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# Examining the 2016 CACREP Standards: A National Survey

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# Examining the 2016 CACREP Standards: A National Survey


## Abstract

The U.S Department of Education and the Council for Higher Education Accreditation (CHEA) both recognize national, regional, and programmatic accreditors across the country. However, there is a lingering question about whether accreditation is linked to the quality of education. In an effort to address this question, we conducted a study to examine the accreditation standards of the Council for Accreditation and Related Educational Program (CACREP). Based on the paucity of existing empirical studies specific to the CACREP accreditation standards, we developed a national survey to gather faculty members' perceptions of the relevance and clarity of the accreditation standards for counselor education. The results provide insight into the perceptions of educators, directions for future revisions of the accreditation standards, and implications for the counseling profession.



## Keywords

quality assurance; accreditation standards; CACREP; counselor preparation

Accreditation in higher education is an external quality review process to evaluate institutions and programs to assure and improve academic quality and accountability (Global University Network for Innovation, 2007). In the U.S., several types of accreditors exist, including regional, national faith-related, national career-related, and programmatic accreditors (Eaton, 2015). These accreditors review universities and colleges as well as programs in various professions, such as business, law, psychology, social work, pharmacology, medicine, and counseling. In addition to accredited institutions and programs, the general public, employers, students, federal programs, and government departments rely on these accreditors to ensure that the quality of education meets the minimum requirements.

For accountability, these accreditors obtain recognition from an overarching agency such as the Council for Higher Education Accreditation (CHEA). As a national, nongovernmental coordinating body, CHEA provides regular external reviews and recognizes about 60 accreditors at various levels and professions in the U.S. According to the *2017-2018 Directory of CHEA-Recognized Organizations* (CHEA, 2018), accreditors in the allied health professions included: American Psychological Association - Commission on Accreditation; Council on Social Work Education - Commission on Accreditation; Accreditation Council for Pharmacy Education; Accreditation Commission for Education in Nursing; and Council for Accreditation of Counseling and Related Educational Programs (CACREP).

**The Counseling Profession and CACREP**

Mental health professions in the United States consist of various disciplines, such as social work, psychology, psychiatry, and counseling. Unlike other helping professions, counseling is relatively new and was not officially recognized until 1976, when the state of Virginia developed a licensure system for counselors (Shallcross, 2009). The profession went

through several stages of transformation and merges, and now consists of various specialty areas such as school counseling, mental health counseling, career counseling, and rehabilitation counseling (Granello & Young, 2012; Neukrug, 2012). Due to its unique history and nature, the roles of professional counselors have been vague (Gladding & Newsome, 2010), and therefore, strengthening the professional identity has been the primary focus since the 1960s (Neukrug, 2012).

In the 1970s, members of the counseling profession identified a need to strengthen the counseling professional identity through graduate education (Sweeney, 1992). As a result, CACREP was formed in 1981 to establish standards for the counseling profession and counselor education. As the largest accrediting body for counselor education, CACREP has been recognized by CHEA since 2002 to accredit doctoral programs in counselor education and supervision, and master's programs in various specialty areas in the U.S. and internationally (CACREP, n.d; CHEA, 2018). According to the *CACREP Annual Report 2017* (CACREP, 2018), CACREP has accredited 859 counseling programs that have more than 45,000 students enrolled at 393 institutions.

Since its establishment, CACREP has revised its accreditation standards every seven years to ensure that the quality of counselor education programs aligns with the needs and trends of the profession and society. The most recent revision is *the 2016 CACREP Standards*. According to the 2016 Standards Revision Committee (CACREP, 2013), goals of this revision were to: (a) make the standards revision process as transparent as possible, (b) exclude redundant and confusing standards, (c) support a unified counseling profession, and (d) promote a strong professional counselor identity among students and graduates. The 2016 CACREP Standards consists of six sections: (1) the learning environment; (2) professional counseling identity; (3)

professional practice; (4) evaluation in the program; (5) entry-level specialty areas; and (6) doctoral standards. The first four sections focus on general, core standards that apply to all accredited programs, whereas the last two sections address standards for specialty areas. As of July 1, 2016, all counselor education programs (master's and doctoral) in the U.S. which seek accreditation or reaccreditation must meet the 2016 CACREP Standards (CACREP, 2015).

**Evaluations on Accreditation Standards**

Although a committee was formed to revise the CACREP standards with the commitment to make the process transparent, there is a paucity of empirical evidence to support the relevance and clarity of the accreditation standards. Regardless of the profession, it has been asserted that the benchmarks for the standards of education should be influenced and measured based on the consensus from stakeholders as well as empirical evidence, rather than on subjective decisions (Brink et al., 2018; Zellmer et al., 2013; Zellmer, 2010). This has been a long-standing discord relative to accreditation in higher education (cf. Millard, 1983; National Commission on Accrediting, 1972) which is evident in contemporary discourse in the counseling profession, such as several challenges to CACREP's position in the profession and the impact of its standards (c.f. CACREP, 2016).

In the past, scholars have rarely discussed examining accreditation standards in counseling and related healthcare fields, with only a few articles addressing this topic. When the Council on Social Work Education (CSWE) was redrafting its Educational Policy and Accreditation Standards in 2001, Gambrill (2001) argued that CSWE should integrate trends such as evidence-based practice, integrated healthcare, and outcome-based evaluation to promote the credibility of the social work profession. Similarly, Malouff (2012) in Australia suggested the need for empirically supported psychology training standards, arguing that accreditation agencies

should show evidence that standards contribute to better client outcomes. However, according to Malouff, these standards "appear to be based on supposition rather than on evidence (p.31)." In pharmacy education, the *Accreditation Council for Pharmacy Education* (ACPE) *Conference on Advancing Quality in Pharmacy Education* was held in 2012 to examine the relevance of accreditation standards to pharmacist competencies and the quality of education (Zellmer et al., 2013). ACPE intended to use the data gathered during the conference to ensure that the accreditation standards aligned with the needs of the pharmacy profession.

In medical education, the importance and clarity of accreditation standards were examined by surveying various groups nationally, including administrators in U.S. medical schools and residency training programs, medical students, practicing physicians, and stakeholders of the Liaison Committee on Medical Education (Kassebaum et al., 1998). A similar study was conducted to evaluate the importance of individual accreditation standards adopted by agencies throughout the world for medical education (van Zanten et al., 2012).

Lastly, a recent study was conducted by Murray (2016), who surveyed 49 Teacher Education Accreditation Council (TEAC) accredited programs to examine the importance and clarity of the new Council for the Accreditation of Education Preparation (CAEP) standards. One of the objectives of the study was to compare the results with surveys completed prior to the adoption of the new standards. Although these efforts demonstrate the importance of the empirical evaluation of the accreditation standards, there remains a gap in the literature which suggests that the long-standing issue of subjective decisions versus scientific examination of the standards remains unanswered.

In the counseling profession, the most recent relevant study was done on the 1988 CACREP Standards more than two and a half decades ago. Vacc (1992) developed a 221-item

survey to examine the relevance of the 1988 CACREP Standards. A total of 102 participants from 58 CACREP-accredited programs and 44 non-accredited programs completed the survey. Results indicated that most standards were perceived to be relevant except for items that addressed the implementation of the 60-semester-hour requirement in the mental health counseling specialty. Vacc reported that the relevance of the 1988 CACREP Standards was empirically supported by the data and recommended that studies examining the relevance of the standards be conducted on a regular basis to provide empirical evidence for improving the quality of counselor education. This argument echoes the discord mentioned earlier that the development of the accreditation standards should be evidence-based and be supported by stakeholders. Therefore, due to the paucity of such empirical studies as advocated by Vacc in the counseling profession in the early 1990s, we conducted this current national study to address the gap in the literature and to ascertain the status of the current standards.

The primary purpose of the study was to evaluate Section 1 to 4 of the 2016 CACREP Standards. Specifically, the research questions focused on the relevance and clarity of each standard in these sections. Moreover, we compared the overall ratings between subgroups in our sample as well as the ratings between sections. Sections 5 and 6 were excluded because they focused on the specialty areas, and not all faculty members were able to respond.

## Method

### Instruments

Based on the integration of existing empirical studies, we adopted a survey design to evaluate Sections 1 to 4 of the 2016 CACREP Standards. The demographic section consisted of items relevant to the participants' graduate training (e.g., counseling, psychology, or social work), the regions (i.e., North Atlantic, North Central, Rocky Mountain, Southern, and Western)

where their programs were located, and their roles in the counselor education programs (i.e., core faculty and/or CACREP liaison). Using the exact accreditation standards, the remaining 77 items measured the relevance and clarity of the Section 1 to 4 of the 2016 CACREP Standards and were distributed as follows: (1) *The Learning Environment* (30 items); (2) *Professional Counseling Identity* (14 items); (3) *Professional Practice* (22 items); (4) *Evaluation in the Program* (11 items). Participants indicated with a "yes" or "no" response whether an item was (a) relevant to counselor education, and (b) clear to understand. Figure 1 presents an item from the survey. The dichotomous type of questions was used to reduce the subjectivity in terms of how participants understand and choose the responses (Balkin & Juhnke, 2018).

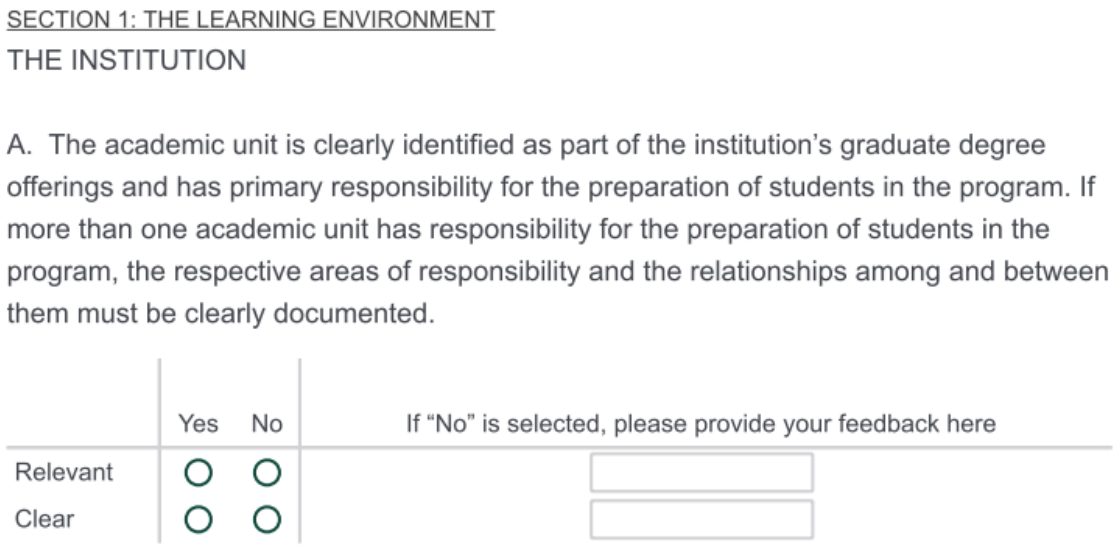


*Figure 1*. An item from the survey.

**Participants**

The population for this national study was comprised of program liaisons to CACREP and core faculty members teaching in all CACREP-accredited programs, including those previously accredited by the Council on Rehabilitation Education. According to the CACREP

definition (CACREP, 2015), 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" (p.44). The standards also required all core faculty members to "have earned doctoral degrees in counselor education and supervision, preferably from a CACREP-accredited program, or have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013" (p.8). During the study period, there were 2,539 full-time faculty members in CACREP-accredited programs (CACREP, 2018). Following approval by the Institutional Review Board, the authors retrieved the available email addresses of potential participants from all CACREP accredited programs at the time ($N$ = 839), and recruitment emails were sent out to potential participants that could be reached ($N$ = 1,931).

**Data Analysis**

As presented in Figure 1, the standards were used as items verbatim. In order to ensure the validity of the survey, the definitions of relevance and clarity were provided. Moreover, the survey was reviewed by five experts for clarity. The reliability of the survey results for the survey was acceptable with Cronbach's alphas of .91 for the 77 relevance items and .89 for the 77 clarity items. The mean score of the perceived relevance and clarity for each standard, which ranged from 0 (not relevant or not clear) to 1 (relevant or clear), were analyzed. The authors set .80 as the cut-off point, which was the benchmark used in the Vacc (1992) study, and thus, standards rated greater than .80 were considered as either highly relevant or clear. For example, if 20 out of 100 participants rated a standard as not relevant, then the score would be .80. In addition, mean ratings from subgroups of each section, and of the overall relevance and clarity

were calculated and compared by t-test and one-way ANOVA statistical analyses to detect if there were any significant differences.

## Results

A total of 155 participants completed the survey. Based on this sample size, 2,539 as the population size, an expected 80% - 20% split, and a 95% confidence interval, the calculated sampling error was ± 6.10% (Krejcie & Morgan, 1970). That is, if a perceived relevance score of a standard was 0.9, the real score could be anywhere from 0.839 to 0.961. The demographic information of these 155 participants is presented in Table 1. Most of the participants ($n$ = 151) were core faculty members, of which 70 were program liaisons. Four of the participants were program liaisons but not core faculty members. The participants were distributed regionally as follows: Southern ($n$ = 69); North Central ($n$ = 35), North Atlantic ($n$ = 29), Western ($n$ = 14), and Rocky Mountain ($n$ = 8). A total of 69 (44.52%) participants received training from CACREP-accredited master's programs. Lastly, 88 participants (57%) received training from CACREP-accredited doctoral programs.

Table 1

*Demographic information of the first survey*

| Category | Distribution ($N$ = 155) |
|---|---|
| Role | Liaison & core faculty (45.16%)<br>Liaison (2.58%)<br>Core faculty (52.26%) |
| ACES region | North Atlantic (18.71%)<br>North Central (22.58%)<br>Rocky Mountain (5.16%)<br>Southern (44.52%)<br>Western (9.03%) |
| Accreditation status of master's training | CACREP-accredited (44.52%)<br>Others (55.48%) |
| Accreditation status of doctoral training | CACREP-accredited (56.77%)<br>Others (43.23%) |

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

**Relevance**

In general, all standards of Section 1 to 4 received high scores (i.e., > .80) on the perceived relevance. Although all the standards were rated as relevant based on the .80 cut off score, the authors examined the lower 10% of the standards for comparison purposes only. Table 2 shows the overall mean ratings for the relevance of these accreditation standards in ascending order. No means for any of the items fell below .80 reflected the collective opinion of the participants that all of the evaluated standards were relevant to counselor education, and that some were perceived to be of higher value than others as requirements for the quality assurance in training future counselors.

Table 2

*Standards with lowest 10% scores on the relevance*

| Item | | Score |
|---|---|---|
| 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. | .839 |
| 1.D | The institution provides opportunities for graduate assistantships for program students that are commensurate with graduate assistantship opportunities in other clinical programs in the institution. | .890 |
| 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. | .916 |
| 1.J | Entry-level degree specialty areas in Addiction Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; and Marriage, Couple, and Family Counseling consist of approved, graduate-level study with a minimum of 60 semester credit hours or 90 quarter credit hours required of all students. Until June 30, 2020, Career Counseling, College Counseling and Student Affairs, and School Counseling specialty areas require a minimum of 48 semester hours or 72 quarter hours. Beginning July 1, 2020, all entry-level degree programs require a minimum of 60 semester credit hours or 90 quarter credit hours for all students. | .923 |
| 1.T | For any calendar year, the ratio of full-time equivalent (FTE) students to FTE faculty should not exceed 12:1. | .929 |
| 2.F.3 | Common core areas: HUMAN GROWTH AND DEVELOPMENT | .948 |
| 3.Q | Orientation, consultation, and professional development opportunities are provided by counselor education program faculty to site supervisors. | .948 |
| 4.D | Counselor education program faculty disseminate an annual report that includes, by program level, (1) a summary of the program evaluation results, (2) subsequent program modifications, and (3) any other substantial program changes. The report is published on the program website in an easily accessible location, and students currently in the program, program faculty, institutional administrators, and personnel in cooperating agencies (e.g., employers, site supervisors) are notified that the report is available. | .948 |

The ratings of the relevance of each section were calculated. The mean scores of all sections ranged from .967 to .984. There were no significant differences between the mean scores of each section, *Welch's* $F$ (3, 33.338) = 2.019, $p$ = .130. In examining scores from subgroups, there were no significant differences between the mean scores of *Role* nor between the mean scores of *Region.* When looking at the accreditation status of participants' master's programs, the difference was not significant. However, when comparing means scores of participants from CACREP-accredited ($M$ = .985) and non-CACREP-accredited ($M$ = .959) doctoral programs, a significant difference was observed, $t($80.266) = 2.654, $p < .05$, $d$ = 0.43.

**Clarity**

Similar to the relevance section, all standards received scores over .80 on perceived clarity. The lowest 10% rated items are presented in Table 3 along with their scores in ascending order. None of the means for any of the items fell below .80, which reflected the collective opinion of the participants that all of the evaluated standards were clear. In terms of mean scores by section, significant differences were identified, *Welch*'s $F$ (3, 31.384) = 8.584, $p < .05$, est. $\omega^2$ = .128. Upon further examination through Games-Howell analysis, significant differences were found between the mean scores of three groups: Section 1 ($M$ = .927) and 2 ($M$ = .956), $p < .05$, $d$ = 0.94; Section 1 and 3 ($M$ = .968), $p < .05$, $d$ = 1.35; and Section 1 and 4 ($M$ = .963), $p < .05$, $d$ = 1.07. In regard to comparisons of subgroups, no significant differences were found. Lastly, the mean scores of the perceived clarity were found to be significantly lower than the perceived relevance, $t($76) = 5.909, $p < .05$, $d$ = 0.14.

Table 3

*Standards with lowest 10% scores on clarity*

| Item | | Score |
|---|---|---|
| 1.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. | .839 |
| 1.T | For any calendar year, the ratio of full-time equivalent (FTE) students to FTE faculty should not exceed 12:1. | .852 |
| 1.U | The teaching and advising loads, scholarship, and service expectations of counselor education program faculty members are consistent with the institutional mission and the recognition that counselor preparation programs require extensive clinical instruction. | .865 |
| 1.Z | Non-core faculty may be employed who support the mission, goals, and curriculum of the counselor education program. They must have graduate or professional degrees in a field that supports the mission of the program. | .877 |
| 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. | .903 |
| 2.F.2 | Common core areas: SOCIAL AND CULTURAL DIVERSITY | .903 |
| 1.K | The academic unit makes continuous and systematic efforts to attract, enroll, and retain a diverse group of students and to create and support an inclusive learning community. | .903 |
| 1.CC | A core counselor education program faculty member is clearly designated as the academic unit leader for counselor education; this individual must have a written job description that includes (1) having responsibility for the coordination of the counseling program(s), (2) responding to inquiries regarding the overall academic unit, (3) providing input and making recommendations regarding the development of and expenditures from the budget, (4) providing or delegating year-round leadership to the operation of the program(s), and (5) receiving release time from faculty member responsibilities to administer the academic unit. | .903 |
| 1.L | Entry-level admission decision recommendations are made by the academic unit's selection committee and include consideration of each applicant's (1) relevance of career goals, (2) aptitude for graduate-level study, (3) potential success in forming effective counseling relationships, and (4) respect for cultural differences. | .903 |
| 1.Q | The academic unit makes continuous and systematic efforts to recruit, employ, and retain a diverse faculty to create and support an inclusive learning community. | .903 |

## Discussion

The primary questions that undergirded this study were whether Section 1 through 4 of the 2016 CACREP Standards were relevant and clear to faculty members. Based on the analysis of the survey responses from a national pool of faculty members in CACREP-accredited programs, the participants rated all standards as relevant and clear. This finding is not surprising given that CACREP Standards have been revised multiple times since 1981. The study (Vacc, 1992), which examined the importance of the 1988 CACREP Standards, identified several standards with low ratings. However, given the context regarding the development of the counseling profession, and the composition of the participants (CACREP and non-CACREP programs), the results were not comparable. As indicated in literature (cf. Chi Sigma Iota, n.d.; Kaplan and Gladding, 2011), CACREP has been part of the discourse in various milestone events in the counseling profession such as the Counselor Professional Advocacy Leadership Conferences and the 20/20: A Vision for the Future of Counseling. Moreover, based on the announcement from the 2016 CACREP Standards revision committee (CACREP, 2013), the feedback was collected from various resources during the drafting process. Furthermore, the core faculty criteria have been implemented since the 2009 CACREP Standards (CACREP, 2009). Based on this requirement, the findings of this study suggest that faculty members shared similar values with CACREP and are generally satisfied with the general direction in which CACREP is headed.

Although all standards were perceived as clear, further data analysis revealed that the perceived clarity of Section 1 is significantly lower than the other three sections. Section 1 of the 2016 CACREP Standards, *The Learning Environment,* addresses three subtopics, *The Institution, The Academic Unit*, and *Faculty and Staff*. This finding has not been discussed by previous

researchers but aligns with the position taken by Lu et al., (2018) that one of the obstacles to obtain or maintain accreditation status is to acquire approval from the university administrations, particularly when it involves program structures, budget, and university policies. As a result, faculty members have to have a clear understanding of related accreditation standards in order to meet the accreditation requirements, as well as to negotiate with their administrations. Furthermore, the overall ratings for the clarity were found to be significantly lower than the ratings for the relevance. Of the only two identified studies (Kassebaum et al., 1998; Murray, 2016) on the clarity of accreditation standards, both reported a similar trend. Murray stated:

> The relatively lower ratings for the clarity of the proposed standards also aligns with the freedom the TEAC system, now the Inquiry Brief Pathway in CAEP, and affords EPPs [education preparation programs] to make their case for accreditation with the evidence on which they truly rely to determine program quality—provided that it meets scholarly standards for evidence in the social sciences. (p.23)

Therefore, the relatively lower ratings for clarity in Section 1 may also imply the flexibility for faculty to advocate for their programs through the accreditation process.

As for subgroup, there were no significant differences identified in most of the comparisons except the doctoral training groups. This finding demonstrates the universality of the perceptions on the relevance and clarity of the current set of CACREP Standards, regardless of the roles in the programs, the regions, and the master's training. On the other hand, the perceptions of the relevance were found to be significantly different among the doctoral training subgroups. The result of this study may be attributed to the professional identity development that CACREP graduate programs offer students during their training (cf. CACREP, 2015; Davis & Gressard, 2011). Doctoral students, who are mentored by faculty members, are influenced

regarding their professional identity (e.g., Colbeck, 2008; Sweitzer, 2009), and best practices to prepare the next generation of practitioners. Therefore, it is reasonable that when separating participants based on their doctoral training, perceptions on the standards showed a difference.

**Limitations**

The results of this seminal study regarding the relevance and the clarity of Section 1 to 4 of the CACREP 2016 Standards ought to be examined in the context of several limitations. In regard to the construction of the survey, the forced–choice (i.e., "yes" or "no") type may limit the response options and "not accurately reflect the construct of interest for the participant" (Balkin & Juhnke, 2018; p.95). As for the administration of the survey, the time needed to complete the survey may have been a factor that impacted participants' responses as well as other faculty members' willingness to participate. The response rate of the survey was 8%, with the sampling error ± 6.10%, which means that the true ratings of the lowest score, .839, could range from .778 to .9. Moreover, the participants of this study consisted only of faculty members in CACREP-accredited programs. As a result, the findings are not generalizable to all other stakeholders. Lastly, because this study did not address Section 5 and 6 of the 2016 CACREP Standards, where requirements for specialty areas were listed, the interpretations of this study cannot apply to the 2016 CACREP Standards in its entirety.

**Implications**

Accreditation standards in higher education represent the minimum requirements to ensure that academic programs maintain the quality of education. For minimum requirements to be acceptable, the standards must represent what stakeholders perceive to be clear and relevant to the training of future professionals. The findings of this study provide empirical affirmation for Section 1 to 4 of the 2016 CACREP Standards. The significance of this study can be discussed at

various levels. As CACREP starts reviewing accreditation standards for the next revision cycle, the results of this study suggest a minimal need for changes in Section 1 to 4. Instructions or clarifications may be helpful to enhance counselor educators' understanding of standards, specifically Section 1. The revision committee may also further examine those areas or standards considered as less relevant and/or clear in this current study.

We recommend that CACREP or other interested researchers examine the perceptions of different populations, such as faculty members in non-CACREP accredited programs, students, and professional counselors. Furthermore, we urge the experts in each specialty area to examine the relevance and clarity of Section 5, *Entry-Level Specialty Areas,* and Section 6, *Doctoral Standards for Counselor Education and Supervision* to fill the gap in the literature. In addition to the content-level of the standards, researchers may also identify necessary changes in the system of counselor education. For example, a needs assessment ought to be conducted to explore ways to restructure the CACREP accredited specialty areas in order to meet the needs of society.

At the professional level, the results of this study provide empirical evidence that students in CACREP-accredited programs be trained under relevant and clear accreditation standards. This evidence may be used for continued professional advocacy and to acquire recognition from governmental agencies and other professions. In other words, the results strengthen the counseling professional identity. Globally speaking, we could only identify one study (i.e., Murray, 2016) in recent years in allied health professions or higher education in general that resonates with this current study, which closely examined the contents of accreditation standards. Therefore, this study enriches the knowledge relevant to the counseling and related higher education disciplines specifically as it relates to quality assurance of educational curricula.

## Conclusion

The accreditation standards serve as reliable indicators of the quality of the education. In addition to the revision and review by the accrediting agencies, empirical evidence that shows the support from national stakeholders would add rigor to the training and the profession as a whole. The findings in this study provide support for the relevance and clarity of the 2016 CACREP Standards and illuminate that students in accredited programs receive training that meets minimum requirements or beyond. It also provides assurance to the clients who receive services from counselors trained by accredited programs. As for the next CACREP Standards revision, the results of this study imply that necessary changes in contents are minor. Instead, an exploration of changes that align with the needs of counselor education and society would be a crucial step for the advancement of the counseling profession.

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