Standards for University and College Counseling Services

International Association of Counseling Services, Inc. (IACS)

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Table of Contents (TOC)

I. Relationship Of The Counseling Center To The University Community

I.A. Administrative Independence and Neutrality
I.B. University and Community Relationships
I.C. Reporting Structure
I.D. Accreditation of Multiple Counseling Services and Merged Centers

II. Counseling Services Roles And Functions

II.A. Individual and Group Counseling
II.B. Crisis Intervention and Emergency Services
II.C. Outreach Interventions
II.D. Consultation Interventions
II.E. Referral Resources
II.F. Research
II.G. Program Evaluation
II.H. Professional Development
II.I. Training Programs

III. Ethical Standards

III.A. Selection of Staff and Training on Policy/Ethics
III.B. Confidentiality of Counseling
III.C. Imminent Danger
III.D. Psychological Tests
III.E. Research (see also II.F.3.)
III.F. Case Records
III.G. Disposition of Records
III.H. Access to Records
III.I. Shared Electronic Records Systems
III.J. Regulatory Awareness
III.K. Technology

IV. Counseling Service Personnel

IV.A. Director
IV.B. Professional Staff
IV.C. Other Center Administrative Staff
IV.D. Trainees
IV.E. Support Staff
IV.F. Consultation Resources
IV.G. Professional Status

V. Related Guidelines

V.A. Professional Development
V.B. Staff Diversity
V.C. Size of Staff
V.D. Workload
V.E. Compensation - Salary and Benefits
V.F. Physical Facilities
V.G. Malpractice/Liability Insurance

VI. Special Concerns

Issues Affecting International Counseling Ctr.

References

Appendix

University and college counseling services[1] have played a vital role in higher education for many years. In the last 40 years, there has been a dramatic increase in the number of campus counseling services and the multiplicity of functions that are performed. Guidelines for university and college counseling services were first developed in 1970 by a task force of counseling center directors chaired by Dr. Barbara Kirk (Kirk et al., 1971). Its work originated from an earlier draft developed by a committee of the Canadian University Counseling Association chaired by Robert I. Hudson.

Guidelines were extensively revised in 1981 by a committee of the IACS University and College Counseling Centers Board of Accreditation of the International Association of Counseling Services Inc. chaired by Dr. Kenneth F. Garni (Garni et al., 1982). The 1981 revision reflected the evolving role, functions, and changes in the professional practices of university and college counseling services in the preceding decade. The revision of 1991 (Kiracofe et al., 1991) marked a change from providing accreditation guidelines to the establishment of standards for accreditation. It also updated professional practice changes that had occurred in counseling centers in recent years.

The revision of 2000 by a Board Committee, Chaired by Dr. Vivian Boyd (Boyd et al., 2002) include: (1) a provision on counseling services merged with other campus units such as career services and health services, etc.; (2) a provision on the ethical use of technology in counseling services; and (3) further specification, elaboration and clarification of the standards.

This present revision by a Joint Committee of the IACS Board of Directors and the IACS Board of Accreditation, Chaired by Dr. James Spivack (Spivack et al., 2010) strengthens existing standards such as those protecting client confidentiality; updates those dealing with the ever-changing technological arena; and addresses the increasing number of internationally-located counseling services beyond the United States and Canada to seek accreditation. This edition of the Standards are defined according to two levels of expectations: "must" and "should." Those standards described with the word "must" reflect mandatory expectations for accreditation. Those standards described with the word "should" reflect goals a center is expected to work toward achieving - e.g., not meeting such a standard does not in itself preclude the Center from receiving accreditation.

I. RELATIONSHIP OF THE COUNSELING CENTER TO THE UNIVERSITY COMMUNITY

Counseling services are an integral part of the educational mission of the institution and support the mission in a variety of ways, such as consultation, teaching, preventive and developmental interventions, and treatment. They provide clinical services to clients who are experiencing stress due to academic, career or personal problems which may interfere with their ability to take full advantage of the educational opportunities before them. Counselors are also involved in consultation with faculty and staff, student needs advocacy, program development, outreach programming, retention activities, research, and program evaluation that support the efforts of faculty and staff in enhancing the university environment. TOC

I.A. Administrative Independence and Neutrality

While the relationship of the counseling service to other units within the institution will vary according to organizational structure and individual campus needs, it is critically important that the service be administratively neutral. Counseling centers may provide mandatory assessment and related services with informed consent of clients, as well as other consultations to campus units, but must not make or be responsible for admissions, disciplinary, curricular or other administrative decisions involving students. If a center is perceived as being linked with units that are involved in making these decisions, it can severely restrict the utilization of the service. Such perceptions may prevent students from seeking services for fear that information they disclose may negatively affect their college careers.

Also, there are many different models and functions of counseling centers on college and university campuses, i.e., traditional, consultation, campus stakeholder, community mental health, environmental, integrated health care, etc. Similarly, merged centers operate within these various institutional models which

[1] For the purposes of this document, the terms Services and Centers are interchangeable.

are defined by and reflect the perspective of each institution. When a center is defined as merged, the ability of the counseling service to continue to maintain functional independence and neutrality must not be compromised. For example, if the counseling center and health center were merged, the entity must allow for the counseling center to continue to function as an integral part of the institution's mission, rather than be seen as primarily an ancillary clinical operation housed within a medical environment.[2] TOC

I.B. University and Community Relationships

Typically, counseling services are administratively housed in the Student Affairs unit of the institution and are acknowledged as a valuable component of the overall student services effort. To achieve this recognition, counselors must develop an extensive network of institutional and community relationships. Close linkages should be forged with academic units, student service offices, and other sources of referral and consultation. Solid working relationships must be maintained with campus and community medical services and with community mental health services in order to accommodate clients who have medical problems or who require more intensive treatment or hospitalization. Counseling professionals should work with faculty, staff and administrators to promote the goal of psychological and emotional development in the many aspects of campus life. TOC

I.C. Reporting Structure

It is essential that the counseling service Director work closely with the Chief Student Affairs Officer and other key administrators to whom they report to ensure the accomplishment of institutional goals and objectives. The Chief Student Affairs Officer, as well as other senior administrative staff, should be fully aware of and appropriately supportive of the complex role of the counseling service. When the center is merged, the administrator of the counseling service should continue to have a direct line of communication to a Vice Chancellor or a Vice President of Student Affairs, Academic Affairs, or other related division. This is necessary to inform these key administrators of the unique role that counseling services play on campus.

While the counseling service works in a cooperative manner with members of the campus community, it is important to emphasize the unique role that it plays within the institution. Specifically, it provides services such as crisis intervention, individual and group counseling, training, consultation with the campus community about student characteristics and development, as well as campus safety. In addition, counseling professionals often provide a needed perspective for campus administrators in maintaining an appropriate perspective using an administrative and a humanistic approach in managing students in distress. TOC

I.D. Accreditation of Multiple Counseling Services and Merged Centers

I.D.1. Multiple Counseling Services:

The accreditation requirement for multiple counseling services is based upon the organizational structure of the agency. A multiple counseling agency is operationally defined as consisting of one or more sub-agencies, each with a separate director and staff having no daily physical interaction (e.g., a state college system consisting of branch campuses each with a separate counseling service). In such a case each unit would be accredited separately. Counseling services which have subunits at different locations, supervised by a single Director, would be accredited as a single unit (e.g., a large university with satellite counseling centers, or centers at different locations under the same director). All subunits must meet requirements for the agency to be accredited.

I.D.2. Merged Counseling Services:

When mergers or consolidations occur that bring together counseling centers and other campus agencies (i.e., health center, career services, academic advising, etc.), the newly-formed entity must meet IACS standards in order to maintain accreditation. In as much as merged entities may also be accredited by other professional bodies (e.g., Council for the Advancement of Standards, Joint Commission on Accreditation of Hospitals, Accreditation Association for Ambulatory Health Care, etc.), counseling services are not the focus of such

[2] Paragraph Amended 11-08-2014

accreditations. Although mergers involving structural changes do not necessarily prevent centers from qualifying for or maintaining accreditation, special care must be taken to ensure that counseling centers in merged entities are in full compliance with IACS accreditation standards.

II. COUNSELING SERVICES ROLES AND FUNCTIONS

The counseling service should play four essential roles in serving the university and college community: 1) provide counseling to students experiencing personal adjustment, vocational, developmental and/or psychological problems that require professional attention; 2) play a preventive role assisting students in identifying and learning skills which will assist them to effectively meet their educational and life goals; 3) support and enhance the healthy growth and development of students through consultation and outreach to the campus community; and 4) play a role in contributing to campus safety.

A counseling service must include an appropriate range of activities to be eligible for accreditation. Agencies whose services are limited to the following areas are not eligible to be accredited: academic advising, placement services, tutorial programs, academic skills training, (i.e., developmental reading services, learning centers, etc.), and drug and alcohol programs. It should be noted, however, that many accredited counseling services include some or all of the above activities in their programs.

Mergers should not eliminate or de-emphasize the preventive, developmental, outreach, consultative, and psycho-educational activities of counseling services. In order to be accredited, merged centers must ensure that the staff delivering these preventive and developmental services is appropriately trained and competent to provide them. Such services are integral to the mission of counseling services, a part of their historical roots, and essential for IACS accreditation.

IACS Accreditation Standards include the following nine program functions: individual counseling; group counseling; crisis intervention and emergency services; outreach interventions; consultation interventions; referral resources; research; program evaluation; professional development; and training programs. **TOC**

II.A. Individual and Group Counseling

Counseling services must provide counseling interventions that are responsive to the diverse population of students experiencing ongoing or situational psychological or behavioral difficulties.

These direct service activities include the following criteria:

II.A.1. Individual counseling must be provided and group counseling should be provided, which may include such issues as educational, career, personal, developmental, and relationship concerns. Services should be sufficient to meet the needs of students in a timely manner.

II.A.2. Psychological tests and other diagnostic procedures should be used to make appropriate assessments of student functioning and treatment/disposition recommendations; to foster client self-understanding and decision-making; and to determine the most effective intervention strategies possible within the limits of available resources.

II.A.3. Staff should have the necessary and appropriate background and training, including multicultural competence, to meet the diverse needs of students.

II.A.4. Regular evaluation of the effectiveness of the services must be conducted.

II.A.5. All staff must adhere to the ethical principles of their disciplines and practice with conformity to state and federal laws.

II.A.6. Services provided by interns, practicum students, and paraprofessionals must receive close supervision by qualified staff and be in compliance with professional training standards and state or provincial statutes.

TOC

II.B. Crisis Intervention and Emergency Services
Counseling services must provide crisis intervention and emergency coverage either directly or through cooperative arrangements with other resources on and off campus and in the surrounding area. Psychiatric resources must be available to the service either on campus or in the community.

Counseling services must provide or arrange for the provision of emergency services for students who are experiencing acute emotional distress, are a danger to self or others, or are in need of immediate hospitalization. Such services may be provided by other agencies on campus or in the surrounding community. In such cases, counseling service staff should work closely with other service providers to ensure that the resources are adequate and effectively used and that necessary follow-up care is provided. TOC

II.C. Outreach Interventions
The counseling service must offer preventive programming focused on the developmental needs of students, to maximize the potential to benefit from their academic experience. Programs should help students acquire new knowledge, skills and behaviors; encourage positive and realistic self-appraisal; foster personal, academic and career choices; enhance the ability to relate mutually and meaningfully with others; and increase the capacity to engage in a personally satisfying and effective style of living. These programs should be responsive to sexual/relational orientation, gender identity, racial, cultural, disability and ethnic diversity among students, and reach students who are less likely to make use of traditional counseling services. Counseling centers should effectively market their services to the university community – communicating the range of services available to students in order to maximize awareness and utilization. TOC

II.D. Consultation Interventions
Counseling services must provide consultation, training and professional development to members of the university community, to foster an environment that is beneficial to the intellectual, emotional, and physical development of students. The counseling service must play an active role in interpreting and, when appropriate, advocating for the needs of students to administration, faculty, and staff of the institution. The service should also identify and address issues and problems in the environment that may impede the academic progress of students. TOC

Guidelines for consultation services include the following:

II.D.1. Consultation provided as needed to faculty and other appropriate campus personnel, regarding individual students, must occur within the bounds of the confidential counseling relationship.

II.D.2. Consultation may be provided to parents, spouses, agencies, and others concerned about the student or involved in the student's safety plan, as long as confidentiality requirements are met.

II.D.3. While a counseling service can serve a consultative role, it must not be responsible for administrative or academic decisions about students.

II.E. Referral Resources
Counseling services must provide referral resources within the institution and the local community to meet the needs of students whose problems are outside the scope of services or resources of the counseling center. Referral resources should be evaluated for availability and affordability. TOC

II.F. Research
An integral responsibility of the counseling service is to conduct ongoing evaluation and accountability research, to determine effectiveness, and to improve the quality of services. TOC

II.F.1. Counseling services must abide by professional ethical standards as well as expectations developed by university groups responsible for overseeing research. Ultimate responsibility for the establishment and

maintenance of accepted ethical practices shall reside with the individual researcher and the Director of the counseling service.

II.F.2. The counseling service should contribute to research at the campus level as well as national data collection efforts.

II.F.3. Counseling services should be involved with students and faculty who wish to conduct individual research on student characteristics or on the influence of specific student development programs. Such activities must be in compliance with appropriate professional and ethical standards as well as institutional research board requirements.

II.F.4. The counseling service should make every effort to contribute to the fields of counseling, psychology, and other relevant professions (e.g., student affairs, student personnel services, social work, psychiatry, etc.) through research and other scholarly endeavors. TOC

II.G. Program Evaluation

There must be a regular review of the counseling service based on data from center evaluation efforts. When possible, it is desirable to include comparative data from other institutions in the evaluation process.

II.H. Professional Development

Counseling services must afford staff and trainees regular opportunities to upgrade their skills by providing them with training, professional development and continuing education experiences. Such training may occur through case conferences, workshops sponsored by the center, and the provision of time and/or resources for staff members to attend workshops and conferences. TOC

II.I. Training Programs

Training and supervision are appropriate and desirable responsibilities of counseling services. A training program should be incorporated in the center where it is economically and functionally feasible, to contribute to the development of practitioners in relevant professions. In addition, training programs can add to the diversity of the centers panel of service providers. Further, involvement in training allows staff members to maintain and increase their clinical supervision skills.

The following guidelines pertain to training: (Also see section IV.D. Trainees).

II.I.1. Graduate student trainees, post-doctoral fellows, and paraprofessionals should be selected carefully and supervised closely by experienced, qualified staff in a manner consistent with professional training standards and state and provincial statutes.

II.I.2. Cases assigned to trainees must be based on their current level of training and competency to ensure quality services to students. Cases assigned to trainees should not exceed 40% of center's clientele. TOC

III. ETHICAL STANDARDS

Professional ethical practice forms the cornerstone of the counseling service. Maintaining ethical standards and abiding by related laws in the administration of a counseling center is a very complex and necessary task. Clear definitions of ethical and legal questions are not universally applicable, so an understanding of ethical code and relevant case and statute law is essential.

The counseling service Director, and/or his or her designee should have access to legal counsel when necessary and should be well-informed regarding legal issues. Staff members must maintain strict adherence to the ethical standards of their respective professions and licensure/certification requirements. Agency operating procedures must be congruent with these standards and in no way abridge or contravene an individual staff member's ethical obligations and privileges. (See Appendix) TOC

III.A. **Selection of Staff and Training on Policy/Ethics**
All professional and administrative support staff must be selected carefully and trained thoroughly regarding appropriate agency policies and procedures. TOC

III.B. Confidentiality of Counseling
The confidential nature of the counseling relationship must be consistent with professional ethical standards and with local, state, provincial and federal guidelines and state statutes. Information can be released only at the request or concurrence of a client who has full and informed knowledge of the nature of the information that is being released, or except as required by law. TOC

Appropriate information is then to be released selectively and only to qualified recipients. Instances of statutory limits to confidentiality and other appropriate restrictions (e.g., policies related to observation, audio, video, digital or electronic recordings) must be clearly articulated and implemented only after careful professional consideration.

III.C. Imminent Danger
When the condition of the client is indicative of clear and imminent danger to self or others, counseling professionals must take reasonable personal action that may involve informing responsible authorities and consulting with other professionals.

In such cases, counseling professionals must be cognizant of existing ethical principles, relevant statutes, and local mental health guidelines that may stipulate the limits of confidentiality, such as: statutes that require the reporting of child abuse and other forms of abuse; statutes and/or case law that stipulate appropriate notification when clients and/or others are at risk. TOC

III.D. **Psychological Tests**
Procedures regarding the preparation, use, and distribution of psychological tests must be consistent with professional standards. TOC

III.E. **Research**
Standards regarding research with human subjects must be maintained. Review procedures for proposed research should be established to insure that research efforts do not interfere with service delivery responsibilities of the counseling service. (See also **II.F.3**.) TOC

III.F. **Case Records**
Systematic case records must be maintained as required by professional standards and applicable statutes. The record must include all pertinent clinical documentation, such as: intake and assessment information, case notes, a termination summary, results of any tests or inventories, etc.

If records are computerized, or if computerized billing is used in the center, confidentiality of data files must be ensured. Confidentiality and appropriate handling of information and records must be reflected in the collection, storage, classification and maintenance of the data, administrative security, and in dissemination of information regarding clients.

All current client records must be maintained in a central location that is secure and accessible to appropriate staff. Within the central location, paper records must be maintained in secure locked files. Clinical files must not be stored in individual offices, but in a central location which is appropriately secured.

In the case of computerized records, multiple safeguards must be applied, including strict network firewalls, regular access audits, and password protection. These and other physical precautions must be in place to ensure the confidentiality and security of stored material. For additional information on electronic record-keeping, see section III.K.1. Regardless of the case record format used by the center, all case records are the property of the counseling service. TOC

III.G. Disposition of Records
Procedures for the disposition of client and agency records should be consistent with professional standards, college and university guidelines, and relevant statutes. The complete record should be maintained for a minimum of 7 years from the last date of service. TOC

III.H. Access to Records
Access to client records, even when there is a shared electronic records system, must be limited to appropriate counseling service personnel. An informed, signed release of information must be obtained from the client before records or other confidential information can be shared with any other individual within merged entities, campus departments, or outside agencies. TOC

III.I. Shared Electronic Records Systems
When sharing the same electronic medical records system with medical or other units, a firewall must be in place to ensure counseling records are not inappropriately accessed or disclosed to individuals outside of the counseling center. Counseling service records must be kept separate from records within merged entities (e.g. medical records, advisement notes, placement credentials, etc.). The sharing of client names and data across systems/departments requires informed client consent. TOC

III.J. Regulatory Awareness
Staff members must be knowledgeable about and function in a manner consistent with relevant civil and criminal laws. They should be aware of the obligations and limitations imposed on the institution by national, regional, and local constitutional, statutory, regulatory, and institutional policy. TOC

III.K. Technology
Counseling staff must demonstrate a basic understanding of technology and receive appropriate training prior to adopting any new technology for use. It is recognized that counseling services may need to rely upon non-mental health professionals to provide technical assistance. Professionals providing technical assistance must be given training concerning issues regarding confidentiality and must sign a confidentiality agreement.

III.K.1. Computerized client data such as case records and webcam recordings must be secured in such a way to prevent unauthorized access. Clients must be informed that confidential information about their treatment is stored on the center's secured server. When working off-site and remotely accessing the clinical services system (e.g., programs like Titanium), there should be sufficient security, privacy and protections, comparable to that offered by one's office desktop computer. Remote access should be done through password protected or encrypted networks, such as virtual private networks (VPN); this applies to both direct and wireless home networks, wireless public access should not be utilized. Standards for appropriate clinician behavior include not performing and storing confidential work on remote computers, not copying student identifying and mental health information onto portable devices (e.g., laptops, tablets, USB sticks), and not by accessing such data on mobile devices (e.g., email).

III.K.2. Electronic mail (e-mail) is not a safe means to transmit confidential information. When e-mail is used to correspond with a client or transmit information, informed consent regarding potential limits to confidentiality must be communicated which explain the inherent risks to confidentiality posed by this technology, and the limitations it also imposes on the center's ability to respond in a timely manner to emergency situations.

III.K.3. Dedicated copiers, scanners, and faxes must be located and utilized in a manner to insure confidentiality. Counseling services that use electronic equipment to transmit confidential information must develop a system to secure the transmitted material from unauthorized access. If confidential information is transmitted electronically, an informed consent must be used.

III.K.4. The web is an increasingly important resource in many aspects of student life (e.g., education, health care, recreation), and should be available in order to provide access and opportunity to all students. Counseling Center websites should be user-friendly, searchable, contain disclaimer statements on usage and contact information; include policies on confidentiality and use of e-mail; crisis and emergency information, accessible to students with disabilities (following Web Content Accessibility Guidelines: WCAG at: http://www.w3.org/wai). **TOC**

IV. COUNSELING SERVICE PERSONNEL[3]

Counseling functions are performed by professionals with a minimum of a Master's degree from relevant disciplines such as: counseling psychology, clinical psychology, counselor education, social work, marriage and family, or mental health counseling.

IV.A. Director

IV.A.1. Qualifications and Competencies

IV.A.1.a) The Director should have an earned doctorate or Master's degree from a regionally-accredited university, in counseling psychology, clinical psychology, counselor education, social work, marriage and family, or other closely related discipline.

IV.A.1.b) The Director must have had a supervised internship, supervised field placement, or equivalent as part of the requirement for the degree, which included clinical assessment, counseling and crisis intervention, preferably with a diverse college-age population.

IV.A.1.c) The Director should have a minimum of 5 years previous experience as a staff member in a clinical and/or counseling setting, at least one of which should be in an administrative supervisory capacity.

IV.A.1.d) The Director must have abilities and attributes that enable effective representation of mental health issues in the campus community, and effective interaction with, and the ability to gain the respect of, counseling staff, colleagues, administrators, faculty, staff, parents and students.

IV.A.1.e) The Director should hold appropriate state or provincial licensure or certification. Exceptions may be considered on an individual basis If the director is not licensed for autonomous practice, but there is a

licensed or certified professional on the staff of the counseling service who has a degree in counseling psychology, clinical psychology, counselor education, or related discipline to assist the Director in the delivery and supervision of the clinical activities and services of the agency.

IV.A.1.f) The Director should have graduate-level academic training in clinical and professional functioning, such as: diagnosis and assessment, counseling theory and practice, ethical issues, supervision, diversity, and research.

IV.A.1.g) The Director should have evidence of involvement and commitment to educational and professional development.

IV.A.2. Duties

IV.A.2.a) Overall administration and coordination of the resources and activities of the counseling service, including: strategic planning and goal setting; identification and attainment of service objectives; resource allocation; program evaluation and research; counseling; outreach; consultation; and preventive mental health activities. With the staff, the Director develops and implements philosophy, policies, and procedures for counseling service operations

[3] Section IV. Amended 10-22-2016

IV.A.2.b) Coordination, recruitment, training, supervision, development, and evaluation of professional and administrative support staff.

IV.A.2.c) Preparation and administration of counseling services budget, the development of annual reports, and other documents that represent and advocate for the needs of the counseling center, and the psychological and developmental needs of the university community.

IV.A.2.d) Responsibility for providing crisis intervention, counseling, clinical supervision, outreach, and consultation services to the university community, as defined by administrative policies and procedures.

IV.A.2.e) Participation in campus mental health policy formation and program development; serving on divisional and/or campus-wide committees; taking a leadership role in representing the center to other campus units.

IV.A.2.f) Administration of procedures that monitor the quality of all counseling and/or clinical service rendered by the center.

IV.A.2.g) Directors or counseling service staff members can serve on threat assessment teams (variously referred to as University Response Teams, Students of Concern Committees, Behavioral Management Teams, etc), provided they remain cognizant of the multiple challenges to their ethical responsibility of confidentiality such service will present. They are advised to be highly knowledgeable of the legal responsibility to report individuals at risk of harm to self/others and to maintain strict informational boundaries, that in this environment are highly subject to pressure.

IV.A.2.h) Mergers must not substantially alter or diminish the autonomy of the administrator of the counseling service in managing the center. This includes the overall administration and coordination of the resources and activities of the center including: counseling, outreach, consultation, research, and preventive mental health activities;

IV.A.2.i) Coordination, recruitment, retention, training, supervision, development, and evaluation of professional, trainee, and support staff; preparation and management of the budget; and involvement in university policy formation and program development. TOC

IV.B. Professional Staff

IV.B.1. Qualifications and Competencies

IV.B.1.a) The minimum qualification for a mental health professional is a Master's degree in a relevant mental health discipline from a regionally-accredited institution of higher education.

IV.B.1.b) Documentation of supervised experience at the graduate level in the provision of mental health services is required.

IV.B.1.c) Professional staff must have had appropriate course work at the graduate level and demonstrate knowledge, skills, and abilities in psychological assessment, theories of personality, abnormal psychology or psychopathology, human development, learning theory, counseling theory, and/or other appropriate subjects.
IV.B.1.d) Professional staff must have had a supervised internship or equivalent experience with diverse populations as part of the degree requirement.

IV.B.1.e) Professional staff must have a degree in counseling psychology, clinical psychology, counselor education, marriage and family, or other closely related discipline and be licensed/certified to practice within their specialty. If necessary, appropriate supervision must be provided until licensure/certification is obtained.

IV.B.1.f) Professional staff must demonstrate knowledge of principles of program development, consultation, outreach, developmental theories and be able to understand the individual in the context of a diverse social and cultural milieu.

IV.B.1.g) Professional staff must have personal attributes that enable them to facilitate effective interpersonal relationships and to communicate with a wide range of students, faculty, staff, and administrators.

IV.B.1.h) When a staff member has the responsibility for the clinical supervision of other professional staff members or graduate student trainees, the staff member must hold an appropriate graduate degree and experience in the training of other professionals, and hold licensure and or appropriate certification in their chosen mental health field.

IV.B.1.i) If a staff member does not meet the above minimum qualifications, the Board of Accreditation will examine, on a case by case basis, any evidence to support this individual's commensurate qualifications.

IV.B.2. Duties

IV.B.2.a) Provide individual and group counseling, assessment, and crisis intervention services.

IV.B.2.b) Design and conduct developmental and outreach program activities.

IV.B.2.c) Provide consultation services, as requested, to students, faculty, and staff within the university.

IV.B.2.d) Participate in research and service evaluation activities.

IV.B.2.e) Provide appropriate training and supervision to paraprofessionals, graduate trainees and post doctoral fellows/residents.

IV.B.2.f) Perform other assigned functions that contribute to the service offerings of the center and the academic mission of the institution, such as: teaching, committee work, liaison with academic or administrative units, and participation in university program development. **TOC**

IV.C. Other Center Administrative Staff

Centers develop administrative structures based on size and need. Individuals appointed to fill positions such as Associate or Assistant Director, or Training Director, should have relevant experience and expertise to fulfill the duties assigned to these roles. **TOC**

IV.D. Trainees

When graduate level trainees are used in the delivery of counseling services and programs, their work must be closely supervised in accordance with the trainee's professional specialty and state, regional, provincial and/or national standards and statutes. Responsibility for placement, supervision, assignment of responsibilities, and quality assurance of the program lies with the trainee's supervisor(s), the Training Director (if available), and ultimately the Director of the counseling service. **TOC**

IV.D.1. Types of Trainees

IV.D.1.a) Pre-Doctoral Interns:

The term Intern is reserved for those individuals completing either a full-time (40 hours per week for one year) or half-time (20 hours per week for two years) pre-doctoral internship that is an established and integral part of the agency mission, that is sequential and cumulative in nature and builds on the experience obtained at the agency, and is both an intensive and extensive learning experience.

Supervision of pre-doctoral interns must be regularly scheduled; at a minimum, a full-time Intern should receive 4 hours of supervision per week, at least 2 of which should be face-to-face individual supervision (half-time interns pro-rated accordingly).

IV.D.1.b) Practicum Students, Externs, Supervised Field Placements, etc:
These terms apply to those trainees who are obtaining training and supervision, either as part of an academic program, or on a voluntary basis to obtain additional clinical/counseling experience. The counseling service should provide an appropriate range of documented training, supervision, and learning experiences. These may be at the Masters, Specialist or Doctoral level and occur prior to the pre-doctoral internship.

IV.D.1.c) Post-Doctoral Residents/Fellows/Post-graduate practitioners:
Post-doctoral residents/fellows, and Post-graduate practitioners should be provided an opportunity to obtain advanced training, supervision and education beyond the masters or doctoral degree in preparation for independent clinical practice or specialization in a practice area. Their training must be integrally connected to the counseling service and consistent with the mission of the agency and institution.

Residencies are typically one year or two half-years and build upon prior learning. As a result of this training, residents/fellows/ Post-graduate practitioners should demonstrate advanced proficiency and skill in such areas as: assessment/diagnosis, treatment, outreach and consultation, program development and implementation and evaluation, supervision, teaching, research, and administration. Regularly scheduled supervision must be integral to the training experience.

IV.D.1.d) Paraprofessional and Peer Educators:
Paraprofessionals and peer educators perform various functions in the counseling service appropriate to their training and experience. These students are given specific training and supervision to provide basic helping assistance to professional staff in outreach programs and workshops.

IV.D.2. Description of Training Programs
The center must have an adequate number of administrative support staff. All support staff, including student workers, must be given training concerning: 1) the operation and function of the counseling service; 2) the limits of their functioning within the counseling service and 3) issues regarding confidentiality. **TOC**

IV.E. Support Staff

IV.E.1. Student workers employed in the center must be assigned tasks limited to their training, that do not compromise the confidentiality of clients. Student workers must not have access to any confidential information, such as client demographics, clinical records or reports, or personnel records, and they must not do client scheduling.

IV.E.2. There should be an adequate number of non-student support staff who are trained in the effective use of technology to meet the center's service load. Work tasks include receptionist duties, scheduling, data analysis, word processing, handling of any psychological tests or inventories, and billing. The use of student workers as office support must be limited to tasks that do not involve direct contact with students, such as support for outreach program activities, photocopying educational or research materials, and performing inventory of library resources. **TOC**

IV.F. Consultation Resources
Professional staff members and trainees should have access to necessary consultation resources in areas such as: psychopharmacology, psychological assessment, case management, and program development. Specialists in psychiatry, learning disabilities, law, occupational information, and substance abuse are important resource professionals for the counseling staff. **TOC**

IV.G. Professional Status

The professional (Masters-level and above) staff of the Center should have status comparable to faculty at the institution. TOC

V. RELATED GUIDELINES

V.A. Professional Development

V.A.1. Ongoing professional development activities are an essential aspect of an effective counseling program. Both release time and budget resources should be made available to assist staff in these endeavors.

V.A.2. Counseling service staff should be provided with opportunities for clinical/peer supervision and case consultation. Unlicensed staff members must be under the supervision of licensed staff.

V.A.3. It is highly desirable that ongoing in-service training be provided for all staff members. This should include: 1) formal, regularly scheduled case conferences attended by the entire staff; and 2) in-service training programs, workshops and seminars.

V.A.4. Staff members should hold membership in and participate in appropriate professional organizations; staff members should be encouraged to accept leadership responsibilities within their respective local and national organizations..

V.A.5. Staff members should attend relevant campus events and seminars and local, regional, provincial and national professional meetings. TOC

V.B. Staff Diversity

It is essential that the counseling service demonstrate hiring practices that are free of prejudice with respect to race, religion, age, gender, sexual/relational orientation, gender identity, and physical challenge. Counseling services should demonstrate practices that are consistent with the goals of equal opportunity and affirmative action and strive to achieve appropriate racial/gender balance among the staff. TOC

V.C. Size of Staff

The staffing necessary for the effective operation of a counseling service depends, to a large degree, on the size and nature of the institution and the extent to which other mental health services are available -on- and off-campus. The range of the service offerings and training programs also influences staffing needs. It is recommended that staff levels be continually monitored with regard to student enrollment, service demands, and staff diversity to insure that program objectives are being met.[4] *A minimum of 2 FTE staff are necessary to be eligible for accreditation.*

V.C.1. Every effort should be made to maintain minimum staffing ratios in the range of one FTE professional staff member (excluding trainees) for every 1,000-1500 students, depending on services offered and other campus mental health agencies.

V.C.2. Administrative support staff must be adequate to assume responsibility for all receptionist and secretarial duties necessary for the effective functioning of the counseling service. The counseling service Director must have shared administrative authority over the administrative support staff if this position is shared with another service.

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[4] The definition of an FTE Professional staff member adopted by the IACS Board of Directors is one full time clinical/administrative position, excluding clerical staff and all trainees (such as Pre-Doctoral Interns, Post Doctoral Residents, Externs, Interns, Graduate Assistants, etc).

V.C.3. Counseling services should have access to psychiatric services to provide timely response for medication evaluation and management. **TOC**

V.D. Workload

The workload of any counseling center director is unique and reflects responsibilities not incumbent on the professional staff. Consequently the director must be able to structure a workload which actually reflects the demands of the director's position.

Staff members should have a balanced workload that affords adequate time for all aspects of their professional functioning.

V.D.1. Direct service responsibilities, i.e. face-to-face contact with clients including: intake, individual/group counseling, and crisis intervention should not exceed 65% of the workload on a continuing basis.

V.D.2. Adequate time should be allocated for non-direct service activities, which include: clinical supervision, client referrals, case management, consultation, meetings, research, professional development, teaching, and maintenance of client records. **TOC**

V.E. Compensation - Salary and Benefits

V.E.1. Salaries should be commensurate with credentials, experience, responsibilities, and duties.

V.E.2. Salaries and benefits should be commensurate with those of others in the institution with similar qualifications and responsibilities and comparable professionals in other institutions of higher education in the geographic area.

V.E.3. Counseling services should strive to create career advancement opportunities for staff, including the opportunity to advance to positions of greater responsibility within the center. **TOC**

V.F. Physical Facilities

V.F.1. Counseling services should be centrally located, must be readily accessible to all students, including those who are physically challenged, and must be physically separate from administrative offices, campus police, and judicial offices.

V.F.2. Individual sound-insulated offices should be provided for each professional staff member and intern. Each office should have a telephone, computer, printer, and furniture that creates a relaxing environment for students.

V.F.3. Counseling service staff and interns should have access to computers and technology support for scheduling, record-keeping, data storage/file management, research, and publication activities.

V.F.4. Counseling services must provide a separate private reception/waiting area for students.

V.F.5. All current client records must be maintained in a central location that is secure and accessible to appropriate staff. Within the central location, paper records must be maintained in secure, locked files (Please refer to Section III.F. and Section III.K.1.).

V.F.6. Counseling services should have library resources that include professional journals, books and other materials, and access to internet sources.

V.F.7. An area suitable for individual or group testing should be available, consistent with the needs of the center.

V.F.8. Counseling services should maintain (or have ready access to) adequate space suitable for group counseling sessions and staff meetings.

V.F.9. Counseling services with training components must have adequate audio-visual recording and observation capability as an integral part of supervision.

V.F.10. Counseling services should have adequate storage space.

V.F.11. Use and placement of security cameras must not compromise the privacy or confidentiality of service users. TOC

V.G. Malpractice/Liability Insurance

Counseling services staff must have malpractice insurance coverage, either under the auspices of the university or by an individual policy. TOC

VI. SPECIAL CONCERNS: Issues Affecting International Counseling Centers

The current IACS Standards may not translate to all cultures and countries literally, but potential international applicants should be aware that the IACS Board of Accreditation will take into account cultural contexts for each individual service in interpreting whether or not the center meets the IACS Standards. The Board is aware of the potential or real cultural differences which can occur, and will be mindful of these issues as it deliberates whether or not a center meets the essence of the Standards. TOC

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APPENDIX

ETHICAL STATEMENTS AND PROFESSIONAL PRACTICE GUIDELINES

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