



COUNCIL ON REHABILITATION EDUCATION, INC.

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August 31, 2011

United States Army
1400 Defense Pentagon
Washington, DC 20301

ATTN: John H. McHugh, Secretary of the Army

Dear Secretary McHugh,

We are writing this letter in response to the decision for the Army Substance Abuse Program (ASAP) to establish credentials, privileges, and employ Licensed Professional Counselors and Licensed Mental Health Counselors as independent practitioners. We are writing specifically to discuss the requirement that a qualified individual must be a graduate from a CACREP accredited program and have passed the National Clinical Mental Health Counselor examination. The decision to include only graduates from CACREP programs excludes Licensed Professional Counselors from programs accredited by the Council on Rehabilitation Education (CORE) that train rehabilitation counselors. Excluding CORE graduates ignores the recognition within the counseling profession that CORE and CACREP standards are equivalent, creates an access to care issue for veterans, and disenfranchises a significant portion of licensed professionals in the United States who are legitimately trained and licensed to provide professional counseling services.

The Council on Rehabilitation Education (CORE) began accrediting rehabilitation counselor education programs in 1974, the same year that the Commission on Rehabilitation Counselor Certification (CRCC) began issuing the Certified Rehabilitation Counselor credential. The CRCC certifies roughly 16,500 Rehabilitation Counselors (CRC) at the present time. In the results of a recent CRCC survey dated June 2011, 34% of the CRCs responding indicated that they are licensed to provide professional counseling services in the state where they reside. Rehabilitation counselors represent over 5,000 licensed practitioners who have specific training in working with people with disabilities including active military.

Rehabilitation counselors have a long history of working with veterans. The Soldier's Rehabilitation Act in 1918 marks the "official" beginning of rehabilitation counseling. While our historical roots have been in providing vocational rehabilitation services, many graduates from CORE accredited programs in the 21st century are eligible for licensure. The American Counseling Association (ACA) Governing Council passed a "parity resolution" for rehabilitation counselors in 1998 and reaffirmed in 2003 stating:

"That preparation of students educated by both the Council on Rehabilitation Education (CORE) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited programs is functionally equivalent for purposes of licensure, and further, that National Certified Counselors (NCCs) and Certified Rehabilitation Counselors (CRCs) have met equally rigorous standards of education and experience in achieving these credentials. Further, it is the policy of ACA that the alternate equivalency of CORE and CRCC to their counseling credentialing counterparts be given full and proper consideration and voice in all credentialing, professionalization, and advocacy actions and policy communications taken

by ACA. This position is especially relevant within the context of ACA's positions on statutory and regulatory licensure issues such as recommended examinations, and education requirements involved in core course evaluations, as well as counselor licensure portability models and policies.”

Rehabilitation counseling advocates lobby for the inclusion of rehabilitation counselors in licensure laws across the United States using this parity resolution. Clearly, the counseling profession regards graduates of programs accredited by both as equivalent.

Considering the historical roots of rehabilitation counseling began with veterans almost a hundred years ago, the exclusion of rehabilitation counseling by the Army limits the access to care for American military. Scott Barstow from the ACA Public Policy and Legislation office reported to us that the access to care by active military with mental health issues is particularly problematic in rural areas. Approximately 25% of the United States population resides in rural areas and yet the percentage of counselors practicing in rural areas is disproportionately lower at roughly five percent. Of the practicing counselors residing in rural areas, it has been estimated that only 25% have graduated from a CACREP accredited program. Disenfranchising rehabilitation counselors who are licensed counselors further exacerbates the access to care issue.

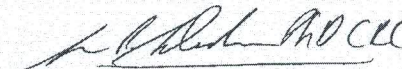
We are confident that you will understand our position and agree that if CORE and CACREP standards have been recognized by the counseling profession as equivalent for the purpose of licensure, then graduates from CORE accredited programs who are licensed to practice as professional counselors should be regarded by the United States Army as equally qualified to work as Professional Mental Health Counselors providing substance abuse treatment.

We would like the opportunity to speak with you further about this matter of significant importance to all of us. Dr. Tom Evenson will serve as the point of contact for the group and will be contacting you shortly to coordinate a day and time for a teleconference.

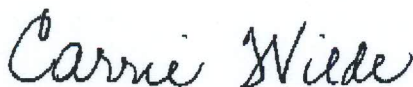
Respectfully,



Tom Evenson, Ph.D., CRC
President, Council on Rehabilitation Education



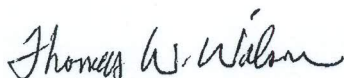
Shawn Saladin, Ph.D., CRC
Chair, Commission on Rehabilitation Counselor Certification



Carrie Wilde, Ph.D., CRC, LMHC
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