

**Governing Council Meeting  
March 10-12, 2015  
Hyatt Regency Orlando Hotel – International Ballroom H**

**Robert L. Smith, Presiding**

**Minutes**

The ACA Governing Council meeting was called to order at 9:10 a.m., March 10, 2015 at the Hyatt Regency Orlando Hotel. President Robert Smith presided. Governing Council members present for all or part of the meeting were as follows:

Alan Burkard, ASCA  
Brian Canfield, Treasurer  
Thelma Daley, ACA Past President  
Judy Daniels, CSJ  
Thelma Duffey, ACA President-elect  
Brandé Flamez, IAMFC  
Perry Francis, ACCA  
Kimberly Frazier, AMCD  
Shane Haberstroh, ACC  
Dan Holdinghaus, AMHCA  
Lisa Jackson-Cherry, ASERVIC  
Rachel Kristianson, Western Region  
Simone Lambert, IAAOC  
Gerard Lawson, ACES  
Lynn Linde, Process Observer  
Anna Flores Locke, Student Representative  
Don W. Locke, Parliamentarian  
Niloufer Merchant, ASGW  
Terry Mitchell, North Atlantic Region  
Debra Osborn, NCDA  
Michelle Perepiczka, AHC  
Sue Pressman, NECA  
Dee Ray, ACAC  
Catherine Roland, AADA  
Chris Roseman, Midwest Region  
Robert Smith, ACA President  
Melanie Drake Wallace, Southern Region  
Joshua Watson, AARC  
Cirecie West-Olatunji, ACA Past President  
Joy Whitman, ALGBTIC  
Caroline Wilde, ARCA  
Richard Yep, CEO

Sharon Guild-Stitt, ACEG was not in attendance. Lynna Meadows Morton served as the Observer for ACEG.

Others in attendance at the meeting as guests or observers include the following:

Shanice Armstrong, ACA Member  
Julie Beaver, Executive Assistant  
Carol Bobby, President and CEO, CACREP  
Denise Brown, Senior Director, Membership Relations  
Kent Butler, ACA Member  
Holly Clubb, Director, Leadership Service  
Rebecca Daniel-Burke, ACA Staff

Sylvia Fernandez, CACREP Chair  
Stephen Giunta, AMHCA President  
David Kaplan, Chief Professional Officer  
Christie Lum, Leadership Services Coordinator  
Matt Mims, ACA Member  
Sean Nixon, ACA Member  
Diana Pals, ACA Member  
Erin Schiffler, Director, Ethics, and Professional Standards  
Shon Smith, ACA Member  
Michelle Wade, Ethics Specialist  
Michael Walsh, ACA Member  
Richard Wong, ASCA Executive Director  
Elias Zambrano, Treasurer Designate

### **Approval of the Agenda**

It was moved by B. Flamez and seconded by C. West-Olantunji to remove the Graduate Student Committee Motion from the Consent Agenda.

Motion passed.

It was moved by C. Roseman and seconded C. Roland to approve the Agenda as amended.

Motion passed.

### **Parliamentarian's Remarks and Meeting Rules**

Parliamentarian Don Locke provided a summary of the meeting rules. He also noted the updated information on Parliamentary Procedures provided in the Working Papers, and the Parliamentary Procedures Cheat Sheet provided to each board member.

### **Report from Officers and CEO**

Written reports by the President, President-elect, and Past President were included in the Working Papers. Each provided a brief summary of their reports.

Richard Yep, ACA Chief Executive Officer presented his report in the form of a PowerPoint presentation.

Highlights include:

- Orlando Conference: 3500 attendees and we hit our budget number. The Conference app that was debuted at the 2014 Conference and has been improved for the 2015 Conference.
- Media placements: since July 1, ACA has had 67 media placements including the *Washington Post*, *USA Today*, CBS Radio, and *Parenting Magazine* by ACA leaders and members.
- Government Affairs: a briefing was held for Congressional staff, chaired by Lynn Linde.
- ACA staff: 62 staff members that reflect diversity and inclusion.
- Training: ACA has a new way to train board members using the Learning Zen online course platform.
- Professional Affairs: a new train the trainer certificate on the *ACA Code of Ethics*. Staff provided Code of Ethics training to 36 branches and other entities this year.
- 20/20 completed their work with the building blocks to portability.
- Membership: membership increases for 34 of the last 36 months. Membership is currently the highest it has been since 1993.
- Publications: 25 new eBooks. Ten new books published this year.
- Global interest: ACA will have the first international conference in Singapore in June.
- Reaching members: each month all members receive the Member Toolkit to provide members with a list of benefits and services.
- Counseling Awareness Month: April is Counselor Awareness Month and there are resources available on the ACA website
- Podcasts and Webinars: twelve new podcasts and seventeen new webinars were added this year.

- Partnership with the Human Rights Campaign: Rich Yep and four ACA Presidents attended the Human Rights Campaign conference.
- Reach Higher Initiative: the First Lady's initiative and ACA was represented at the meeting in San Diego.
- New headquarters: ACA has moved to the new offices at 6101 Stevenson Avenue. Staff did a terrific job of making the move go so smoothly.

### **Strategic Programs and Issues**

The board members went into a closed session, informal discussion to discuss strategic programs and issues. There were three such sessions during the meeting.

### **Treasurer's Report**

Treasurer Brian Canfield presented the status of the budget for FY2015 and presented the FY2016 Budget Proposal.

### **Motions from the Financial Affairs Committee**

It was moved by the Financial Affairs Committee that in accordance with Policy 201.2, the Governing Council increase dues for Professionals, Regular, Student, New Professional 1<sup>st</sup> year, and Retired members by \$1.00. New Professional 2<sup>nd</sup> year dues will increase by \$3.00.

Motion passed.

It was moved by the Financial Affairs Committee that the Governing Council adopt the FY2016 proposed budget reflecting \$13,125,398 in Operating Revenues, \$13,124,620 in Operating Expenses and excess Operating Revenue over Operating Expenses of \$778.

Motion passed.

It was moved by the Audit Committee that the Governing Council approve the financial statements for the year ended June 30, 2014 as provided by McGladrey & Pullen, LLP.

Motion passed.

### **Strategic Programs and Issues, continued**

The board members went into a closed session, informal discussion to discuss strategic programs and issues. This was the second of three sessions.

## **Wednesday, March 11**

### **Strategic Programs and Issues, continued**

After an overview from the Strategic Initiative Groups 5 and 6, the board moved into the third and final closed session.

### **Consent Agenda**

It was moved by P. Francis and seconded by R. Kristianson to approve the Consent Agenda.

Motion passed.

Items included on the Consent Agenda:

- Approval of the Minutes for the July 24-26, 2014 Governing Council meeting
- Approval of Appointments  
Awards Committee  
 Committee Members:
  - Angie Wilson

- Cynthia Chandler
- Student Member: Christian Chen

Branch Development Committee

Chair: Victoria Kress

Committee Members:

- Carole Luby
- Heather Tustison

Student Member: Noreal Armstrong

Bylaws Committee

Chair: Russell Fulmer

Committee Members: Rebecca Nate

Student Member: Cynthia Taylor

Ethics Committee

Co-Chairs: Stephanie Dailey and Keith Myers

Committee Members: Victoria Foster

Student Member: Renee Foyou

Ethics Appeal Panel

Committee Members:

- Jessica Lloyd-Hazlett
- Angie Wilson

Graduate Student Committee

Chair: Helena Rindone

Committee Members:

- Stacy Speedlin
- Lawrence Richardson
- Clarissa Gonzalez

Human Rights Committee

Chair: Yegan Pillay

Committee Members:

- Michael Rockel
- Sara Andrews
- Stephanie Olson

Student Members: Margie Gill

International Committee

Chair: Shannon Hodges

Committee Members:

- Angela Coker
- Gary Robinson
- Vivian Lee

Student Members: Marina Vladmir

Nominations and Election Committee

Committee Member: Colleen Logan

Professional Standards Committee

Co-Chairs: Kathy Yvanez-Llorente and Michael Altekruise

Committee Members:

- Caroline Brackette

- Eric Beeson
- Student Member: Christine Wong

Publications Committee

Chair: Maureen Kenny

Committee Members:

- Shane Haberstroh
- Kelly Wester

Student Member: Emily Ciepcilinski

Public Policy and Legislation Committee

Chair: William Green

Committee Members:

- Derek Robertson
- Elizabeth Liles
- Martin Cortez
- Pete Boudjouk

Student Member: Mario Burns

Research & Knowledge Committee

Committee Members:

- Kelly Wester
- Dodie Limberg

Student Member: Amy E. Williams

Process Observer (2015-2016): Marcheta Evans

Task Forces (2015-2016)

- The ACA Professional Advocacy Task Force
- The ACA Social Action Initiative on Bullying and Interpersonal Violence

- Approval of Branch Bylaw Changes for Idaho and Ohio
- Motions from Divisions: Name Change – ACEG to Military and Government Counseling Association (MCGA) and MCGA Bylaws Changes
- Acceptance of Reports from Divisions, Regions, Branches, and Committees
- ACA Bylaws Committee: It was moved by the Bylaws Committee to change the ACA Bylaws, Article 14, Section 1, to include gender expression and gender identity.
- Recommendations from Committees:
  - Human Rights Committee
  - International Committee
  - Publications Committee
- Interest Network Applications
  - Association for Counseling and Technology Interest Network (ACT)
  - Neurocounseling Interest Network

This ends the consent agenda.

### **Graduate Student Committee Motion**

The Graduate Student Committee moves that ACA overtake the mentoring network, assuming responsibility for the maintenance and functioning of all components including; advertising to gain mentors and mentees, assessing functions and satisfaction, and routine maintenance of the network.

Motion referred to staff for funding options.

### **Competencies for Counseling the Multiracial Population**

It was moved by J. Whitman and seconded by J. Daniels that the Governing Council of ACA endorses and adopt the Competencies for Counseling the Multiracial Population written and submitted by a taskforce of the Multi-Racial/Ethnic Counseling Concerns (MRECC) Interest Network.

Motion passed.

### **Anti-torture Statement**

It was moved by J. Daniels and seconded by J. Whitman that ACA as an organization along with its members and staff will uphold our ethical responsibilities to do no harm to clients, students, or consultees by ensuring that we do not engage in any form of torture or the creation of programs of torture in our professional roles.

Motion passed.

### **PIME Task Force Recommendations**

It was moved by PIME Task Force recommendations on Licensure for Independent Practice that we incorporate the following parts of the PIME Task Force recommendations into ACA's advocacy agenda (see below).

Motion Passed. (Roll call vote)

It was moved by G. Lawson and seconded by J. Whitman to remove the roll call vote from the record.

Motion Passed.

### Professional Identity and Membership Employment Task Force

The Professional Identity and Membership Employment (PIME) Task Force has worked to address our charge of informing the decision making process of the Governing Council on issues related to educational “standards, accreditation, portability, licensure, credits to degree, certification, national examinations, and pathways to educate the public and our membership on these issues”. Our members have built on the issues around which there was consensus in previous discussions, and we have strived to continue working within a consensus-building framework.

We see the issues outlined in our charge as interwoven, and needing to be addressed in the broad strokes and in specific ideas. Portability (and we would add parity) will be aided by ACA taking a clear and unambiguous position on issues relating to the education and preparation of professional counselors, which in turn relates to accreditation. We have felt a greater urgency to address the issues relating specifically to counselor licensure for independent practice, as those standards are being affected by external stakeholders in individual states and at the federal level. Ultimately, we believe that a similar conversation would be useful for counselors who are not necessarily seeking licensure for independent practice.

In our work on this initiative, we are concerned with clinical work that is being conducted by counselors licensed for independent practice. For our purposes, preparation for clinical work includes coursework and supervised experience in the assessment, diagnosis, conceptualization, treatment planning (including goals, strategies, objectives, and measureable outcomes), treatment, crisis intervention and management, referral, and prevention of serious mental, emotional, and substance-related and addictive disorders. Treatment interventions should reflect both evidenced based practice, and practice based evidence, for clinical populations and presentations. Counselors should be prepared to understand the etiology and nomenclature of those disorders, and treatment approaches used by allied professions (e.g. medications used in the management of such disorders) in order to participate as part of a collaborative treatment team. Clinical counselors also bring a wellness orientation to their work, to aid individuals in maximizing their potential across domains.

Our position is presented in three parts. First, we restate our commitment to currently practicing counselors who historically may have come from diverse educational backgrounds. Next, we present our recommendation for establishing educational standards for counselor licensure, which addresses current needs and position the counseling profession for increased recognition and parity in the future. Finally, we present some aspirational positions, which may help to guide the continued advocacy efforts.

The American Counseling Association reaffirms its commitment to supporting all counselors and advancing the counseling profession. We recognize that the richness of diversity in training and practice settings has enhanced the profession. Moreover, professional counselors from a wide variety of specialty areas have historically represented the counseling profession admirably.

We also recognize that if the counseling profession is to continue to grow, achieve parity with other helping professions, and enjoy wide recognition for the high quality services that counselors can provide, we must acknowledge and respond to the internal and external calls for greater accountability and consistency in the training and preparation of Licensed Professional Counselors<sup>1</sup>. While we move toward a unified standard for Licensed Professional Counselors, we will also work to ensure that counselors who are currently in practice are not disadvantaged.

To that end, the American Counseling Association adopts the following position of support for ongoing practice and access for current professional counselors and with regard to the preparation and training of future licensure for professional counselors.

#### Current Counselors and Counselor Educators

ACA Members who identify and practice as professional counselors and/or counselor educators deserve the ongoing recognition and support of the American Counseling Association. The changes proposed below represent significant growth for the profession. Often growth is accompanied by growing pains, and we are sensitive to the fact that some counselors may perceive that they are being left out. To the extent possible, counselors who are already licensed or practicing should be assured that changes in legislation, or practice policies will not exclude currently qualified counselors from future practice. ACA will continue to advocate for professional counselors and counselor educators who are currently practicing to encourage the same levels of access, recognition, and opportunities for practice and employment that they currently enjoy.

#### Preparation and Training of Future Licensed Professional Counselors

ACA recognizes that internal and external stakeholders have called for greater clarity and consistency with regard to the licensure of professional counselors. The Department of Defense noted, “States have a wide range of standards, licensure and certification requirements for LPCs... The absence of a national homogeneous standard curriculum to guide the training of LPCs fails to meet beneficiaries' expectations for the national, uniform quality of care” (2006, p. 8). This presents a barrier for all counselors to achieving recognition from federal programs. Advocating for higher standards and greater accountability for future licensed professional counselors will help address the concerns of external (and internal stakeholders) and will allow the counseling profession to assert what we believe are best practices, rather than allowing third parties to establish those standards for us. As such, we propose the following position, which we believe is in the best interests of the individuals whom counselors serve, and the counselor profession.

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<sup>1</sup> We use the term “Licensed Professional Counselor” or “LPC” throughout this document to refer to counselors licensed for independent practice by a state licensing authority. We recognize that individual states may use different language (e.g. Licensed Mental Health Counselor, Licensed Clinical Professional Counselor). LPC is the term endorsed by ACA following the 20/20 Initiative on the Future of the Counseling Profession, and our position would be applicable to all counselors licensed for independent practice, regardless of title.

ACA endorses the following advocacy strategies and updates to the regulatory or legislative requirements for Licensed Professional Counselors. These changes are intended to allow ACA to engage with external stakeholders in an effort to speak clearly and concisely regarding educational standards, accreditation, and counselor identity. Furthermore, ACA will work to ensure that all proposed changes to practice related policies, state licensure laws or regulations, as well as other advocacy efforts, include enactment language and advocacy strategies that allows for at least a seven-year grandparenting period. This will allow students and professionals currently pursuing education and licensure, and counseling programs, ample time to meet the requirements outlined in this document and to complete their degree program and/or residency.

The American Counseling Association endorses, supports, and advocates for standards for licensure and a unified professional identity for Licensed Professional Counselors consistent with the guidelines in this document. This advocacy will take place with external stakeholders directly and indirectly in each of the states and US territories which currently have, or which may develop, licensure standards for professional counselors. The advocacy strategies will include supporting timely change to state licensure laws and regulations, and a concerted effort to expand federal recognition of licensed counselors in all appropriate practice settings, and for reimbursement equivalent to other master's level clinicians. We recognize that there occasionally may be unique instances when, because of political or practical issues, these advocacy efforts within specific contexts would be contraindicated (e.g. opening a state counseling law may result in restricted practice). In those instances, advocacy efforts will be delayed until such time when it is in the best interest of the counseling profession and the clients counselors serve to pursue these changes.

Specifically, ACA will support advocacy efforts to update and amend applicable sections of the relevant state statutes and/or regulations for Licensed Professional Counselors to read:

#### Licensure Title

Licensed Professional Counselor

#### Definition of Counseling

Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

#### Counseling Scope of Practice

Practice of Professional Counseling shall mean the application of mental health, psychological, and human development principles in order to: (a) facilitate human development and adjustment throughout the life span; (b) prevent, diagnose, and treat mental, emotional, or behavioral disorders and associated distresses which interfere with mental health; (c) conduct assessments and diagnoses for the purpose of establishing treatment goals and objectives; and (d) plan, implement, and evaluate treatment plans using counseling treatment interventions. Counseling treatment interventions shall mean the application of cognitive, affective, behavioral, and systemic counseling strategies, which include principles of development, wellness, and pathology that reflect a pluralistic society. Such interventions are specifically implemented in the context of a professional counseling relationship.

(a) The independent practice of counseling encompasses the provision of professional counseling services to individuals, groups, families, couples and organizations through the application of accepted and established mental health counseling principles, methods, procedures, and ethics.

Counseling promotes mental health wellness, which includes the achievement of social, career, and emotional development across the lifespan, as well as preventing and treating mental disorders and providing crisis intervention.

Counseling includes, but is not limited to, psychotherapy, diagnosis, evaluation; administration of assessments, tests and appraisals; referral; and the establishment of counseling plans for the treatment of individuals, couples, groups and families with emotional, mental, addiction and physical disorders.



Counseling encompasses consultation and program evaluation, program administration within and to schools and organizations, and training and supervision of interns, trainees, and pre-licensed professional counselors through accepted and established principles, methods, procedures, and ethics of counselor supervision.

The practice of counseling does not include functions or practices that are not within the professional's training or education.

(b) The use of specific methods, techniques, or modalities within the practice of professional counseling is restricted to professional counselors appropriately trained in the use of such methods, techniques, or modalities.

### Educational Requirements for Licensure

The educational requirements for an individual seeking licensure as a professional counselor will include a:

Graduate degree (masters level or higher) consisting of a minimum of 60 semester hours or 90 quarter hours of graduate study in a clinically-focused counseling program accredited by a counseling accreditation body, which is recognized by the Council for Higher Education Accreditation (CHEA). The 60 graduate semester hours must include study in each of the areas listed below<sup>2</sup>, and supervised practicum/internship experiences in a clinical setting.

- a. The helping relationship, including counseling theory and practice;
- b. Human growth and development;
- c. Lifestyle and career development;
- d. Group dynamics, processes, counseling, and consulting;
- e., Assessment, appraisal, testing of individuals;
- f. Social and cultural foundation, including multicultural issues
- g. Principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;
- h. Couples, family, and/or systems counseling;
- i. Research and evaluation; and
- j. Counseling professional orientation and counseling ethics.
- k. Principles of etiology, diagnosis, treatment planning, and prevention of addictive disorders and behaviors.
- l. Crisis prevention, preparedness, response, and management.

Preparation for clinical work includes coursework and supervised experience in the assessment, diagnosis, conceptualization, treatment planning (including goals, strategies, objectives, and measureable outcomes), treatment, crisis intervention and management, referral, and prevention of serious mental, emotional, and substance-related and addictive disorders. Treatment interventions should reflect both evidenced based practice, and practice based evidence, for clinical populations and presentations. Counselors should be prepared to understand the etiology and

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<sup>2</sup> The coursework requirements are drawn from the ACA Model Legislation for Licensed Professional Counselors (1994, p. 212-213). Item "k" has been added, and item "h" was modified slightly.

nomenclature of those disorders, and treatment approaches used by allied professions (e.g. medications used in the management of such disorders) in order to participate as part of a collaborative treatment team. Clinical counselors also bring a wellness orientation to their work, to aid individuals in maximizing their potential across domains.

We support the inclusion of an alternate path to licensure, for individuals who possess a graduate degree (masters level or higher) consisting of a minimum of 60 semester hours or 90 quarter hours of graduate study in a counseling program accredited by a counseling accreditation body, which is recognized by the Council for Higher Education Accreditation (CHEA), but which is not clinically focused (e.g. school counseling, career counseling, etc.). In order to be considered eligible for licensure for independent practice, these graduates must demonstrate preparation to work with clinical populations and presentations, which may require additional coursework and/or supervised practice experiences in the assessment, diagnosis, conceptualization, treatment planning (including goals, strategies, objectives, and measurable outcomes), treatment, crisis intervention and management, referral, and prevention of serious mental, emotional, and substance-related and addictive disorders. Treatment interventions should reflect both evidenced based practice, and practice based evidence, for clinical populations and presentations. Counselors should be prepared to understand the etiology and nomenclature of those disorders, and treatment approaches used by allied professions (e.g. medications used in the management of such disorders) in order to participate as part of a collaborative treatment team.

Aspirational advocacy

1) Programs that do not include 60 credit hours within their degree program must make clear to students the pathways for students to obtain 60 credit hours (either within the program or through an agreement with a program that can offer the required credits).

2) Accrediting bodies must ensure that programs, which they accredit, promote counselor identity with the following criteria:

a. Train counselors in ACA's definition of counseling and scope of practice

b. Ensure that programs teach ACA Code of Ethics and competencies developed by ACA (e.g. the multicultural competencies, and advocacy competencies).

c. Ensure that programs teach the history of counseling profession, counselor identity, and counselor professional orientation.

d. Ensures that faculty members are actively involved in the counseling profession. Examples of this are: participating in ACA National, State Branch, and Division conferences, conducting research and writing in ACA and counseling journals, maintaining counseling licensure and certification, involvement in ACA or ACA affiliated organizations (branches and divisions), counseling leadership positions, and participating in counseling advocacy.

Michael Walsh was recognized by the board for his contributions as a Co-Chair of the PIME Task Force.

### **July Governing Council Meeting**

There was a discussion regarding the dates for the next Governing Council meeting. Advantages and disadvantages of meeting in July were raised.

### **School Counseling Specialist on Staff**

A question was raised regarding the addition of a School Counseling Specialist position on staff. Richard Yep explained that this person's focus would be on Mental Health Professionals working in educational settings.

Brian Canfield reminded the group that the responsibility of the Governing Council is to make policy. The day-to-day operation, including the hiring of staff, is the responsibility of the CEO.

**Selection of Representatives to the Executive Committee, Nominations and Election Committee, and Financial Affairs Committee**

Executive Committee

Division Rep: Shane Haberstroh  
Division Rep: Lisa Jackson-Cherry  
Region Rep: Chris Roseman  
Underrepresented Groups: Niloufer Merchant

Nominations and Election Committee

Division Rep: Simone Lambert  
Region Rep: Melanie Drake Wallace

Financial Affairs Committee

Division Rep: Gerard Lawson  
Region Rep: Terry Mitchel

**Thursday, March 12**

**Report from NBCC and CACREP/CORE**

Dr. Tom Clawson from NBCC provided a brief summary of NBCC activities including the scholarship program.

Carol Bobby, President and CEO, CACREP and Sylvia Fernandez, Chair, CACREP, and Frank Lane, Executive Director, CORE presented an update from CACREP and CORE.

**Appreciation of President Robert Smith**

It was moved that the Governing Council recognize the 63<sup>rd</sup> ACA President, Dr. Robert Smith, for his collaboration within our organization and outside the organization, divisions, intentional collaboration grants, and our international conference in Singapore.

Motion passed by acclamation.

**Adjournment**

There being no further business, the meeting of the ACA Governing Council was adjourned at 12:15 pm.