**Competencies in Professional Counseling**

**and related human serviceS\***

The competency areas are represented at two levels of development in a master’s degree program: (a) early and (b) exit. The former is hoped to reflect a student’s competency attainment at an early stage in the graduate program. Flexibility exists such that individual programs have the freedom to determine the appropriate time in their program to rate early stage competencies. For instance, competencies directly related to practicum training or being in a supervisory relationship cannot be rated until engaged in (formative evaluation) or completion of that activity (summative evaluation), and that may not occur in some cases until the second year of a master’s program; the latter (i.e., exit level of development) is intended to reflect an expected level of competence at the conclusion of the student’s masters-level program of studies. We recognize and wish to respect that the coverage and emphases of these competencies and the level of proficiency expected may differ among different counseling master’s programs.

**\*The following competencies are intended to capture the domains expected for entry-level readiness for supervised post-masters practice leading to licensure/certification in many areas of professional counseling. To facilitate use of these competencies by programs, the follow rating levels are suggested for competency attainment: (1) lacking, (2) emergent, and (3) proficient.**

1. **PROFESSIONALISM**

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| **MCAC****Domain** | ***A. Professional Values and Attitudes*:** as evidenced in behavior and comportment that reflect the values and attitudes of psychology.  |
| **8.a, k** | **1. Integrity - Honesty, personal responsibility and adherence to professional values** |
|  | **Understands professional values; honest, responsible** Examples:* Demonstrates honesty, even in difficult situations
* Takes responsibility for own actions
* Demonstrates ethical behavior and basic knowledge relevant professional ethical principles and codes of conduct
 | **Adherence to professional values infuses work as counselor; recognizes situations that challenge adherence to professional values**Examples:* Identifies situations that challenge professional values, and seeks supervisor guidance as needed
* Demonstrates ability to discuss failures and lapses in adherence to professional values with supervisors with supervisors, faculty, or other professional colleagues as appropriate
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| **8.a, k** | **2. Deportment** |
|  | **Understands how to conduct oneself in a professional manner** Examples:* Demonstrates appropriate personal hygiene and attire
* Distinguishes between appropriate and inappropriate language and demeanor in professional contexts
 | **Communication and physical conduct (including attire) is professionally appropriate, across different settings**Examples:* Demonstrates awareness of the impact behavior has on client, public and profession
* Utilizes appropriate language and demeanor in professional communications
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| **8.a, k** | **3. Accountability** |
|  | **Accountable and reliable**  Examples:* Turns in assignments in accordance with established deadlines
* Demonstrates personal organization skills
* Plans and organizes own workload
* Follows policies and procedures of institution
* Follows through on commitments
 | **Accepts responsibility for own actions** Examples:* Completes required case documentation promptly and accurately
* Accepts responsibility for meeting deadlines
* Available when “on-call”
* Acknowledges errors
* Utilizes supervision to strengthen effectiveness of practice
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**8.a, k | 4. Concern for the Welfare of Others**

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|  | **Demonstrates awareness of the need to uphold and protect the welfare of others** Examples:* Displays initiative to help others
* Articulates importance of concepts of confidentiality, privacy, and informed consent
* Demonstrates compassion (awareness of suffering and the wish to relieve it) for others
 | **Acts to understand and safeguard the welfare of others** Examples:* Displays respect in interpersonal interactions with others including those from divergent perspectives or backgrounds
* Determines when response to client needs takes precedence over personal needs

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| **8.a,k** | **5. Professional Identity** |
|  | **Demonstrates beginning understanding of self as professional; “thinking like a professional counselor”**Examples:* Demonstrates knowledge of the program and profession (training model, core competencies)
* Demonstrates knowledge about practicing within one’s competence
 | **Displays emerging professional identity as professional counselor;** Examples:* Has membership in professional organizations
* Attends colloquia, workshops, conferences
* Consults literature relevant to client care
* **Uses resources (e.g., supervision, literature) for professional development**
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|  | *B.****Individual and Cultural Diversity (ICD)*:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly. |
| **8.d,k** | **1. Self as Shaped by Individual and Cultural Diversity (**e.g.,cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status **) and Context** |
|  | **Demonstrates knowledge, awareness, and understanding of one’s own dimensions of diversity and attitudes towards diverse others** Examples:* Articulates how ethnic group values influence who one is and how one relates to other people
* Articulates dimensions of diversity (e.g., race, gender, sexual orientation)
 | **Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation**Examples:* Uses knowledge of self to monitor effectiveness as a professional
* Initiates supervision about diversity issues

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| **8.d,k** | **2. Others as Shaped by Individual and Cultural Diversity and Context**  |
|  | **Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings** Examples:* Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals
* Articulates beginning understanding of the way culture and context are a consideration in working with clients
 | **Applies knowledge of others as cultural beings in assessment, treatment, and consultation** Examples:* Demonstrates understanding that others may have multiple cultural identities
* Initiates supervision about diversity issues with others

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| **8.d,k** | **3. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context** |
|  | **Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others**  Examples:* Demonstrates knowledge, awareness and understanding of the way culture and context shape interactions between and among individuals
* Articulates beginning understanding of the way culture and context are a consideration in the therapeutic relationship
 | **Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others** Examples:* Understands the role that diversity may play in interactions with others
* Initiates supervision about diversity issues in interactions with others
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| **8.d,k** | **4. Applications based on Individual and Cultural Context** |
|  | **Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD as they apply to professional work. Understands the need to consider ICD issues in all aspects of professional work (e.g., assessment, treatment, research, relationships with colleagues)**Examples:* Demonstrates basic knowledge of literatures on individual and cultural differences
* Engages in respectful interactions that reflect ICD knowledge
* Seeks out literature on individual and cultural differences to inform interactions with diverse others
 | **Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation**Examples:* Demonstrates knowledge of ICD literature
* Works effectively with diverse others in professional activities
* Demonstrates awareness of effects of oppression and privilege on self and others
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|  | ***C. Ethical/Legal Standards and Policy*:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. |
| **8.a,k** | **1. Knowledge of Ethical, Legal and Professional Standards and Guidelines** |
|  | **Demonstrates basic knowledge of relevant ethical/professional codes and basic skills in ethical decision making; demonstrates beginning level knowledge of legal and regulatory issues in the practice of professional counseling that apply to practice while placed at practicum setting** Examples:* Demonstrates beginning knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent
* Identifies key documents/policies that guide the practice of professional counseling
* Demonstrates beginning knowledge of ethical principles and the ACA ethics code
 | **Demonstrates intermediate level knowledge and understanding of relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations**Examples:* Identifies ethical dilemmas effectively
* Actively consults with supervisor to act upon ethical and legal aspects of practice
* Addresses ethical and legal aspects within the case conceptualization
* Discusses ethical implications of professional work
* Recognizes and discusses limits of own ethical and legal knowledge
* Demonstrates intermediate knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent
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| **8.a,k** | **2. Awareness and Application of Ethical Decision Making**  |
|  | **Demonstrates awareness of the importance of applying an ethical decision model to practice**Examples:* Recognizes the importance of basic ethical concepts applicable in initial practice (e.g. child abuse reporting, informed consent, confidentiality, multiple relationships, and competence)
* Demonstrates awareness of an ethical decision making model through responses to case vignettes
 | **Demonstrates the application of an ethical decision-making model by applying it to ethical dilemmas** Examples:* Uses an ethical decision-making model when discussing cases in supervision
* Identifies ethical implications in cases and understands the ethical elements present in ethical dilemma or question
* Discusses ethical dilemmas and decision making in supervision, staff meetings, presentations, practicum settings
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| **8.a,k** | **3. Ethical Conduct** |
|  | **Displays ethical attitudes and values** Examples:* Evidences desire to help others
* Shows honesty and integrity; values ethical behavior
* Demonstrates personal courage consistent with ethical values of professional counselors
* Displays appropriate boundary management
 | **Integrates own moral principles/ethical values** **in professional conduct** Examples:* Is able to articulate knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues
* Is able to spontaneously discuss intersection of personal and professional ethical and moral issues
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|  | ***D. Reflective Practice/Self-Assessment/Self-Care*:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. |
| **8.a,k** | **1. Reflective Practice** |
|  | **Displays basic mindfulness and self-awareness; displays basic reflectivity regarding professional practice (reflection-on-action)** Examples:Demonstrates openness to:* considering own personal concerns and issues
* recognizing impact of self on others
* articulating attitudes, values, and beliefs toward diverse others
* self-identifying multiple individual and cultural identities
* systematically reviewing own professional performance with supervisors/teachers
 | **Displays broadened self-awareness; utilizes self- monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action**  Examples:* Is able to articulate attitudes, values, and beliefs toward diverse others
* Recognizes impact of self on others
* Self-identifies multiple individual and cultural identities
* Is able to describe how others experience him/her and identifies roles one might play within a group
* Responsively utilizes supervision to enhance reflectivity
* Reviews own professional performance via video or audiotape with supervisors
* Displays ability to adjust professional performance as situation requires
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| **8.a,k** | **2.** **Self-Assessment** |
|  | **Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies** Examples:* Demonstrates awareness of competencies for professional training
* Develops initial competency goals for early training (with input from faculty)

  | **Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills**  Examples:* Self-assessment comes close to congruence with assessment by peers and supervisors
* Identifies areas requiring further professional growth
* Writes a personal statement of professional goals
* Identifies learning objectives for overall training plan
* Systemically and effectively reviews own professional performance via videotape or other technology
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| **8.a,k** | **3. Self-Care** (attention to personal health and well-being to assure effective professional functioning) |
|  | **Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care** Examples:* Articulates benefits of engaging in self-care
* Makes use of opportunities to engage in self-care
 | **Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice** Examples:* Takes action recommended by supervisor for self-care to ensure effective training
* Maintains/alters weekly schedule to allow for self care activities
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| **8.k** | **4. Participation in Supervision Process** |
|  | **Demonstrates straightforward, truthful, and respectful communication in supervisory relationship 3** Examples:* Demonstrates willingness to admit errors and accept feedback
* Acknowledges supervisor’s differing viewpoints in supervision
 | **Effectively participates in supervision**Examples:* Seeks supervision to improve performance; presents work for feedback, and integrates feedback into performance
* Initiates discussion with supervisor of own reaction to client/patients in session
* Seeks supervisor's perspective on client progress
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1. **RELATIONAL**

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|  | ***A. Relationships*:** Relate effectively and meaningfully with individuals, groups, and/or communities. |
| **8.a,k** | **1. Interpersonal Relationships** |
|  | **Displays interpersonal skills**Examples:* Listens and is empathic with others
* Respects and shows interest in others’ cultures, experiences, values, points of view, goals and desires, fears, etc.
* Demonstrates interpersonal skills verbally and non-verbally
* Receives feedback
* Works cooperatively and collaboratively with peers
 | **Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines 3** Examples:* Forms effective working alliances with most clients
* Engages with supervisors to work effectively
* Involved in departmental, institutional, or professional activities or governance
* Demonstrates respectful and collegial interactions with those who have different professional models or perspectives
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| **8.a,k** | **2. Affective Skills** |
|  | **Displays affective skills**Examples:* Demonstrates affect tolerance
* Tolerates interpersonal conflict
* Demonstrates awareness of inner emotional experience
* Demonstrates emotional maturity
* Listens to and acknowledges feedback from others
* Notices and expresses feelings
* Demonstrates comfort with a range of emotions
* Affect does not overwhelm judgment
* Is flexible when things don’t go according to plan
 | **Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback non-defensively** Examples:* Makes appropriate disclosures regarding problematic interpersonal situations
* Acknowledges own role in difficult interactions
* Initiates discussion regarding disagreements with colleagues or supervisors
* Efforts to resolve disagreements do not escalate negative affect among the parties involved
* Seeks clarification in challenging interpersonal communications
* Demonstrates understanding of diverse viewpoints in challenging interactions
* Accepts and implements supervisory feedback non-defensively
* Maintains affective equilibrium and focus on therapeutic task in face of client distress
* Tolerates ambiguity and uncertainty
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| **8.a,k** | **3. Expressive Skills** |
|  | **Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills** Examples:* Written work is organized, easy to understand, and conveys the main points
* Shares opinions with others using language that others can understand
* Non-verbal behavior is consistent with verbal communications

  | **Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language** Examples:* Uses professional terms and concepts appropriately and clearly in discussions, case reports, etc.
* Understands terms and concepts used in professional texts and in others’ case reports
* Communication is understandable, consistent across expressive modalities
* Prepares clearly written assessment reports
* Presents clinical process to supervisor in a succinct, organized, well-summarized way
* Provides verbal feedback to client regarding assessment and diagnosis using language the client can understand
* Presents clear, appropriately detailed clinical material
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1. **SCIENCE**

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|  | ***A. Scientific Knowledge and Methods:*** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. |
| **8.a,k** | **1.** **Scientific Mindedness** |
|  | **Displays critical scientific thinking** Examples:* Questions assumptions of knowledge
* Evaluates study methodology and scientific basis of findings
 | **Values and applies scientific methods to professional practice**  Examples:* Uses literature to support ideas in case conferences and supervision
* Formulates appropriate questions regarding case conceptualization
* Generates hypotheses regarding own contribution to therapeutic process and outcome
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| **8.b,c,****d,e,f,****g,i,j** | **2.** **Scientific Foundation of Professional Counseling** |
|  | No expectation at this level | **Demonstrates understanding of counseling as an applied behavioral science**Examples:* Demonstrates understanding of core scientific conceptualizations of human behavior
* Demonstrates basic knowledge of the biological, social, affective, and cognitive bases of behavior
* Demonstrates understanding of human development—including career development
* Cites scientific literature to support an argument when appropriate
* Evaluates scholarly literature on a topic as needed
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| **8.b,c,****d,e,f,****g,h,****i,j** | **3. Scientific Foundation of Professional Practice**  |
|  |  No expectation at this level | **Understands the scientific foundation of professional practice** Examples:* Understands the development of evidence based practice in counseling
* Cites scientific literature to support an argument when appropriate
* Evaluates scholarly literature on a practice-related topic as needed
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1. **APPLICATION**

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|  | ***A. Evidence-Based Practice (EBP):*** Integration of research and clinical expertise in the context of patient factors. |
| **8.c,e,****k** | **1. Knowledge and Application of Evidence-Based Practice** |
|  | **Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological practice applications; demonstrates basic knowledge of the value of evidence-based practice and its role in professional counseling** Examples:* Articulates the relationship of EBP to professional counseling
* Identifies basic strengths and weaknesses of different assessment and intervention approaches
 | **Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications integrated withclinical expertise, and client preferences** Examples:* Demonstrates knowledge of interventions and explanations for their use based on EBP
* Demonstrates the ability to select interventions, assessment tools, and consultation methods for different problems and populations related to the practice setting
* Investigates existing literature related to problems and client issues
* Writes a statement of own theoretical perspective regarding intervention strategies
* Creates a treatment plan that reflects successful integration of empirical findings, clinical judgment, and client preferences in consultation with supervisor
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|  | ***B. Assessment:*** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations. |
| **8.h,i** | **1. Knowledge of Measurement and Psychometrics** |
|  | **Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing** Examples:* Demonstrates awareness of the benefits and limitations of standardized assessment
* Demonstrates knowledge of the construct(s) being assessed
* Evidences understanding of basic psychometric constructs such as validity, reliability, and test construction
 | **Selects assessment measures with attention to issues of reliability and validity**  Examples:* Identifies appropriate assessment measures for cases seen at practice site
* Consults with supervisor regarding selection of assessment measures
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| 8.h,i | 2. Knowledge of Assessment Methods  |
|  | **Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam** Examples:* Accurately administers and scores various assessment tools in non-clinical (e.g. course) contexts
* Demonstrates knowledge of initial interviewing methods (both structured and semi-structured interviews, mini-mental status exam)
 | **Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures appropriate to their level of training**  Examples:* Demonstrates intermediate level ability to accurately select, administer, score and interpret assessment tools with client populations
* Collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams
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| 8.h,i,j,k | 3. Application of Assessment Methods |
|  | No expectation at this level | **Demonstrates knowledge of measurement across domains of functioning and practice settings** Examples:* Demonstrates awareness of need to base diagnosis and assessment on multiple sources of information
* Demonstrates awareness of need for selection of assessment measures appropriate to population/problem
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| **8.c,h** | **4. Diagnosis** |
|  | **Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity**Examples:* Identifies DSM criteria
* Describes normal development consistent with broad area of training

  | **Applies concepts of normal/abnormal behavior to case formulation and diagnosis** **in the context of stages of human development and diversity (what is the appropriate level to expect)**  Examples:* Articulates relevant developmental features and clinical symptoms as applied to presenting question
* Demonstrates ability to identify problem areas and to use concepts of differential diagnosis

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| 8.e,h,j | 5. Conceptualization and Recommendations  |
|  | **Demonstrates basic knowledge of formulating diagnosis and case conceptualization**Examples:* Discusses diagnostic formulation and case conceptualization in courses
* Prepares basic reports which articulate theoretical material
 | **Utilizes systematic approaches of gathering data to inform clinical decision-making**  Examples:* Presents cases and reports demonstrating how diagnosis is based on case material
* Makes clinical decisions based on connections between diagnoses, hypotheses and recommendations
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| **8.h** | **6. Communication of Assessment Findings** |
|  | No expectation at this level | **Demonstrates awareness of models of report writing and progress notes**  Examples:* Demonstrates knowledge of content of test reports and progress notes
* Demonstrates knowledge of organization of test reports and progress notes
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|  | ***C. Intervention:* Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations (e.g., career, group, family, and/or systems-level interventions).** |
| **8.e,f,****g,k** | **1. Intervention planning** |
|  | **Displays basic understanding of the relationship between assessment and intervention**  Examples:* Articulates a basic understanding of how intervention choices are informed by assessment (e.g., clinical intake, testing)
* Articulates a basic understanding of how assessment guides the process of intervention
 | **Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation** Examples:* Articulates a theory of change and identifies interventions to implement change
* Writes case conceptualization reports and collaborative treatment plans incorporating evidence-based practices
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| **8.e,f,****g,k** | **2. Skills** |
|  | **Displays basic helping skills**  Examples:* Displays helping skills, such as empathic listening, framing problems during role plays.
* Uses non-verbal communication such as eye-contact and body positioning with role play clients to convey interest and concern
 | **Displays clinical skill in developing the therapeutic alliance** Examples:* Develops rapport with clients
* Develops therapeutic relationships through collaborations with clients
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| **8.e,f,****g,k** | **3. Intervention Implementation** |
|  | **Demonstrates basic knowledge of intervention strategies**Examples:* Is able to articulate awareness of theoretical basis of intervention and some general strategies
* Is able to articulate awareness of the concept of evidence-based practice
 | **Implements evidence-based interventions**  Examples:* Case presentations demonstrate application of evidence-based practice
* Discusses evidence based practices during supervision
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| **8.h,j,****k** | **4. Progress Evaluation** |
|  | **Demonstrates basic knowledge of the assessment of intervention progress and outcome** Examples:* Identifies measures of treatment progress and outcome by name
* Is able to articulate an understanding of the use of repeated assessment to guide treatment
* Appropriately administers and scores treatment progress and outcome measures
 | **Evaluates intervention progress and modifies intervention planning on the basis of their evaluation of clients’ progress** Examples:* Describes instances of lack of progress and actions taken in response
* Demonstrates ability to evaluate treatment progress in context of evidence based interventions
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**V. SYSTEMS**

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|  | ***A. Interdisciplinary Systems:*** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines. |
| **8.e** | **1. Knowledge of the Shared and Distinctive Contributions of Other Professions** |
|  | * No expectation at this level
 | **Demonstrates the ability to collaborate and cooperate with other professions/ professionals through incorporation of their viewpoints and contributions**Examples:* Cooperates with others in task completion
* Demonstrates willingness to listen to others
* Consults with mental health professionals when appropriate
* Elicits others viewpoints and perspectives
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|  | ***B. Advocacy:*** Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level. |
| **8.d,e,****f,g** | **1. Empowerment** |
|  | **Demonstrates awareness of problems as possessing social, political, economic and cultural factors that impact individuals, systems, and institutions.**  Examples:* Articulates social, political, economic or cultural factors that may impact on human development and functioning
* Demonstrates consideration of social, political, economic, and cultural factors in the therapeutic process
 | **Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision** Examples:* Identifies specific barriers to client improvement, e.g., lack of access to resources
* Assists client in development of self-advocacy plans
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| **8.d.e,****f,g** | **2. Systems Change** |
|  | **Understands the differences between individual and institutional level interventions and system-level change**Examples:* Articulates role of therapist as change agent outside of direct client/patient contact
* Demonstrates awareness of institutional and systems level barriers to change

  | **Promotes change to enhance the functioning of individuals** Examples:* Identifies target issues/agencies most relevant to specific issue
* Formulates and engages in plan for action
* Demonstrates understanding of appropriate boundaries and times to advocate on behalf of client
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