 60 credit hours for all students after July 1, 2020. The comments covered several aspects: (a) no evidence to support that 60 credit hours results in better counselors; (b) may negatively impact some specialty areas such as school counseling and student affair; (c) more debt for students; (d) the impact on student recruitment; and (e) it did not include rehabilitation counseling. Regarding the gained student debt, one participant shared, "It is not fair to students who gather more debt because of this requirement." Similarly, another participant indicated, "Too costly in time and money for the pay they'll receive." As for the impact on programs, one shared, "Our program's enrollment dropped about 30% immediately." One participant also indicated that CACREP may lose programs, and programs may lose students.

The next identified standard was 1.T (*M* = .929). It regulates the ratio of full-time equivalent (FTE) students to FTE faculty. Participants argued that there was no research to support this ratio. One stated, "We need research to document this magic number." Other participants reported difficulties at the institutional level, such as limited budget, and the type of institution. One participant indicated that there were not enough available educators that met core faculty requirement. The standard 3.Q. was also identified (*M* = .948). It asks core faculty to provide various support to site supervisors. Participants believed that it was "unrealistic for counselor education faculty to provide professional development opportunities." Participants believed that it would be a burden to counselor

educator faculty and site supervisors at various settings, and stated that phone consultation should be sufficient. One participant indicated, "We [already] require these people to be trained licensed professionals and do not need us holding their hands." The rest two identified standards included 4.D (M = .948) which participants described as too "specific," "extensive," "prescriptive," "excessive"; and 2.F.3 (M = .948) which participants believed that "many of the objectives are repeated in other core courses," and it is "far too much detail in requirements."

The researcher also examined these responses which had missing data. The results showed that, among these responses, standards which received low rating scores were those identified above, including, 2.F.3 (N = 11; M = .727), 1.W (N = 17; M = .765), 1.D (N = 32; M = .844), 1.J (N = 19; M = .895), and 1.S (N = 19; M = .895). The narrative comments for each standard were similar to those reported above.

Clarity. The lowest rated item in this part was 1.C. (M = .839). Participants criticized that the terms "sufficient," "commitment," and "financial support" were relative and not clear to participants. One participant indicated that the program was "encouraged" by the institution not to share insufficient financial support. One participant also asked, "How do you determine that the university in fact does not follow through with this commitment?" On the other hand, one participant shared, "However, I wouldn't want the standards to mandate certain levels of financial support as it could make it difficult to work within the university system and would probably make it harder for the program to survive." The next identified item was 1.T. (M = .852) which regulates the ratio of FTE students to FTE faculty. The way to measure the number of "FTE" faculty or students

was not clear to participants. For example, participants wondered whether students refer to advisees, supervisees or students in class. Two participants also shared ―PLEASE address over-enrolling classes‖ and ―This should return to 10:1." Lastly, one participant pointed out the difficulty, ―In order to provide 50% of all teaching, full time faculty usually work overloads.‖

The next identified standard was 1.U (*M* = .865) which indicates the responsibilities of counselor educators. Based on participants‘ comments, this standard was too vague, and open to interpretation for participants. Participants suggested CACREP to be more explicit to help programs work with university administration. Participants shared comments such as, "Administrators do not understand the burden of clinical instruction and overlook this issue," "Please [with emphasis] limit class size in some way," "Most university administration do not understand the level of complexity that a clinical program provides and do not adjust workload for such," and "[the requirements were] Ignored by universities if [they were] not consistent with their policy." The next identified standard was 1.E (*M* = .877) which required institution to support faculty members‘ professional activities. In general, the participants indicated that the types of support (e.g., financial, time, time off) and the measurement of support were vague; these should be clarified by CACREP. For example, a participant shared,

> Our institution only provides $75.00 per diem for travel to an in state conference. That will not even pay for half a motel room. However, CACREP looks at that as ―support.‖ It is not support. This needs to be spelled out for universities.

Such definition or measurement may help programs and faculty members know what the national average is, and further obtain support from university administrations.

Besides aforementioned four standards, the rest were rated greater than .9. There were six standards that received the same mean score (.903) on the perceived clarity. The first one was 1.S which regulates the number of course credit hours taught by non-core faculty. Participants perceived this standard as not clear because of several reasons. First of all, the term *calendar year* is not defined. It could be "Academic Calendar or Gregorian Calendar" as a participant indicated. Moreover, it is not clear in how this standard applies; for example, in sum or per individual. It may get confusing when programs which offer different areas of specialization. A participant also urged CACREP to clearly limit class size by stating "Please [with emphasis] address class size - my school is doubling the size of classes to meet this requirement." Participants asked CACREP to "be more explicit in how this is evaluated and determined by the program," and stated "an example may help with clarity."

The second one was 2.F.2 where the core area, *Social and Cultural Diversity* was discussed. In this cluster, few participants provided suggestions to specific standards. For example, one participant indicted that 2.F.2.c "needs to be renamed to 'Multicultural and Social Justice Counseling Competencies.'" Another participant pointed out that 2.F.2.f is not clear. Other participants identified a need to revisit and re-define this cluster. For instance, one participant shared, "Most of the standards in this section involve vague terms which are clear to each reader, but are different from reader to reader- words like "power and privilege," etc. There is value to this topic, but it is often an exercise in

political correctness." In addition, the term diversity was perceived as not clearly defined. One participant said, "'Diverse groups' should be more clearly defined so that it is clear that "diverse groups" includes groups beyond race/ethnicity." Similarly, another participant indicated "Define diversity; specifically name race, ethnicity, national origin, immigration status, gender, sexual orientation, etc. Otherwise this course could focus too narrowly on race." One participant also stated, "'Diverse' clients are coded language. No mention of theories that tie together different ideas about barriers, prejudices, and so forth. They're out there, but rarely are they mentioned." Moreover, one participant indicated a need to include the conception of intersectionality by sharing "It really pains me to see that there is no mention of intersectionality anywhere. It pains me more to see no specific discussion of multiple cultural identities specifically: age, appearance, class, disability, ethnicity/race, family type, immigration status, gender, gender identity/expression, and sexual orientation." Lastly, one participant shared, "The field of multicultural counseling has grown a great deal. We have grown beyond the standards here. The words used here are primarily old school with meanings that have shifted remarkably. This makes them less clear."

The third one that received a score of .903 was 1.K which CACREP asks programs to recruit a diverse group of students. Participants indicated that the terms "diversity" and "effort" should be defined. The methods to measure programs' effort and effectiveness should be developed. For example, one participant shared "how do you ensure this is actually happening?" Moreover, one suggested that CACREP "could be more specific about how to retain or recruit diverse students," and another participant

recommended that "diverse in our profession may mean more men. How about reflecting the mission and regional community in which program operates?" The fourth standard was 1.CC where the core faculty‘s responsibilities were listed. The measurement of *release time* was indicated as not clear by participants. Many participants identified a need of clear definition in order to protect themselves. For example, one shared, "release time for coordination and budget decisions unlikely." Another participant indicated that the workload "can be excessive in comparison to release time. It would help to at least mention this balance of work as an area to assess." On the other hand, one participant pointed out that this standard contradicts with the teaching requirement by stating "very little release time is received because of teaching requirements for CACREP accreditation."

The fifth standard was 1.L which regulates the entry-level students‘ admission decision. Few concerns were identified by participants for this standard. First of all, the phrase "respect for cultural differences" may need clarification in terms of how it is demonstrated. Specifically, one participant shared, "[It is] hard to operationalize respect for cultural differences. [I] would much rather see language naming multiple oppressions." One participant questioned, "Why is #4 selected out of all other possible considerations (e.g., ethical decision making, previous work/volunteer experience, etc.). Plus, most people will give a pc answer in an interview, so it's hard to measure respect." Another participant also suggested including ethical decision making and the use of technology in this standard. Lastly, one participant recommended to "be more specific

requirements for admission, [such as] GPA, GRE scores, all basic courses in psychology including statistics and research."

Lastly, the sixth standard that received a mean score of .903 was 1.Q where CACREP asked programs to recruit a diverse faculty. Again, participants indicated that the terms "diverse" and "inclusive" should be explained clearly. One shared "Inclusive is too vague; again we need to see specific identities here: non-dominant groups by gender, ethnicity, race, sexual orientation, gender identity, class, spirituality, family type, appearance, disability, language, immigrant status, age, etc." Participants also questioned how CACREP ensures it (recruiting diverse faculty) is actually happening. One stated "No outcome expectation specified; effort is one thing, results quite another."

The researcher also examined these responses which had missing data. The results showed that the standards which received low rating scores were those identified above, including, 2.F.2 (N = 11; M = .636), 1.C (N = 32; M = .688), 1.K (N = 19; M = .737), 1.U (N = 19; M = .737), and 1.Q (N = 19; M = .789). The narrative comments for each standard were similar to those reported above. Lastly, the researcher examined the mean scores of each Section as a whole. The results showed that the scores of Section 1 to Section 4 were all higher than .95.

Future trends. The researcher also collected participants‘ perception of future trends in the counseling profession and counselor education at the end of the first survey. The results from this part could support the qualitative interview to answer the research question 3:

3. What are identified future trends in the counseling profession and counselor education by professionals who have been recognized for significant contribution to the counseling profession?

Among 155 participants, 103 offered their opinions on pressing issues in the counseling profession and counselor education within the next five years. The researcher followed the coding and data analysis procedure suggested by Saldaña (2016) to identified common themes which emerged from participants‘ narrative comments. Each identified theme is described below.

Licensure portability. The most frequent comment was related to counselor licensure portability. According to participants‘ comments, it is important to ensure that graduates are able to move across states and are still eligible for counselor license. One participant shared, ―Developing a national counseling license that is portable from state to state is a pressing issue in the counseling profession.”

Professional identity. Participants considered professional identity as the pressing issue within the next five years. One participant advocated for ―continuing to build a unified counseling profession.” Another participant shared, ―I think the issue of counselor identity needs to be more heavily emphasized. I have students who are about to graduate who still refer to themselves as ―therapists‘ rather than as counselors.” Similarly, one participant said, ―Professional identity continues to be an issue. Licensure/certification should be a requirement for core faculty/supervisors. Advocacy for the profession, including legislative advocacy, could be emphasized more.” Lastly, one participant focused on master‘s training, sharing that ―Advocacy for counseling as

THE master's level profession for providing school, mental health, and career counseling, especially as the psychology field considers seeking licensure for its master's level psychology practitioners."

Multicultural counseling and social justice. Participants also indicated that the counseling profession and counselor education should revisit the meaning of multicultural counseling, particularly with the influence of societal and political climates. One participant shared, "In counselor education and counseling, I think addressing diversity and multicultural issues from a clinical standpoint in regards to current societal and political climates should be better addressed." Similarly, another participant said, "The changing political landscape presents new challenges in terms of cultural awareness issues." Moreover, participants also addressed the importance of services available to minority communities. One participant indicated that we should look at "the impact of minoritization of various groups and how we deliver counseling services." Another participant shared, "[We have to be] recognizing and responding to systematically marginalized and socio-politically disenfranchised groups.

Issues related to rehabilitation counseling. Some participants indicated that it would be important to infuse diversity issues in the CACREP Standards. One participant shared, "It appears the focus of CACREP is to develop counseling skills, knowledge, and competencies. It fails to acknowledge the needs of people with disabilities, application of assistive technology to improve quality of life, and job placement issues." Another participant also questioned whether rehabilitation counseling would maintain its unique focus such as vocational rehabilitation and career development.

Issues related to students and counselors. Participants also discussed issues related to students from various aspects. One participant showed concerns about students‘ tuition cost and the quality of education they receive:

> (1) Consider economic factors - for example, the profession howls about the need to build diversity into the profession- how is that going to happen with the ever mounting costs to students for education? Going from 48 to 60 credits has probably reduced diversity already. It's a tough balance but I don't hear economic discussions among CACREP and counselor educator peers. (2) Students want to learn about actual counseling skills and tasks they must perform in jobs. Counselor educators teach and run associations from ivory tower-based on what they like, not on what students want. There's a big disconnect. I don't know why. Set aside personal agendas and show empathy towards students.

Another participant also was concerned about the quality of counseling graduates:

> Counselor Pedagogy - we need to improve the quality of counselors in the field. I am a faculty in a program, and know other programs, who graduate a large number of students each semester. I think the question we, as a field, have to ask ourselves about these graduates is "would we be comfortable allowing those counselors to treat our children, siblings, or parents?" I feel like, for every great counselor, there's 50 shit ones who just reflect content and feeling and make the clients feel heard, opposed to doing deep life changing work.

In addition, participants reported low salaries of counselors as an issue. One specifically indicated that ―counselors are paid lower than psychologists and social workers.”

The impact of technology on counseling, supervision, and counselor education. Participants shared their opinions about the needs to address technology in our profession. One participant indicated that counselor educators need to discuss the ―cultural changes in the use of technology and social media.‖ Another participant pointed out the use of technology in supervision by sharing, ―College is so expensive and students need to have flexible schedules, face-to-face supervision seems extreme and will eventually become obsolete. We need to keep up with a technological world.‖ Several participants urged counselor educators and CACREP to look at the online format counselor education, for example, ―The competition from on-line program and concerns about how CACREP is equating online programs with the traditional face to face format.‖ One participant specifically shared, ―There [the 2016 CACREP Standards] was no mention of ‗online education.' Online training of counselors should be abolished.‖

Suggestions to CACREP. Some participants provided their suggestions to CACREP for the next standards revision. One participant indicated that the assessment section needed to be simplified. Similarly, another participant shared, ―While accreditation is important, the requirements for programs as far as documentation are too time-consuming and extensive. I think we are so focused on outcomes and objectives that it is compromising our actual preparation of new counselors.‖ In addition, one participant shared that ―CACREP is not based on research but simply a political document based on the best thinking of counselor educators.‖ Moreover, a participant indicated that the counseling profession and counselor education should ―move toward to an assessment of the impact of our students on the profession and on the clients they

serve." Lastly, one participant shared a suggestion to revise the specializations in the CACREP Standards:

> The counseling profession in its accreditation process has too many specializations, many of which overlap. This proliferation of "specializations" serves to divide the profession and pit one specialization against another, for example in licensure. Students also get "hung up" on specializations and forget they are learning to be counselors. Programs should prepare students as counselors and drop the specialization sections, which are often longer than the general standards. If there are specializations, school counseling and clinical mental health counseling should do it; get rid of the rest.

Issues related to school counseling. Participants also reported that issues related to school counseling should be considered when the counseling profession and counselor education move forward. For example, one participant shared:

> If we don't do a better job with defining school counseling it'll go back to the dark ages of scheduling as more and more "counseling" is being taken over by Social Work and Behavioral Specialist who can get their degree a lot faster and get licensed. It is a bad mistake to move the school counseling program to 60 hours. It will kill us in Tennessee because the state certification doesn't demand that much and social workers and behavioral specialists can take far less hours and get licensed.

Similarly, another participant addressed how the 60 credit hours requirement has impacted the program by stating, ―Actually, I think the required hours for school

counseling programs should be reconsidered. Our numbers in the school counseling program have gone down significantly since we increased the hours to meet CACREP requirements." Another participant also indicated the direction school counseling should go:

> [We need to be] responding to the changing nature of K-12 public education and the role of school counselors. I think we need to act on a paradigm shift of viewing, training, and preparing school counselors as no more or less than their CMHC counterparts. Rather, school counselors are counselors who practice in school settings, just as CMHC are counselors practicing in clinical settings, etc.

Lastly, a participant listed the issues that school counseling should address, including ~~[to]~~ decrease in state certification expectations for teachers and school counselors; [to] decrease in state funding for education [of] LGBT issues; DACA & immigration; diversity issues not being addressed; cyber bullying; undeserved students; continuing gap in technology proficiency among students."

The focus of counseling. Participants also discussed the current trends in counseling and future trends that should be addressed. For example, one participant indicated the shift of counseling focus to mental health illness:

> The movement toward everyone becoming a licensed mental health counselor is both good and not so good. It is good for those who want to do that type of counseling on par with licensed psychologists and social workers. It is leaving behind, however, those whose practice is more developmental and preventive, as in school counselors and student affairs practitioners in career counseling,

> academic/student success counseling, counseling of individuals with disabilities that are not related to mental health diagnoses, etc. I've been in the profession almost 35 years and I am getting out soon primarily because there is no longer a place for counseling that does not focus on mental illness.

Similarly, another participant also believed that the counseling profession should reexamine its focus:

> The counseling profession needs to return to its humanistic roots with more attention to the development of interpersonal competencies. While diagnostic skills, assessments, evidence based approaches are important, research still underscores that the counseling relationship accounts for the most variance in positive outcomes.

Another participant also advocated that "we need to remember our core, therapeutic relationships, in our accreditation and programs or course design processes. Without them, nothing else that we do works well. This is too easily forgotten in the minutia of CACREP standards."

Some participant suggested specific areas to address, for example, trauma counseling. One participant indicated that "I believe it is extremely important to include more focus on trauma-related issues and treatment to ensure that future counselors are best prepared to help clients who have experienced a traumatic event." Similarly, another advocated for including trauma counseling as a mandatory course: "The most pressing issue is how we infuse trauma-informed content into all of curriculum. Given the prevalence of trauma in the U.S.A., this is an ongoing everyday issue with students,

especially when they are seeing clients. Instituting a minimum of a mandated trauma counseling course should be activated in all counselor education programs."

Another topic participants addressed was integrated health care. One participant urged to include related training to enhance graduates' clinical skills working with other professions:

> The healthcare field is either becoming fragmented, or providers are making attempts to integrate healthcare. Integrated healthcare, along with inter-professional education seem vital, as the trend moves toward collaborative and integrated healthcare models. Counseling no longer has the option (nor has it ever) to work in isolation of the medical field, but rather to join.

Similarly, another participant also shared its value to promote professional recognition, "How to be part of interdisciplinary work within mental health when the medical model is valued over a wellness/developmental model. We need to learn to communicate our role within mental health work and advocate for our value as professionals within multidisciplinary practice."

Results of the second survey. The second survey looked at the specialty areas in Section 5 and Section 6 of the 2016 CACREP Standards. In general, the perceived relevance and clarity of standards were high (i.e., >.8). For the addiction counseling section, six participants responded. Only the standard 5.A.1.g received one "no" on clarity. The rest of the standards all received perfect scores (M = 1.0) on both relevance and clarity. For the career counseling section, six participants responded. Each of the standards 5.B.1.b, 5.B.2.b, 5.B.2.e, and 5.B.2.f received one "no" on relevance. In

addition, each of the standards 5.B.1.a, 5.B.1.b, 5.B.2.e, and 5.B.2.f received one ~~"n~~o" on clarity.

As for the clinical mental health counseling section, there were 37 participants after excluding those with missing data (N = 7). All standards received scores higher than .9 on both the relevance and clarity. The standards 5.C.1.d and 5.C.2.e both received the score of .92 on relevance. The standard 5.C.2.f received a score of .92 on clarity. Moreover, when treating the missing data as ~~"n~~o," the standard 5.C.2.d received a score of .93 on clarity. In the clinical rehabilitation counseling section, ten participants responded. Only the standard 5.D.1.c received .9 on clarity and the standard 5.D.1.e received .9 on relevance; the rest of the items received a score of 1 on both the relevance and clarity.

In the college counseling section, four participants responded and selected ~~"y~~es" on the relevance and clarity of every standard. As for the marriage, couples, and family counseling section, seven participants responded. The standard 5.E.1.e received one ~~"n~~o" on relevance, and two ~~"n~~o" on clarity. In addition, the standards 5.E.2.f, 5.E.2.k, and 5.E.3.e received one ~~"n~~o" on clarity. For school counseling section, 17 participants responded. The standard 5.F.2.c was the only one that received a ~~"n~~o." For clarity, six standards in 5.F section (1b, 2b, 2f, 2g, 3c, 3j) received two ~~"n~~o." Some other standards received one ~~"n~~o." It is worth noting that one participant in this section marked ~~"n~~o" on clarity of the most standards. Lastly, for doctoral standards in Section 6, 21 participants responded. Only six standards (6.A.4, 6.A.6, 6.A.7, 6.B.3.e, 6.C.1, 6.C.8) received one ~~"n~~o" on relevance. Similarly, only five standards (6.A.4, 6.A.5, 6.B.2.i, 6.B.3.e, 6.B.5.k)

received one ―no" on clarity. In sum, participants perceived standards of specialty areas in Section 5 and Section 6 as relevant and clear.

Qualitative Section

Participants. The data collection started from August 15, 2017 and continued until September 22, 2017. A total of 14 participants were recruited, including ACA Fellows (N = 12) and those referred by ACA Fellows (N = 2). The degree of involvement (e.g., teaching at a counselor education program, serving a leadership role at a counseling professional association, recently retired, serving as a counselor) of interviewees in the counseling profession and counselor education varies. However, due to the facts that some ACA Fellows on the lists were retired and some were well-known in certain positions, the researcher decided not to report the background in order to maintain the confidentiality. For the same reason, gender pronouns are not used in this report.

Results. Five themes emerged from the data analysis, including (1) compelling issues, (2) trends, (3) the professional identity, (4) perceptions of CACREP, and (5) the big picture. These five themes depicted participants‘ experiences and perceptions of the future of the counseling profession and counselor education. The identified themes and codes are summarized in Table 6 below. The results from this section answered to the research question 3:

3. What are identified future trends in the counseling profession and counselor education by professionals who have been recognized for significant contribution to the counseling profession?

d. What are the most compelling issues that professional counselors face today?

e. What are the future societal trends that may impact the counseling profession?

f. How should CACREP- accredited counselor education programs address those future trends?

Table 6

Themes and Codes

Themes	Codes
Compelling issues	Issues related to students Issues related to faculty Societal issues Licensure portability
Trends	Evidence-based practice Technology Integrated healthcare Multicultural counseling and social justice
The professional identity	Uniqueness of the profession Recognition Unifying the profession
Perceptions of CACREP	Importance of CACREP Opinions about CACREP Standards
The big picture	To evaluate client outcomes To respond to societal needs To refine specializations

Compelling issues. Participants reported several issues that counseling profession and counselor education should address currently. Some of the issues were related to students and faculty, while the others were related to the societal trends as well as licensure portability.

Issues related to students. Participants shared their opinions about the challenges that counselor education students would be facing, such as the cost of education. One shared, ―The cost of counseling training [is an issue]. I think there are a lot of people who could be very good in the profession, but it is expensive to do graduate education." Specifically, another participant addressed that the 60-credit-hour requirement has increased students' debt - students struggled because the entry-level salary did not reflect the cost of education. The participant shared:

> The cost of the 60 credits is immense; especially when that's just opposed to the entry-level salaries the counselors often times are granted. I saw a survey a couple years ago that indicated that counseling was the worst value in education at this point, no matter it's about how much it costs for you to get the degree as opposed to how much you end up making in an entry-level position.

The participant further indicated:

> The amount of education we put into our entry level as well as the importance of the services we provide - mental health counseling has always been kind of a "stepchild" to health services. There now is a matter of how we can get our pay up to the health professionals is making.

Similarly, another participant stated:

> CACREP needs to be sensitive to economic realities that counselors at master's level in particular experience relative to program cost; most programs at master‘s level are not funded. So students are paying significant money for tuition and living to receive their master's degree. At some points, difficult equation to justify the prices compare to income potential. I think CACREP needs to be sensitive to it. I think CACREP is a little bit out of balance in terms of expectation. It creates the burden by saying "that's all we want" to master's students whether they can financially afford to cover their tuition. Or if we are okay, we are comfortable with students going into a substantial debt to fund that experience, and going into the work place with a huge debt. Now they have to start not at zero, but at a negative trying to get out of debt.

In sum, the participants were concerned about the issues related to the 60-credit-hour requirement, student debt, and salary of entry-level positions in the profession.

In addition, participants also perceived gatekeeping as a compelling issue to the counseling profession. One participant indicated the concern about online training:

> Online training or programs become more and more prominent. The most recent statistics I saw was that something around 20-30% of our counseling graduates graduated from online training programs at this point. There are a lot of issues with training counselors online such as the gatekeeping issue

Another participant discussed gatekeeping issues from a different perspective. The participant was concerned about the diploma mills in the profession:

> I am very concerned about what I view as being diploma mills for counseling programs. That is just turning out a huge number of graduates. It's understandable how that's happened because people can come in from any different undergraduate degree. What I see sometimes is these for-profit programs, the admission criteria often are not as stringent and the gatekeeping is not as rigorous. I think that hurts us as a profession. Some of the disciplinary actions were against professional counselors. There were some just boundary issues, very fundamental basic that students should know, after they come out of the professional orientation and ethics class. So it's not about knowledge but it's about that psychological impairment.

The participant continued to explain:

> "We'll let the market takes care of that." That phrase really bothers me because how many hundreds of clients will they see before the market takes care of them. In some cases, we've seen students who are so impaired; they should not be doing this work at all. Gatekeeping is an issue with the doctoral level as well. It is important that our doctoral students are also good counselors. There is the old saying, "Those who can, do; those who can‘t, teach." I don't know how someone can be a good counselor educator and not a good counselor.

Lastly, the participant indicated the gatekeeping role CACREP played:

> The argument I heard against CACREP most often is that there are many non-accredited counselor preparation programs that are good training programs. I actually agree with that statement. But what I see again and again are programs

> who call themselves counseling programs because they want to prepare people for counseling licensure, but they barely resemble a counseling program at all.

In sum, participants considered student funding, and gatekeeping issues as the concerns that the profession and counselor education should address.

Issues related to faculty. Participants also shared issues related to faculty that the profession should address. Participants indicated how the faculty has strengthened the counselor professional identity. One participant illustrated,

> Students that we are teaching right now, they are going to be leaders [in the profession]. As a counselor educator, how do I teach, how do I role-model and how do I foster professional identity is more important to me. Students need to learn how to define themselves.

Another participant shared how CACREP Standards about faculty shape the professional identity:

> Having been the department head previously of a department that contains Ph.D. in counselor education and Ph.D. in counseling psychology, I respect the right of counseling psychologists to prioritize the training experiences and hiring requirement, which would be graduates from APA approved counseling psychology programs. So by the same token, I advocate for counselor education program to do the exact same thing.

On the other hand, participants also were concerned about the negative impact brought by the requirement of faculty. One participant shared:

> To a great extent, CACREP has required counselor educator to be core faculty. I agree with that but it does once again cut down the diversity of who can teach. Because if you have a counselor educator from CACREP accredited program who learns things a certain way, they are going out to replicate in those ways. So how do we get variation, how do we get novelty, and difference into counselor education programs.

Similarly, another participant indicated:

> I also think differentiating ourselves from psychology is a good thing, but we should note that we do historically have individuals play in the both fields or who have gotten degree in counseling psychology aligning with counseling. Just being able to manage, deal with, and understand that. I don't think we necessarily have to change our direction; the direction sounds.

In addition, another participant shared the concern about faculty expertise from a different perspective:

> Our world is becoming a whole lot more global and even counseling jobs are starting to spread out across the world. It's gonna be more and more difficult to learn from each other. In our training program, we have the same people training same people over and over within the state. Those people don't wanna change state so we don't learn new things and become more and more diverse, if we can't get out there and learn something to help people moving from state to state.

Lastly, another participant indicated that counselor educator should keep practicing in order to catch up the current trends and needs in the field:

> It needs to be a medical model where you teach practitioners, you need to be in practice yourself. A lot of doctoral students have experiences that they have professors who can teach them theoretically but have a very little clinical experience. In the medical model, doctors who teach, have to also maintain their licensure and be clinical active. I don't think that means one has to have a full-time practice but on some level be able to know what other issues clients currently are dealing with, not just 20 years ago. Right now what's required for faculty that they have come out from counselor education program - being active on scholarship, but not necessarily on clinical work? I believe since all states are licensed now, every counselor education faculty should be licensed in the state they are teaching. They have to meet the criteria which their master's level students ultimately meet. Counselor educators should have continuing education requirement.

In sum, participants perceived faculty‘s influence on professional identity, the diverse expertise, and the continuing practicing as compelling issues.

Societal issues. Participants discussed how societal trends had impacted the counseling profession. One participant indicated that the political climate had influenced the mental health in the country, ―Narcissist instability and society influenced by the political situation. There are communities that are progressively affected by the instability.” The participant also indicated that the climate impacted the profession as well. The participant shared, ―We as a profession have to find a way to talk to each other within that [climate], because there is a disagreement within the profession. We have not

found a way to have the conversation. What is happening on the national theme also is happening within the profession." Some participants also indicated that the administration's policy impacted the healthcare insurance and further influenced the clients as well as the counseling profession. One shared:

> My concern is that people are going to lose insurance; we are going to find ourselves in this vicious cycle of people who won't be able to afford insurance to get mental health services. Then agency, because they in the loss of insurance, they will not have the number and quality individuals to provide services, because insurance is not there to help the cost. So now universal healthcare is going to affect the profession; that really just affect one aspect meaning the clinical mental health and addiction counselors. It will become more challenging for school counselors because students who might have gotten insurance now have to be treated at schools by school counselors because there is no other alternatives. What counselors need to do is to be strong advocates for mental health issues, substance use issues and concerns like that.

Similarly, another participant indicated how the issue may impact the counseling profession:

> I don't know what's going to happen with the healthcare in our country. We've made such an advance in the last eight years or so around parity mental health and other illnesses that mental health should be reimbursed consistently with physical illnesses. That mental health is a problem, and insurance companies need to take care of mental health and substance abuse issues. People that benefit from mental

> health and substance abuse issues are likely to decrease in the coming years. I am fortunate in that I have a fulltime job as a faculty member; I do this practice part-time on the side. I do not depend on how many clients I see in a week. We are talking about the supply and demand issue; the supply growing quickly. There are a lot of counselors right out of their master's program who cannot get a job. I do worry about primary from the consumer standpoint. If the demand is going down because of the financial support from the government, that can happen soon or later.

Another aspect that participants discussed in this category was the population change in the U.S. For example, one participant indicated how the population change may impact the counseling specializations:

> Baby boomers now are retiring and there is a need for geriatric services than there ever has been. Career services are needed for millennial generation - need guidance in regard to what they are going to do and how they are going to do it. I think family counseling is very much in need that we need to address in society and profession because there is a lot of stress in family these days especially among dual-career family, especially they have children.

Lastly, participants also discussed the shrinking university funding as an issue. One participant indicated that the profession and CACREP should consider ~~–h~~ow do we help these small universities that we want on board with the accreditation.” Another participant specifically pointed out how university budget may impact the counselor education:

> What occurs in the university settings is that there is so much pressure on universities to cost down. I think we are going to see a shrinking pool of resources and faculty committed to counselor education. It's going to be harder for counselor education programs to survive. In the past, programs might have stood as separate departments have been consolidated into one department with other programs that may not be related to counseling, and may be not sympathetic to us in regards to budgetary requirement to be a good counseling program.

In sum, participants discussed several societal trends or issues that may impact the counseling profession and counselor education. Those issues included political climate, healthcare insurance, population change, and university funding.

Trends. Participants during the interviews identified several trends that the counseling profession and counselor education should pay attention to. These trends included (a) evidence-based practice, (b) technology, (c) integrated healthcare, (d) multicultural counseling and social justice, and (e) specialty areas.

Evidence-based practice. Participants indicated the importance of evidence-based practice. One participant shared, "How do we respond to the movement toward empirical supported treatments and evidence based practice? I think we need to do more just to substantiate how we are trained, what we do and what we believe, and engage in research that supports those efforts." Similarly, another participant shared, "This is an important issue when we forward - how do we [educators] train counselors to make sure they are using evidenced-based, research-based approaches in counseling?" Lastly, a participant indicated, "I believe that we as counselor educators will need to train students to be

consumers of science and research, so that we can remain current on the leading edge of the field while they are out in practice."

Technology. Participants perceived technology as a factor that impacted the counseling profession. One participant shared, "The technical and digital revolution is creating opportunities and challenges at all levels of human existence." Another participant specifically explained:

> The world is so connected through technology that whatever happens in the world spread out so quickly. Something happen on the other side of the world, and everyone is impacted in their life, because I can see it [news] either real-time or very quickly. This integration of technology and this more connected world that we are going to be living in means whatever issues emerge are going to spread out in society very rapidly. Like the event in Charlottesville, Virginia over the weekend, controversy on the political issues, everybody knows about this and I am sure if I see clients tomorrow, somebody is going to mention that in the session; this wouldn't happen in earlier time.

Similarly, another participant shared,

> With technology we don't ever get away from it anymore. Everybody is checking their phone every five seconds trying to get everything on the social media, and that's not the real world. We are going to see more depression because of that.

Lastly, a participant shared how technology had impacted the counseling profession and counselor education:

> The heavy reliance on internet communication and online counseling is a domain that already develops a while. I have not come across any program, including my program that offers training to students to prepare them to do online counseling. But still there are outside training for certification as distance professional counselor. I don't see that training in [graduate] training or curriculum [in counselor education programs] yet. I don't think CACREP standards are clear on that as well. Hopefully in 5 or 10 years emphasis will be given to that.

In sum, participants believed that technology changed how people interacted with each other, as well as how to provide another method of counseling and whether we should infuse a new component in counselor education.

Integrated healthcare. One participant indicated that it is important to address ~~r~~relationships with other professions." The participant further urged the profession to consider ~~h~~ow we are relating, and what we are bringing to the table in regard to our work with other professions; what makes counseling unique and needed in the society." Another participant shared:

> I have seen an attention to integrative care growing quite a bit. As counselors we are going to need to make sure that our foundations are strong there. So often we will see something integrative care release and professional counselors are not on the list, even there is an attention to mental health.

Lastly, another participant shared, ~~I~~t would be helpful for CACREP and ACA to take a look at how to foster interdisciplinary collaboration as well as dialogues within the profession about our different perspectives and political views."

Multicultural counseling and social justice. Participants indicated that counselors should actively reach out to minority communities. For example, one participant shared, "How are we going to impact that trend so that ethnic minorities are not feeling disfranchised from seeking counseling services? I think that is a unique challenge." Another participant reported several populations that counselors should pay attention to:

> [We should be] working with children and family that don't have resources or in poverty. [We should look at] how we help those aren't fortunate, [and] give them meaning and purpose. Social justice - we cannot neglect our fellow human being, [and] pretend that if I have a good life style then is every person for himself or herself. Multicultural counseling is crucial. We are a nation of immigrants. We need to be welcoming to those who are different than we are, that especially relates to White America. There needs to be a better understanding and acceptance, and a more welcoming attitude to our fellow people who are very much a part of our society.

Another participant similarly addressed the clients in poverty:

> Another issue that impacts counseling is the worldwide economic inequity. There is something very wrong about small, handful people controlling all of the wealth and we have a large number of people that are not served in society. I think social justice is something we are really gonna have to become a lot more involved because this is getting worse overtime.

One participant also urged the field to examine "how to practice effectively in a diverse society with a variety of populations. The participant continued, "[We have] to have

research based intervention and practices that are effective with issues around social justice." Another participant indicated that "professional counselors need to understand social justice, what our role is in social justice, and that social justice is a part of our profession." He further pointed out that "we still have a long way to go in integrating social justice as part of legitimate domain of our profession advocacy." Lastly, one participant said to professional associations:

> I appreciate that the ACA in the last few years has taken some important stands politically and to support our communities that are marginalized and targeted for discrimination. CACREP should look at how different programs actually follow through with the standards in the way that does not support all of the students or all of the communities. I think there is a way that CACREP Standards can be interpreted that allows some programs to discriminate against populations. That is a very essential thing that CACREP needs to ensure all programs are being non-discriminatory parties in their work. There should not be an accreditation for a program that is going to marginalize communities in any way.

In sum, participants discussed multicultural counseling and social justice from various perspectives, including counselors being proactive, minority communities that needed support, and a call to the leadership in the profession.

The professional identity. Participants during the interviews discussed the professional identity of the counseling profession. Identified codes included: (a) uniqueness of the profession, (b) recognition, and (c) unifying the profession.

Uniqueness of the profession. Participants identified the uniqueness of the counseling profession. For example, one participant shared,

> As a profession, we must claim our place as advocates for wellness. This will require political savvy, determination, advocacy and a will to produce more research that corroborates our assertions about the importance and value of preventive intervention and optimizing the wellbeing of all people across the life span.

Similarly, another participant echoed, "Prevention [is what our profession should work on]; working on this area so that we don't just focus on pathology or disorders. Counseling needs to be more on the forefront of addressing wellness." Another participant reported supervision being the uniqueness of the counseling profession:

> We've [the counseling profession] done a better job of defining supervision. When I do some interdisciplinary work, I am often surprised by what other professionals call "supervision" is really "case staffing," which is just one piece of supervision. They are just blown away when you start exposing them to sort of what supervision can be and how it can be used to develop the supervisees.

Recognition. Participants also shared the importance of recognition from other professions, insurance companies, and federal programs. For example, one participant shared:

> I have been a counselor since 90s. It is very different now from what it was in 90s. I bill insurance companies and I don't for a second wonder if they are going to pay me as a counselor and not a psychologist; but 25 years ago it was always a

> question. We've come a long way around parity. We've made great strike but I still think we are the youngest of mental health professions compared to social work, psychology and psychiatry.

Similarly, another participant shared:

> We come from a variety of places. We originated from psychology and education. Historically we‘ve been struggled a bit to identify uniquely who we are as professional counselor from psychology and social work education. That is important when we look at things like licensure and advocate to include counselors‘ insurance panels and reimbursement panels, and to get appropriate reimbursement for our services.

Unifying the profession. Participants also discussed the importance of unifying the counseling profession. For example, one participant indicated that the next step of the profession is ~~to~~ unify a bit, and to also come together with some degree of consensus of who we are, what we do, and how we serve; that's been an obstacle in the past and it's time to look at that again.” The participant further shared,

> I think 20/20 had a huge task in front of them. At the end of the day, the definition is okay. I think the down side to it is that, it is so vague, that I don't know that it tells us as much anything. I know that they had to make it general to get agreement. But I do appreciate that there was an attention to multiculturalism. There was an attention to variety services, to health, illness spectrum. I think it is inclusive of the settings which we work. It includes schools and community agencies.

Similarly, another participant also shared, "Since then [20/20], CACREP and CORE have merged. So I think there is an opportunity to integrate them and come to consensus as a profession moving forward to that CACREP accredited program is going to be the standard." In sum, participants discussed topics around professional identify, including uniqueness of the counseling profession, recognition, and unifying the profession.

Perceptions of CACREP. Participants during the interviews shared their perceptions of CACREP. These included the importance of CACREP, and the opinions on the CACREP Standards.

Importance of CACREP. Participants shared their opinions about the importance of CACREP. For example, one participant indicated that CACREP has helped the profession become recognized:

> I think CACREP set those standards for those of us who identify and work in the counseling profession. In recent years it's been harder for programs to meet some CACREP standards. But on the other hand, having high standards makes the profession better. Counseling initially was even in some people's mind as a profession that does not have high standards as say medicine or psychology. I think CACREP is the future of the counseling and we need to realize that programs that pretend to educate counselors about CACREP standards are doing a disturbance. We don't really need those types of programs and it's not a good thing for anyone.

Similarly, another participant used the recognition from the federal program to demonstrate the importance of CACREP:

> Accreditation is playing a huge role now. Getting TRICARE to identify CACREP accreditation as the primary credential from being able to provide independent TRICARE services; I think that was a game changer. They are not just an educational accrediting body. They are a political structure. They are part of our legislation now. We need to embrace that.

Another participant also shared that the counseling profession became a profession because of the accreditation standards:

> To be perceived as a true profession, I think you have to have an accreditation. When you take a look at other professions like medicine, social work programs, those are all accredited programs. Accreditation is part of development of each professional respect and regard that a profession gets. Having an accreditation elevates the statue of your profession, the statue of other professions that you have to work with, and the statue of the counselor education programs within universities. Even student recognize that.

Lastly, a participant indicated how CACREP helped the licensure portability by stating, ―As a profession, we are not able to move ahead unless we have some kind of standardization [of licensure requirement]. The role of CACREP has been in a sense provides this standardization of counselor preparation.‖ In sum, participants perceived CACREP as an importance force in the counseling profession as one shared, ―If we want to play in a national scale with other related professions like psychology and social work, we need to know who we are, and we need to be able to advocate for that.‖ The

participant continued, "I think CACREP is our best way to do that. We've seen movements forward in terms of endorsement of educational standards."

Opinions about CACREP Standards. Participants also shared their opinions about the standards. For example, one participant believed that "the downside of the educational standards is that there are too many specific and picky details." The participant indicated, "What we have to do to move forward is to be not prescriptive, and to have broader standards." In addition, another participant indicated that "The way that standards are written now is seems to the profession and the work we do is apolitical; but it is not." Lastly, a participant shared opinions about the movement of CACREP Standards:

> Before 2009 all the curriculum standards were output standards which means you have to show where your curriculum you were teaching it. With 09 standards you have to show, for the first time, student learning outcome. 2009 standards are very much down in the way that you document these student learning outcomes around these little tiny details. When I was trying to document all the student learning outcomes, it was really difficult. I think 2016 Standards Committee did a great job addressing that. I hope they will continue to define that, the student learning outcome piece.

In sum, participants all shared their perception about the importance of CACRPE and the opinions about CACREP Standards.

The big picture. Participants shared several directions that the counseling profession and counselor education could move toward. Those directions included: (a) to evaluate client outcomes; (b) to respond to societal needs; and (c) to refine specializations.

To evaluate client outcomes. Participants mentioned that counselor education should move from evaluating student learning outcome to client outcome. For example, one participant shared:

> It is expected to be a greater demand or accountability, and what we're asked to show and demonstrate what we do as counselors has measureable benefits on people's life. People that pay for counseling services more and more are asking for clear evidence that what we are doing has scientific evidence to it.

Similarly, a participant shared, "CACREP is currently asking for documentation of what you are teaching and what your course content is dealing in regard to student learning outcome. Show me what you teach is translated into your students' skills, and client outcomes." Another participant also said:

> In the future we are going to be able to translate the data we collect with the success of the classroom into being able to demonstrate what kind of success people can have in the real world with clients at schools and community settings. We no longer are going to be able to merely show that students finish their programs. We are going to show that students get jobs and they do well on those jobs. Patient outcomes may tie to employee ratings, and evaluations that are conducted by management and supervisors. Go beyond just how well does this person do in our program to follow them at least during the first few years in their

> career where you can make an argument there is a real correspondence between training and job performance.

In sum, these participants believed using client or treatment outcome as a measurement would be the next step of counselor education.

To respond to societal needs. Participants also believed that counselor education, CACREP, and counselor educators should be able to respond to societal needs and trend. For example, one participant shared,

> I expect that we will also need to adapt as a field to the rapidly changing technologies and medical progress as it occurs. To be relevant and important in the field, we have to see that as what we do and what we teach people to do.

Some participants believed that CACREP helped counselor educators catch up the trends. For instance, one participant indicated, "It [CACREP] has and will continued to do so as long as it continues to be responsive to changing societal needs and truly represents the best of our profession in the way of standards and integrity of accreditation." Similarly, another participant shared:

> When we looked at the 2016 standards we saw a pretty big step forward with an attention to those areas. I think our standards are a little bit ahead of some of us I think. When I looked at my training, I did not have a course in crisis. I had three-hour workshop on suicide. We did not include integrated care at all. There was a very little attention to trauma in my program. Over the years I have had to work pretty overtly to keep up with the current trends to understand what's happening in the field and the world of practice. I have seen that kind of time again, where new

> standards come out. Counselor educators were motivated by the standards to learn about something. Like "oh I have to learn something about neurobiology because it is in standards and I have to teach it and I don't quite know what that is." I think sometimes it's a challenge when standards get a little bit ahead of us.

On the other hand, some participants believed that CACREP needed to be more responsive to the trends. For example, one participant shared, "I feel some of the rigidity in the CACREP requirements make it very difficult for us to include what we feel is important for our community." In addition, another participant indicated that "While CACREP cannot address everything, especially trends that are developing, CACREP needs to address programs in different specific areas, for instance, MFT, addiction, and school. Be on the cutting edge to address the trends as much as possible."

Specializations. Participants discussed the needs to revisit the specializations in the counseling profession. For example, one participant shared the concern:

> There are some disconnects between mental health counseling, school counseling, and career counseling. We have the specialty areas; philosophically, we are all professional counselors. Our training is very similar, and our knowledge base is very similar. [However] we create this artificial barrier. I think we'd be better served as a profession if we really went to a model where everybody calls themselves professional counselors.

This participant also provided a suggestion:

> They [CACREP] accredit individual programs [e.g., clinical mental health counseling program and school counseling program]. That's actual part of

> problem that we created this kind of divide. That actually would probably help our profession that counseling programs are accredited and then they have specialty areas in which they train. Have more our students to take more of their classes together across tracks, [and] to send this message that –we are all professional counselors who choose to work at different settings." I think that accreditation conversation will continue.

Similarly, another participant stated:

> [Moving things to core area] in some ways is minimizing the roles of the specialty standards, which I think that was a good move toward integration. We are counselors working in a variety of settings. Our core philosophy and skills are the same even though I have a kind of a different distribution work in a school versus a community agency. I start to question many specialty sets like marriage, couples, and family counseling, clinical rehabilitation counseling, career counseling and student affairs. When we look at having 300 accredited CMH programs and 9 addiction programs, what does it tell us? When we have 23000 CMH student enrolled and 11000 SC students enrolled and 3000 combined all the other specialties enrolled. I think that might tell us something about whether those specialties are needed right now. The question is are those really distinct specialties or are we pulling down to the point where the two kind of specialties – clinical mental health counseling and school counseling. They [programs in other specialty areas] may have strengths and their students may empathize in those

> areas. At the end of the day, their students are working at community agencies or private practice.

Lastly, another participant indicated that integration of specializations would be needed because:

> Right now Tri-Care recognizes only students who graduate from CACREP accredited programs in clinical mental health, not in marriage, couples and family counseling, addiction counseling, school counseling; I think that's a problem. I think CACREP needs to move away from all these small specializations, and just has one accreditation for master's degree that everybody meets. So whether you want to focus on any specialization, you meet the criteria for Tri-Care.

In sum, participants in this theme provided several big-picture suggestions, including evaluating client outcome in replace of student learning outcome, responding to societal trends and needs, and integrating specializations.

Summary

The aim of this study was to answer three research questions: (a) How relevant are the 2016 CACREP Standards to counselor education? (b) How clear are the 2016 CACREP Standards? (c) What are identified future trends in the counseling profession and counselor. The results of the data analysis were reported in this chapter. This chapter started with the results of the quantitative surveys. Overall, all of the 77 standards in Section 1, 2, 3, and 4 were perceived as relevant and clear. Only two standards (1.W, 1.D) scored lower than 0.9 on relevance, and four standards (1.C, 1.T, 1.U, 1.E) scored lower than 0.9 on clarity. Narrative comments were analyzed to explain the low scores those

items received. Similarly, although the numbers of participants varied in different specialty areas, the standards in Section 5 and 6 were perceived relevant and clear. Also, participants‘ narrative comments about the compelling issues in the counseling profession and counselor education were analyzed and reported. The results of the qualitative interviews were reported afterwards. Five themes emerged, including (a) compelling issues, (b) trends, (c) the professional identity, (d) perceptions of CACREP, and (e) the big picture. Codes and participants‘ narratives were reported.

Chapter 5: Discussion

This chapter focuses on a discussion of the results from the data analysis. It includes a brief overview of the purpose of the study, a discussion of findings relevant to research questions, and unique findings based on the merger of results from quantitative and qualitative data. Further, implications of the study for counselor educators, leaders in the counseling profession, and CACREP are addressed. Finally, a discussion of the limitations as well as the suggestions for future research is provided.

Purpose of the Study

This mixed-methods study focused on the future of counselor education, which aimed to examine the relevance and clarity of the 2016 CACREP Standards and to explore the future trends in the counseling profession and counselor education. Accreditation standards are closely tied to the direction and the quality of education. By examining the relevance and clarity of the accreditation standards, the researcher aimed to understand to what degree the participants believed the accreditation standards were what counselor education needed, and to what extent the participants could comprehend and interpret the standards without any difficulty. In addition to examining what counselor education has had (i.e., the 2016 CACREP Standards), exploring the compelling issues and future trends in the counseling profession and counselor education was also imperative for understanding the direction where the profession should go next. By merging the quantitative and qualitative components of this study, the researcher was able to answer the research questions with a degree of confidence.

The target population of the quantitative section (i.e., which examined the relevance and clarity of the 2016 CACREP Standards) was counselor educators with core faculty status in CACREP accredited programs in the U.S. The core faculty members were selected because they were expected to be able to interpret and apply accreditation standards to what and how they teach. Moreover, because of the core faculty requirement listed in the CACREP Standards (i.e., must hold a doctoral degree in counselor education, or hold a degree from related fields and have taught as full-time faculty in counselor education prior to July 1, 2013; CACREP, 2015b), core faculty members were expected to have the foundational knowledge and capability to critique and evaluate the accreditation standards. To this researcher‘s understanding, this is a seminal study which collected perceptions of CACREP Standards from all counselor educators in the United States for the first time in literature. In addition, the target population of the qualitative part was the ACA Fellows and those referred by the ACA Fellows. The Fellows were selected because of their recognized contribution to the counseling profession. As leaders in the counseling profession, Fellows were expected to have unique visions of compelling issues and future trends in the counseling profession and counselor education. Furthermore, in order to include as more valuable voices as possible, counselor educators referred by the ACA Fellows were also recruited. These counselor educators, who were recognized by ACA Fellows, were expected to have unique ideas about where the profession should move toward.

Findings Relevant to Research Questions

A brief discussion of the findings related to research questions is provided in this section, followed by sections which elaborate a detailed report of the merged data. The first part of this study (quantitative survey) was to examine the relevance and clarity of the 2016 CACREP Standards. In general, the scores of relevance and clarity on standards from Section 1 to 4 were high (i.e., > .8). The overall scores of each Section were also high (i.e., > .95). Because of the low participant number in each specialty areas in Section 5 and 6, the scores were not reported (e.g., if one of six participants rated one standard as non-relevant, the score of that standard would drop to .83). However, the result did not reveal issues regarding standards‘ relevance or clarity. When comparing this current study with the study of Vacc (1992), the researcher found that in general the standards received lower scores in the Vacc study (e.g., one standard received 0.4 on its importance). Although the climate in 1992 and the contents of the 1988 CACREP Standards were different than nowadays, this discrepancy provides a sense that counselor educators may be more acceptable to the current set of CACREP Standards.

According to the U.S. Department of Education (Department of Education, 2012), an accreditation agency needs to maintain ~~a~~ systematic program of review of its standards” (p. 53), and to demonstrate that ~~it~~s program of review is systematic and focuses on the adequacy and relevance of its standards in terms of enabling the agency to evaluate educational quality” (p. 53). The findings of this study supported that almost all standards were perceived as highly relevant to counselor education except for a few standards (i.e., 1.W and 1.D) which received scores between 0.80 and 0.90. In addition,

almost all standards were perceived as clear for interpretation, except few standards (i.e., 1.C, 1.T, 1.U, and 1.E) which received scores between .8 and .9. Overall, the set of 2016 CACREP Standards was perceived as relevant to counselor education and clear to understand.

When looking into these standards which received relatively low scores (between .8 and .9), the researcher found that all of them were in the Section 1 where the requirements of the institution, the academic unit, and faculty and staff were listed. This finding is consistent with the Vacc (1992) study that participants had more concerns about the program and faculty requirements, instead of the educational components such as core areas, practicum and internship, evaluation, and specialty areas.

In addition to providing a discussion related answers from a single source (i.e. quantitative section or qualitative section), the researcher also reports unique findings by merging the data from difference sources. By collecting the perspectives from two different sets of target populations through both the qualitative and quantitative approaches, the researcher was able to provide discussions with breadth and depth. The merger of the study results from quantitative and qualitative sections is integral to a mixed methods study. Through the merging process, this researcher identified several unique findings which provided information to answer the research questions more comprehensively.

Issues Related to Faculty and Program Strengths

The standard which received the lowest score on relevance was 1.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" (CACREP, 2015b, p. 6). Twenty five out of 155 participants perceived the standard as not relevant. The main comments received were (a) this standard would decrease the diversity (i.e. training background) of the faculty; and (b) this standard would divide the counseling profession. The finding is consistent with the criticisms mentioned by Bobby in the *CACREP Annual Report 2015* (CACREP, 2016a). In the report, Bobby indicated that during 2015, there were postings on the Counseling listservs that provided false information and misguided the public's understanding about CACREP's motives and intentions. The misinformation included that

> CACREP harms the profession, divides the profession, lobbies against recognition of non-CACREP program graduates, restricts the hiring of faculty to CACREP-only graduates, disadvantages historically black colleges and universities from being able to seek accreditation, and misused the allegedly _too high' accreditation fees that institution pay. (CACREP, 2016a, p. 26)

Interestingly, when looking at the demographic background of these 25 participants, the researcher found that 19 (76%) of them received doctoral degrees from non-CACREP accredited programs. Furthermore, 17 out of these 19 participants received training in fields other than counselor education, such as counseling psychology, clinical psychology, and rehabilitation counseling related fields. Similarly, when examining the third lowest rated standard 1.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, (CACREP, 2015b, p. 6)

the researcher also found that 92.3% of participants received doctoral degrees from non-CACREP accredited programs, and 92.3 % received training in fields other than counselor education. These findings showed that these participants in a way were advocating for other training backgrounds or professions because: (a) these standards would limit the employability of graduates from training programs other than counselor education; and (b) these standards would limit the diversity of counselor education by excluding the knowledge brought in by graduates from other fields. Interestingly, other disciplines also incorporate similar requirements for faculty recruitment. For example, APA-accredited programs may require candidates for faculty appointments to have a doctoral degree from APA-accredited programs. In fact, the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (APA, 2006) indicates at several places that faculty, core faculty, and supervisors must be licensed or certified as a psychologist, which excludes candidates from other disciplines such as social work and counseling. This also echoes one participant‘s experience as a department head.

The core faculty requirement was listed since the 2009 CACREP Standards (CACREP, 2009). Davis and Gressard (2011) illustrated how the 2009 CACREP Standards promoted the counseling professional identity. The authors stated that where and how student learning take place would make a difference in the professional identity.

The statement showed the importance of counselor educators' training background and professional identity. That is, who teach in the counselor education programs impacts what students learn about professional identity. Bobby and Urofsky (2011) supported this point by stating that, at the time, graduates of mental health counseling programs may be not familiar with counseling associations, and had no knowledge of the scope of practice for licensed professional counselors, because their professors graduated with psychology degrees or had a primarily psychology identity. Urofsky (2013) indicated that students in counselor preparation programs taught by psychologists had received mixed messages about the counselors‘ responsibilities and professional identity.

Similarly, Mascari and Webber (2013) described the issues of counselor professional identity, and how the 2009 CACREP Standards provided the solution. The authors summarized literature with several points: (a) counselor educators with a psychologist identity may contribute to confusion in developing students' professional identity, (b) including these counselor educators in the counselor education programs may make the counseling profession indistinguishable from the psychology profession, (c) professional counselors with a supervisor with counselor identity may have a stronger professional identity, (d) students who are developing counselor professional identity can benefit from counselor education programs that have a clear professional identity and recognize the professional counselors' scope of practice. Moreover, one participant in the qualitative interview of this study reported similarly that counselor educators should be protected by the counseling profession as counseling psychologists should be protected by the psychology profession.

On the other hand, participants in both the quantitative and qualitative parts showed the issues related to program strengths. In the survey, the participants indicated that the standards (1.W and 1.S) may reduce the diversity of core faculty, further limiting the knowledge passed to counselor education students. One participant in the qualitative interviews also indicated that a large number of core area contents reduced the flexibility of a program to develop its own strength, for example, a Cognitive Behavioral Therapy focused program or a trauma counseling focused program. Another participant also indicated that ―generalized" education only created ―generalized" counselors and counselor educators. That means, the profession and counselor education would be trapped in a vicious cycle where counselor educators keep passing the same knowledge down to students, who then pass it down to their students or supervisees; in other words, no novelty would be developed. Moreover, the participants in the qualitative interviews also reported that CACREP Standards should allow counselor educators to respond to societal trends in time. If CACREP could explore a way to allow and assist counselor education programs to develop their own strengths, the profession may have counselors with their own expertise to respond to different societal needs. Therefore, it is crucial for CACREP to find a balance between strengthening professional identity and promoting the uniqueness in each program.

The 60-Credit-Hour Requirement, Student Support, and the Unified Profession

The second lowest rated standard on its relevance was 1.D. (M = .890), ―The institution provides opportunities for graduate assistantships for program students that are commensurate with graduate assistantship opportunities in other clinical programs in the

institution" (CACREP, 2015b, p. 4). The participants indicated that the opportunity of graduate assistantships was not related to counselor education. Rationales behind this standard could be related to CACREP's concerns about the institution's support to students, and students' financial needs. However, the quantitative and qualitative results from this study showed a conflict with this intention.

The results of both quantitative and qualitative data revealed the issue with the 60-credit-hour requirement. First of all, participants indicated that 60 credit hours put a huge pressure on students who wanted to enter the counseling profession. Students may drop out, or choose to enter other professions that require fewer credit hours. The increased cost of counselor education seemed to contradict the purpose of requiring institutions to offer counselor education students assistantships (i.e., the standard 1.D). Besides, participants indicated that most students were not funded for their graduate studies. Moreover, students may choose to enter these non-accredited programs that also prepare them to be eligible for licensure or certification (Lu et al., 2016). The previous literature showed that the requirement had hurt school counseling programs which were located in the states that only required 48 or even 36 credit hours for the certification eligibility (Lu et al., 2016). The discrepancies between the state board and CACREP requirements were the root problem behind this issue; yet students were the one that suffered from the huge debt. Participants also indicated that entry-level salary was relative low compared to the high cost of tuition. Indeed, according to Bureau of Labor Statistics (2017), the 2016 median pay of school counselors and mental health counselors was about $45,000 to $55,000, which was close to the pay of social worker that one could

become licensed with a bachelor degree in social work. From the core faculty's perspective, few participants indicated that the requirements made them difficult to meet another standard which asked more than 50% of credit hours should be taught by core faculty members.

On the other hand, the intention of requiring entry-level programs to consist of an equivalent of 60 credit hours was to facilitate the licensure portability for profession counselors (Mascari & Webber, 2013), and to unify the profession (Williams, Milsom, Nassar-McMillen, & Pope, 2012). Developing commonalities and a unified identity among specializations in counseling may be the next step of CACREP and counselor education. Participants from the qualitative interviews indicated that CACREP should consider decreasing the proliferation of specializations in Section 5 of the CACREP Standards. Instead of keeping specializations that only have few accredited programs (e.g., addiction counseling, career counseling), CACREP may move toward accrediting only one or two types of programs (e.g., clinical mental health counseling and school counseling) with specialization (e.g., clinical mental health counseling with a focus in addiction and substance abuse or rehabilitation). According to participants, this approach not only could strengthen the profession identity, promoting the concept —we are all counselors," but also could increase graduates' employability in federal programs such as TRICARE which only recognizes graduates from CACREP accredited clinical mental health counseling programs. Yet, issues regarding 60-credit-hour requirement for some areas (e.g. school counseling) still remain unresolved. Therefore, how to find the balance on the credit hour requirement to support students and faculty, solve the discrepancies

between state boards and CACREP Standards, and move toward a unified profession is the compelling issue that CACREP may need to address.

The Programs and the Administrations

Concerns about standards‘ clarity were related to the relationships between the accredited programs and their university administrations. Moreover, the participants in the qualitative interviews also reported university funding had been an issue that impacted the programs‘ ability to operate as what CACREP Standards required. For example, participants shared that CACREP was not clear about the financial support from institution on the standard 1.C. Some participants specifically indicated that CACREP should set a firm definition of financial support for programs to negotiate with their administrations. Similarly, participants asked CACREP to clearly define the term *full-time equivalent* used in the standard 1.T. Few participants were concerned about that sometimes they may have to work overload to fulfill the standard 1.S which asked core faculty members to teach more than 50% credit hours, possibly because their administrations did not allow the programs to hire more core faculty members. Few participants asked CACREP to be strict regarding the ratio of faculty to students, possibly because their administrations forced the programs to enroll more students in the classes. Moreover, when discussing the standard 1.U which indicated that counselor educators must be consistent with the institution missions and also recognize the nature of extensive clinical instruction in counselor education programs, participants reported that administrations often overlooked or ignored the workload of clinical instruction, and asked CACREP to help negotiate with administrators by clarifying the standard. Likewise,

participants asked CACREP to clarify the standard 1.F where institutions were asked to provide support and resources to counselor educators and students. In sum, these standards rated relatively low were related to issues between programs and their administrations. This finding is consistent with previous literature which showed that administrations would be a support or obstacle during the CACREP accreditation process (Lu et al., 2016). Moreover, the finding further showed that the communications between programs and administration is ongoing and an effort that the programs have to make after the accreditation process. It also provided a sense that sometimes programs may have to compromise when the administrations command programs to make some changes which contradict the accreditation standards.

Future Trends

As for future trends in the counseling profession and counselor education, the participants in the qualitative interviews and quantitative surveys together identified several trends that the profession and educators should address in the next few years, including evidence-based practice, technology, integrated healthcare, and multicultural counseling and social justice. These findings are consistent with the literature which showed the future trends in healthcare professions. First of all, the identified theme aligns with the literature that it had been a shift to an evidence-based model within the healthcare practice and would continue to develop (Danielsen, 2012; Enders et al. 2013; Rashid et al., 2016). Participants believed that counselors should use empirical research to inform their practice. In fact, the call to address evidence-based practice in the counseling profession has never disappeared throughout these important events:

Counseling Futures (Walz et al., 1991), the *1998 Counselor Advocacy Leadership Conferences* (CSI, n.d.), and the *20/20: A Vision for the Future of Counseling* (Kaplan & Gladding, 2011). Evidence-based practice means that counselors make clinical decisions based on standardized procedures and the decisions are supported by research evidence (Danielsen, 2012; Enders et al. 2013). Moreover, some participants in the qualitative interviews also indicated that the focus of counselor education should shift from student learning outcome to client or treatment outcome. Lastly, although none of the participants indicated a need to address the productivity of research or the training of conducting research in the counseling profession and education, the advocacy for moving toward evidence-based practice means a need of more empirical studies and a need to train counselors to be science consumers.

In addition, technology was reported in the qualitative interviews as one of the future trends that the counseling profession and educators should address. Moreover, online counseling, supervision, and education was also identified as the compelling issue that counselor education should look into. This finding is consistent with the previous literature. For example, Emanuel (2015) indicated that there would be more and more uses of electronic health records, analytics and decision supports, and engagement in online communications with clients and caregivers. The use of technology could also have an impact on tele-counseling (Greenhalgh et al., 2012), certain counseling techniques, such as internet-delivered cognitive behavioral therapy (Andrew & Williams, 2014), and the effectiveness of psychiatric diagnosis (Sayar & Cetin, 2015). Moreover, participants in this study not only identified online counseling, but also online counselor

education as the trends that the profession should address. Similarly, Hodge (2013) also addressed the potential use of technology in counselor education such as using it to engage students across countries and promote students‘ multicultural competence.

Furthermore, the participants‘ responses aligned with the fact that healthcare reformation would have an impact on related healthcare professions (Balasubramanian & Jones, 2016; Emanuel, 2015; Enders et al., 2013). Although the literature addressed the Affordable Care Act and insurance systems instead of the current (i.e., 2017) climate, it provided the similar sense that the government and administration policies would impact the clients, and indirectly force healthcare professions, including the counseling profession, to make an adjustment. Besides, participants in this study also identified integrated healthcare as the trend that counselor educators and CACREP should address to make graduates more competent in the healthcare field. The World Health Organization proposed several strategic goals for integrated healthcare (WHO, 2015). Moreover, literature has identified the importance of inter-professional practice in healthcare professions (Zorek & Raehl, 2012), and positive outcomes of collaborating with other professions (Norbbye, 2016). Lastly, other professions (psychiatry and psychology) identified the importance of integrated healthcare and started exploring the potential roles for their professionals and students (Kay & Myers, 2014; McGuinness, 2012). In fact, the *1998 Counselor Advocacy Leadership Conferences* (CSI, n.d.) had urged the counseling profession to explore ways to promote the inter-professional relationship between the counseling profession and other healthcare professions. Based on the finding in this study, this might be a good timing to consider and explore how to

prepare counselor education students to collaborate with other professions, to strengthen the counseling professional identity, and hold a place for the profession in the integrated healthcare system.

Lastly, another identified trend through the qualitative interview and quantitative survey was the multicultural counseling and social justice. The literature showed that a future trend in healthcare was to explore and learn ways to work with clients from various backgrounds, or with different identities, for example, aging populations (Enders et al., 2013; Karel, Gatz, & Smyer, 2012; WHO, 2011) and persons with disabilities (Emanuel, 2015; Danielsen, 2012; Parkinson, 2006; Thomas, Curtis, & Shippen, 2011). Similarly, *Counseling Futures* (Walz et al., 1991) had urged counselors to develop competence to work with diverse clients such as working women, aging population, and ethnically underserved populations. In the current task, participants indicated that counselors should develop multicultural competence in general, and be the advocate of social justice to reach out to underserved clients. In other words, counselors should work on their multicultural competence beyond just one or two aspects (e.g., race); instead, counselors should be responsive to the societal needs and be competent in working with clients in this diverse country.

A Complicated Task

Although several themes identified through the quantitative and qualitative data were reported separately, they were in fact intertwined. For example, both the 60-credit-hour requirement and core faculty requirement as well as reducing the specializations could eventually impact the professional identity of the counseling profession. Moreover,

reducing the specializations may lead to more program flexibility in terms of developing their own unique strengths. This may solve the problem that graduates only have general counseling knowledge instead of expertise.

Moreover, better program flexibility may also lead to greater diversity of programs, and increase counselors‘ ability to respond to rapidly changing societal trends and needs. For example, graduates with trauma counseling expertise may respond to crises and traumatic events in the country or the world immediately. Furthermore, a variety of programs may also increase the expertise counselor educators have, and help the counselor education get out of the vicious cycle. This could eventually solve the critique that there was no diversity in the faculty training background. In sum, the compelling issues counselor education faces today are intertwined. It is a complicated task that CACREP, counselor education, and the counseling profession need to complete together moving forward.

Implications and Recommendations for Future Research

The findings of this mixed methods study yielded several implications and recommendations for future research. First of all, this is the only study that collected voices about CACREP Standards from all counselor educators in CACREP-accredited programs to date. As literature showed, accreditation standards should be examined and accepted by stake holders in order to be effective. Thus, to regularly have a nation-wide survey to check with counselor educators may be helpful for CACREP to evaluate the accreditation standards and establish its accountability. However, the lengthy, time-consuming surveys could be the reason why many counselor educators dropped off in the

middle of the participation. Future researchers or CACREP may investigate other ways to examine the relevance and clarity of the accreditation standards. For example, one can use Delphi approach to identify or narrow down the list of problematic standards and then survey these standards on a larger sample. One can also use multiple matrix approach to survey different parts of the accreditation standards to different subsets of population. However, one should also note that the results of these two approaches may not be as robust as the approach that this study employed, because audiences could easily challenge that some of the important standards or potential participants are left out.

In addition, this study is also the only known study that examined the future trends in the counseling profession and counselor education. According to *Counseling Futures* (Walz et al., 1991), exploring and identifying the compelling issues that the profession is facing, and the direction the profession should move toward is crucial. Some of the findings in this study confirm the work that the profession is doing (e.g., licensure portability, multicultural counseling and social justice, and professional identity), and some findings are new to the field, such as reducing the specializations, and increasing program flexibility to develop program strengths. The empirical results represented the voices of the profession, from both the recognized leaders and counselor educators. Future researchers could replicate the methodology to conduct research on counselor education or specializations, such as school counseling, group counseling, or addiction counseling.

The findings of this study also pointed out the need of a path for counselor educators to communicate and advocate for themselves, students, programs, and the

profession. Some participants shared appreciations at the end of the survey and provided informative comments about their thought on CACREP, accreditation standards, and the future of the counseling profession. Although some of the voices were left out because of the structured data analysis procedure, the data represents the energy, passion, and wisdom of counselor educators in the profession. Therefore, the researcher urges the profession to initiate the panel or a regular project to collect voices from the root of counselor education. In addition, the researcher also urges counselor educators to speak out and advocate for the profession by sharing comments and suggestions. Moreover, the counseling profession and associations have not had any nation-wide mission since the 20/20 project ended. This may be a good timing to develop one for the next step of the counseling profession.

The findings of this study showed several suggestions for CACREP's next revision. First of all, it is crucial for CACREP to handle the impact brought by the 60-credit-hour requirement on some specialty areas such as school counseling and career counseling. A close collaboration with the American School Counseling Association may be needed in order to solve the discrepancies between state requirements and CACREP Standards, if 60-credit-hour requirement would be kept in the next revision. On the other hand, CACREP may also consider the suggestion for reducing or unifying the specializations. The idea could be all programs are accredited as master's degree in counseling; students take most of the core curriculum together, and take few specialization courses to fulfill the requirement for one or more specialty areas. That is, a graduate can state, "I am a professional counselor specialized in clinical mental health

counseling (or school counseling).” Another alternative could be programs being accredited as clinical mental health counseling programs or school counseling programs, considering that the nature of school counseling would be much different than other clinical-oriented specialty areas.

Another suggestion for CACREP is to promote uniqueness in each counselor education program. The uniqueness of programs is the key to train counselors and counselor educators with diverse expertise. The diverse expertise is expected to promote the development of counselor education and the counseling profession. It can also provide a solution to critiques that ~~–e~~ounselor educators have no diversity because experts from other field were excluded.” In order to do so, CACREP may help programs develop such uniqueness under the current set of standards through workshop or consultation. In addition, CACREP may restructure the format if reducing the specializations is the next step. That is, CACREP may provide sample program structures that cover core areas and also offer some flexibility in the curriculum for programs to develop their own strengths. In this way, not only the profession benefits from it, counselor educators and students can also have the freedom to choose the programs that have strengths which interest them.

The last suggestion for CACREP is to prepare accredited programs to be more responsive to societal trends and needs. Participants suggested that because of the rapid changing society, counselor educators and programs should be able to react and adjust their training in order to train their students to be competent counselors. To meet this expectation, a standards revision every eight years might not allow the profession to catch

up on the societal needs. Moreover, it may not be reasonable to add more contents to core areas as participants reported that there were too many to cover in the standards. Therefore, one way to work with this issue could be to develop program uniqueness as previous mentioned. That is, counselor educators and counselors equip with various skills and tools when they graduate from programs, and each of them responds to certain situations that meet their expertise. On the other hand, this researcher also urges counselor educators to be proactively responsive to societal needs and modify the curriculum appropriately to prepare competent professional counselors.

Limitations

Although the intention of adopting a mixed-methods approach was to strengthen the credibility of the results, there were still limitations which should be considered in this study. First of all, regarding the first survey, the response rate of the survey was roughly 8%, if including those who should not be on the list (e.g., professors from other fields, professors from non-accredited programs). The response rate was lower than it was originally expected (15%), and the sampling error was ± 6.08%. Moreover, as mentioned in the chapter 1, it was the assumption that participants would respond in an honest manner without a social desirability bias and provided accurate information. Therefore, one should consider the representativeness when interpreting the quantitative results of this study. In addition, the surveys only provided participants "yes" and "no" with an opportunity to leave a narrative comment for each item. The dichotomous scale may provide less precise information than, for example a Likert Scale, regarding the degree of perceived relevance and clarity of each item. Lastly, it was unknown that how

the time needed to complete the first survey impacted counselor educators‘ willingness to participate. For example, one may feel burdened to complete the survey and check ―yes‖ on every item without reading the standards; one may also feel burdened to complete the survey and refuse to participate because all standards were relevant and clear based on that person‘s opinion.

As for the second survey, the low response rate and participant numbers in specialty areas made the results hard to interpret. In addition, counselor educators were asked to select and respond to their specialties (e.g., clinical mental health counseling). However, it would be difficult to assess whether participants indeed had the expertise in the areas to which they responded. Moreover, because of unreachable information such as the numbers of counselor educators in each specialty areas, it was difficult to determine whether the participants are representative to the population. Besides the reasons mentioned in the previous paragraph in regards to why people chose not to participate, it was also possible that people may have felt burdened after completing the first survey and refused to participate in the second survey.

For the qualitative section, this study reported the opinions of ACA Fellows and those referred by ACA Fellows on the future trends in the counseling profession and counselor education. It was assumed that participants would have their unique visions of future trends in the counseling profession and counselor education. In addition, voices of other prestigious and seasoned counselor educators were left out. Also, the themes emerged from the qualitative study may have been impacted by the researcher‘s personal biases and interpretations. Furthermore, because of the differences in the quantitative and

qualitative methodologies, one may argue the appropriateness of comparing results from these two sections.

Summary

This study was the first known study that examined the relevance and clarity of CACREP Standards and explored the future trends in the counseling profession and counselor education. This study not only adds to the literature on CACREP related topics, but also provides a research framework for future researchers to replicate and generate valuable information. CACREP Standards need to be constantly assessed, and the future trends should be explored periodically.

The overall purpose of this study was to investigate what the next step would be for counselor education. In order to do so, the researcher examined what the profession had – the 2016 CACREP Standards, and also explored the perceptions of counseling leaders on the future trends as well as the compelling issues in the field. Three research questions were (a) How relevant are the 2016 CACREP Standards to counselor education? (b) How clear are the 2016 CACREP Standards? (c) What are identified future trends in the counseling profession and counselor education by professionals who have been recognized for significant contribution to the counseling profession?

The findings of this study showed that in general, the 2016 CACREP Standards were perceived as relevant to counselor education and clear for counselor educators to understand and interpret. The scores of all standards in Section 1 to 4 on relevance and clarity were higher than .8; only two standards in relevance section and four standards in clarity section fell below the score of .9. The scores of standards in Section 5 to 6 on both

relevance and clarity were generally good; however, due to small numbers of participants in each area, the data could not yield much informative findings. The qualitative interviews with the counseling leaders yielded five themes, including (a) compelling issues; (b) trends; (c) the professional identity; (d) perceptions of CACREP; and (e) the big picture. These results are consistent with existing literature.

The merger of data from two sources also identified several unique findings and implications, such as the impact of 60-credit-hour requirement on students, faculty, programs, specializations, and the profession. A suggestion to reduce the specializations in counselor education was another unique finding. Moreover, to develop the uniqueness of programs is suggested to prepare better counselors and solve the arguments about the core faculty requirement in the CACREP Standards. Lastly, CACREP, counselor education programs, and counselor educators are urged to be more responsive to the rapidly changing societal trends and needs. Recommendations for future research were also discussed.

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Appendix A: Recruitment Email – Survey Example

Demographic Questionnaire

Thank you for being willing to participate in this survey. Here are few questions about your demographic background. Please complete them below.

Please identify your role in your counselor education program:

CACREP liaison/core faculty member	CACREP liaison/non-core faculty member	core faculty member/non-CACREP liaison

Please identify the Association for Counselor Education and Supervision (ACES) region where your program locates:

North Atlantic	North Central	Rocky Mountain	Southern	Western

Please share your training background:

	Specialty Area (e.g., CMHC, School Counseling)	Training Program's Accreditation	
		CACREP	Others
Master's Training		○	○
Doctoral Training		○	○

Section 1

This part of survey invites you to share your perceptions on relevance and clarity of the **Section 1 to Section 4** of the 2016 CACREP Standards.

Please choose **Yes** or **No** in regard to the relevance and clarity of each standard. A space is also provided for you to leave your comment.

The definition of relevance: having significant and demonstrable bearing on counselor education
The definition of clarity: the quality or state of being clear

SECTION 1: THE LEARNING ENVIRONMENT

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.

	Yes	No	If "No" is selected, please provide your feedback here
Relevant	○	○	
Clear	○	○	

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.

	Yes	No	If "No" is selected, please provide your feedback here
Relevant	○	○	
Clear	○	○	

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.

	Yes	No	If "No" is selected, please provide your feedback here

Appendix B: IRB Approval

Project Number	17-E-132
Project Status	APPROVED
Committee:	Office of Research Compliance
Compliance Contact:	Robin Stack (stack@ohio.edu)
Primary Investigator:	Huan Tang Lu
Project Title:	A validation study of the 2016 CACREP Standards and an exploration of future trends
Level of Review:	EXEMPT

The Ohio University Office of Research Compliance reviewed and approved by exempt review the above referenced research. The Office of Research Compliance was able to provide exempt approval under 45 CFR 46.101(b) because the research meets the applicability criteria and one or more categories of research eligible for exempt review, as indicated below.

IRB Approval:	08/14/2017 5:38:51 PM
Review Category:	2

Waivers: Waiver of signature on consent document.

If applicable, informed consent (and HIPAA research authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. In addition, FERPA, PPRA, and other authorizations must be obtained, if needed. The IRB-approved consent form and process must be used. Any changes in the research (e.g., recruitment procedures, advertisements, enrollment numbers, etc.) or informed consent process must be approved by the IRB before they are implemented (except where necessary to eliminate apparent immediate hazards to subjects).

It is the responsibility of all investigators and research staff to promptly report to the Office of Research Compliance / IRB any serious, unexpected and related adverse and potential unanticipated problems involving risks to subjects or others.

This approval is issued under the Ohio University OHRP Federalwide Assurance #00000095. Please feel free to contact the Office of Research Compliance staff contact listed above with any questions or concerns.

Appendix C: Recruitment Email - Survey

Dear Dr.,

I am a doctoral candidate in the Counselor Education & Supervision program at Ohio University. I am requesting your assistance with completing the survey section of my mixed-methods dissertation study titled "A Validation Study of the 2016 CACREP Standards and An Exploration of Future Trends" (Ohio University IRB Protocol #: 17-E-132).

This study consists of a survey section which examines the current set of accreditation standards, and a qualitative interview which explores the future trends in counseling and counselor education.

You are selected to participate in the survey section because you are teaching at a CACREP-accredited program. Your unique perspective is significant to my dissertation because the data that you provide will inform the direction that the counseling profession is headed in the next five to ten years. The survey is sent to all counselor educators in the CACREP-accredited programs and your participation will be valued.

The surveys will ask for your perceptions of the 2016 CACREP Standards regarding (a) the relevance to counselor education, and (b) the clarity of the Standards.
Please visit the 1st survey (Section 1-4) here: (link)
Please visit the 2nd survey (Section 5-6) here: (link)
You will be asked to complete the whole 1st survey, and parts of the 2nd survey which match your expertise. The total time commitment is **approximately 30 minutes.**

There is no risk involved in this study. Your participation is voluntary and anonymous, and you may withdraw from the study at any time. There is no identifier that will be recorded through this survey.

If you have any questions, please contact me, Huan-Tang Lu at hl586715@ohio.edu or my advisor, Dr. Yegan Pillay at pillay@ohio.edu. Thank you for your time and help in advance.

Sincerely,
Huan-Tang Lu
Doctoral candidate
Counselor Education & Supervision
Ohio University

Appendix D: Recruitment Email - Interview

Dear Dr. ,

I am a doctoral candidate in the Counselor Education & Supervision program at Ohio University. I am requesting your assistance with completing the qualitative interview section of my mixed-methods dissertation study titled "*A Validation Study of the 2016 CACREP Standards and An Exploration of Future Trends*" (Ohio University IRB Protocol #: 17-E-132).

This study consists of a survey section that examines the current set of accreditation standards, and a qualitative interview which explores the future trends in counseling and counselor education.

You have been selected to participate in the qualitative interview section because you are **an American Counseling Association (ACA) Fellow or referred by one of the ACA Fellows**. Your participation will be significant because of the contribution that you have already made to the counseling profession. Your unique perception of the future trends in counseling, which my dissertation explores, will provide valuable data that will have implications for the direction of the counseling profession for the next five to ten years.

The consent form is attached in this email for your review. **If you agree and decide to participate, please reply this email to express your interest**. I will follow up to schedule a date/time for interview. A set of questions highlighted in the consent form will be used in the phone or video conference, individual interview. The total time commitment is approximately **30-40 minutes**.

There is no risk involved in this study. Your participation is voluntary and anonymous, and you may withdraw from the study at any time. Your identifiers will be removed during the transcription process, and the audio recordings will be deleted afterwards.

If you have any questions, please contact me, Huan-Tang Lu at hl586715@ohio.edu or my advisor, Dr. Yegan Pillay at pillay@ohio.edu. Thank you for your time and help in advance.

Sincerely,
Huan-Tang Lu
Doctoral candidate
Counselor Education & Supervision
Ohio University

Thesis and Dissertation Services