

AMERICAN COUNSELING ASSOCIATION
Governing Council Motion Form

PASSED: 3/22/03

1. **SUBJECT:** Professional Parity for Rehabilitation Counselors

2. **IT IS MOVED:** That ACA reaffirms the position taken at the Governing Council meeting of October 16 – 18, 1998: That preparation of students educated by both the Council on Rehabilitation Education (CORE) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited programs is functionally equivalent for purposes of licensure, and further, that National Certified Counselors (NCCs) and Certified Rehabilitation Counselors (CRCs) have met equally rigorous standards of education and experience in achieving these credentials.

Further, it is the policy of ACA that the alternate equivalency of CORE and CRCC to their counseling credentialing counterparts be given full and proper consideration and voice in all credentialing, professionalization, and advocacy actions and policy communications taken by ACA. This position is especially relevant within the context of ACA's positions on statutory and regulatory licensure issues such as recommended examinations, and education requirements involved in core course evaluations, as well as counselor licensure portability models and policies.

3. **RATIONALE/NEED:** In many states, rehabilitation counselors are not accommodated in licensure legislation and the resultant regulatory language and processes adopted by these licensure boards. In a related manner, they have greater difficulties in being included in other regulatory processes and payment options. As a result, they have much greater difficulties in accessing as full a range of employment and practice opportunities than counselors of other specialties.

There is a misconception on the part of some people active in the professionalization movement that rehabilitation counselors are not counselors. This misconception persists even though rehabilitation counselors have Master's degrees requiring equivalent coursework and clinical education, taken within a graduate program that is accredited by the oldest counseling accrediting body in the country that has pioneered empirical validation of its credentialing process. The public, including State Licensure Boards, needs to be informed that the degrees, accreditation and certification processes of rehabilitation counseling are officially considered to be fully acceptable as counseling credentials and adopted as alternate and equivalent credentials for counselors. For example, studies of the certification examinations (CRC and NCE) have shown the comparability of examination content in assessing the general counseling content knowledge. Accreditation of the education programs is based upon the same continuous validation study program that informs the certification process and therefore incorporates these similarities. A statement from ACA is critical to the presentation of a united and systematically organized

counseling profession to the broader society and the publics concerned with the profession of counseling.

4. **BACKGROUND:** Rehabilitation Counseling continues to be omitted from state licensure laws. Three states have separate licensure laws for rehabilitation counselors (LRC): Louisiana, Massachusetts, and New Jersey. Thirteen states include rehabilitation in the scope of practice: Arizona, Idaho, Indiana, Missouri, New Hampshire, New York, Oregon, Pennsylvania, South Carolina, Texas, Virginia, Wisconsin, and Wyoming. Rehabilitation Counseling is not recognized in the other 34 states and all of them have rehabilitation counselors. Efforts continue to obtain the information required to address licensure in all states.
5. **FINANCIAL IMPACT:** No additional funding is required. The Financial Affairs Committee has been sent the motion.
6. **IMPACT ON PROFESSION AND RELATIONSHIP TO STRATEGIC PLAN:** Goals 1, 2, and 3. 1) Increase public awareness of and advocacy for counseling. 2) Promote public policy and legislation for counseling. 3) Promote standards for professional preparation and practice in counseling. This will benefit the profession by including all counselors who are professionally prepared and practice counseling to be included as one profession. While each specialty has specific expertise, a common base of knowledge and skill is acquired. This benefits the public and strengthens the professional association. Licensure in the states will protect those individuals seeking counseling resources. Additionally, this recognition and the ability to become licensed is a prerequisite for advocating against discrimination in gaining third party funding for their services and extending a full range of consumer choice to people seeking counseling services.
7. **NEW OR AMENDS POLICY:** This is not a new policy but reaffirms a motion passed at a previous Governing Council meeting.
8. **ADDITIONAL SUPPORTING INFORMATION:** It is important to note that throughout the history of rehabilitation counseling and the overall counseling profession, the core professionalization-relevant hallmarks have become increasingly more consistent. This evolution is not by chance, but rather as part of a carefully analytical and purposeful process of development undertaken by rehabilitation counseling leadership, who often have been involved in the leadership of the counseling profession as a whole. While it is true that historically there have been two major professional associations representing rehabilitation counseling (ARCA and NRCA), it would be highly inaccurate to conclude that the existence of these does not result in a unified and consistent adoption of the following benchmark documents. These components govern the practice of rehabilitation counseling as a counseling based profession. Of course, since rehabilitation counseling involves a specialty body of knowledge in addition to that of counseling as a whole, there are added specialty-specific elements in addition to those representing counseling. Great care has been taken by rehabilitation counseling leadership as early as the

1970s to collaborate on the formation and subsequent unified adoption of the core professionalization components described below and whose most recent counseling-related changes are noted:

- a. Code of Ethics – A new Code of Professional Ethics for Rehabilitation Counselors was adopted effective January 1, 2002. It was formed by specifically adopting the ACA Code of Ethics and merging it with the rehabilitation counseling-specific aspects of the earlier code of ethics to accommodate specialty practice aspects. The Code has been adopted by ARCA, NRCA, and CRCC.
- b. Scope of Practice – It should be remembered that historically rehabilitation counselors have been one of the earliest and most consistent providers of counseling and related services to people with mental and cognitive disorders/disabilities. Thus, in many ways rehabilitation counselors are one of the earliest and currently most well recognized providers of mental health and psychiatric counseling services to people with these disabilities. With this perspective in mind, it should not be surprising that a review of the official Scope of Practice for Rehabilitation Counseling is very similar to the scope of practice within the ACA model licensure bills. This Scope has been adopted by all major organizations within rehabilitation counseling (ARCA, NRCA, CORE, CRCC, NCRE) and serves to organize the identity, education, practice, and credentialing activities of the profession, and reflects the core counseling base of this professional group. In addition, the Scope serves as rehabilitation counseling's statement to its external stakeholders of its core professional activities, again placing it clearly as a counseling profession.
- c. CRCC Examination – The Certified Rehabilitation Counselor Examination (CRCE) is the oldest examination for counselor certification in the country. It always has included items designed to measure knowledge of general counseling content. This area always has been represented due to its ongoing importance in the series of empirically identified specific competencies and job functions arising from the validation studies that have dictated the structure of this research based examination. Most recently, a decision was made to adopt a conjunctive scoring model for this examination that specifically identified the counseling and rehabilitation based in separate examination portions, generating sub-scores in both areas of content, and requiring that both areas be passed to achieve an overall passing score on the CRCE. This method makes clear the focus of the examination on counseling content, and permits credentialing bodies to be assured that a passing CRCE score ensures that the examinee has achieved a minimum level of knowledge in counseling in addition to their specialty-specific knowledge. This innovation is supported by the most recent study of major knowledge domains and job functions required for rehabilitation counseling practice, including results that demonstrate the increasing importance of substance abuse and mental health counseling knowledge areas in the practices of rehabilitation counselors (Leahy, Chan and Saunders, 2003).
- d. CORE Revision of Standards – For some time now CORE and CACREP have discussed mutual interests and moved forward cooperatively, the most obvious

example of which is the program to provide universities with the option of joint visits of these accreditation bodies. CORE itself is presently in the second year of a two year process of updating and revising its accreditation standards. As part of this process, an extensive analysis of areas of comparability between CORE and the new CACREP standards was undertaken and many changes appear in the final draft standards concerning general counseling curriculum that are consistent with current CACREP curricular standards. These standards are currently in the final stages of the public commentary period and will receive their final review in May before CORE makes a final decision in July of 2003. It is likely that the new standards in the areas of general counseling will be substantially similar to the new CACREP standards.

Reference: Leahy, M.J., Chan, F., and Saunders, J. (2003). Job functions and knowledge requirements for certified rehabilitation counselors in the 21st century. *Rehabilitation Counseling Bulletin*, 46, 66-81.

9. **GOVERNING COUNCIL LIAISON:** ARCA Representative notified.

Motion made by: Betty Hedgeman. **Second:** Charlene Kampfe