



Inspiring excellence in student mental health care

Standards for University and College Counseling Services

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I. RELATIONSHIP OF THE COUNSELING CENTER TO THE UNIVERSITY COMMUNITY

Counseling services¹ 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. [TOP](#)

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. This neutrality includes former counseling center staff who now serve in a different role outside the center (e.g., Dean of Students) or have dual-administrative titles – they should no longer provide direct client services or directly supervise staff within the center, other than the center director. 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.

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 present². 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.

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 are defined by and reflect the perspective and cultural milieu 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. [TOP](#)

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

² Threat assessment teams have a primary function to identify, coordinate services for and respond to students exhibiting a broad range of troubling and disruptive behaviors

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. [TOP](#)

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 by utilizing a humanistic, developmental and culturally infused approach in managing students in distress. [TOP](#)

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 campus 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). In this instance, all subunits will be evaluated as part of the whole and must meet requirements for the single agency to be accredited. [TOP](#)

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 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. [TOP](#)

I.E. Embedded Counseling Services

When centers embed counseling personnel and functions into other university offices or departments (e.g., Athletics, Academic Colleges or Professional Schools, Residence Halls) memoranda of understanding or contracts should articulate that counseling staff in these roles are functioning within the same standards for confidentiality, recordkeeping, and ethical principles as those staff working in the primary counseling center site. Embedded personnel should report to the counseling center leadership, serve as a consultant to the outside department, and avoid dual roles with establishment of clear boundaries. For effective collaboration mental health providers may participate in staff meetings and other relevant staff activities as invited by the host. Interventions should be grounded on the model and mission of the counseling center. Services provided in embedded locations must meet IACS standards. [TOP](#)

II. COUNSELING AND CLINICAL SERVICES

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 psychoeducational 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 service and program functions: individual and group counseling; psychiatric services; case management; psychological testing; crisis intervention and

emergency services; outreach interventions; consultation interventions; referral resources; research; program evaluation; and training programs. [TOP](#)

II.A. Individual, Couples 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, group counseling should be provided and couples counseling may be provided. These counseling services 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. Staff should have the necessary and appropriate background and training, including multicultural competence, to meet the diverse needs of students.

II.A.3. Regular evaluation of the effectiveness of the services must be conducted.

II.A.4. All staff must adhere to the ethical principles of their disciplines and practice with conformity to state and federal laws.

II.A.5. 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. [TOP](#)

II.B. Psychiatric Services

Psychiatric resources must be available to the service either on campus or in the community to provide timely response for medication policies, evaluation and management. Centers strive to collaborate with psychiatric personnel providing services to students. [TOP](#)

II.C. Case Management Services

If case management services are available, their scope should be clearly articulated and distinguished to all constituents as to whether they are a clinical case manager (i.e. licensed in the state/province in which they are practicing and providing clinical services; communication protected as confidential and/or privileged under state law) or a nonclinical case manager (i.e. assisting with referrals; subject to privacy regulations). [TOP](#)

II.D. Testing

Psychological tests and other diagnostic procedures may 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. [TOP](#)

II.E. 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.

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. [TOP](#)

II.F. 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. Counseling centers may use social media and/or passive programming in their outreach efforts. 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. [TOP](#)

II.G. 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.

Guidelines for consultation services include the following:

II.G.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.G.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.G.3. While a counseling service can serve a consultative role, it must not be responsible for administrative or academic decisions about students. [TOP](#)

II.H. 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. [TOP](#)

II.I. 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.

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

II.I.3. Counseling services should strive to 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.I.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. [TOP](#)

II.J. 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. This program evaluation should include an organized and systematic, peer review process for case records. [TOP](#)

II.K. 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. [TOP](#)

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) [TOP](#)

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. [TOP](#)

III.B. Confidentiality of Counseling

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.

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.

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. [TOP](#)

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. [TOP](#)

III.D. Psychological Tests

Procedures regarding the preparation, use, and distribution of psychological tests must be consistent with professional standards. [TOP](#)

III.E. Research

Standards regarding research with human subjects must be maintained. Review procedures for proposed research should be established to ensure that research efforts do not interfere with service delivery responsibilities of the counseling service. ([See also II.I.](#)) [TOP](#)

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. Clients must be informed that confidential information about their treatment is stored on the center's secured server.

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.

Regardless of the case record format used by the center, all case records are the property of the counseling service. [TOP](#)

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. [TOP](#)

III.H. Access to Records

Access to client records, even when there is a shared electronic records system, must be limited to appropriate, currently employed counseling service personnel. Records access for former counseling center staff who are now in a different role outside the center (e.g., Dean of Students) must be terminated. Centers should have an established protocol to monitor for and manage inappropriate access. 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. [TOP](#)

III.I. Shared Electronic Records Systems

When sharing the same electronic medical records system with medical or other units, privacy settings must be in place to ensure counseling records are not inappropriately accessed or disclosed to individuals outside of mental health treatment. 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 departments requires informed client consent. In instances of shared records with non-counseling center staff, due to organizational structures (apart from formally merged centers), policies must be in place that clearly outline who, how, and when client records are accessed and/or shared. It is suggested that centers consult with their legal department as necessary. [TOP](#)

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. [TOP](#)

III.K. Technology

Counseling staff must demonstrate a basic understanding of technology and receive appropriate training prior to adopting any modern technology for use. It is recognized that counseling services may need to rely upon non-mental health professionals to provide technical assistance. Consultation with institutional technology departments should be utilized to ensure that the technology used allows services to be delivered in a secure and ethical manner. 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. 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 storing confidential work on remote computers and not copying student identifying and mental health information onto portable devices (e.g., laptops, tablets, USB sticks). 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.

III.K.2. Electronic mail (email) is not a safe means to transmit confidential information. When email 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. 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 <https://www.w3.org/TR/WCAG20/>). **TOP**

III.L. Telemental Health Services and Contracted Services

Counseling Centers providing telemental health services should demonstrate that their providers are adequately trained to provide such services and that the services are in adherence with national ethical guidelines and any local, state, and federal regulations.

When a counseling center has a contract with a company to provide adjunctive services, the contract should dictate who has responsibility for the oversight, including the ethical responsibility, maintenance, and evaluation of the services provided. [TOP](#)

IV. COUNSELING SERVICE PERSONNEL

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. [TOP](#)

IV.A. Diversity Competencies of Staff

The Center has hiring procedures that are in compliance with local, state, and national regulations and that reflect a commitment to hiring staff members who demonstrate cultural competency in working with students from diverse backgrounds and identities. [TOP](#)

IV.B. Director

IV.B.1. Director Qualifications and Competencies

IV.B.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.B.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.B.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.B.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.B.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.B.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.B.1.g) The Director should have evidence of involvement and commitment to educational and professional development, including continued education in leadership and management skills and practices. [TOP](#)

IV.B.2. Director Duties

IV.B.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.

IV.B.2.b) Coordination, recruitment, retention, training, supervision, development, and evaluation of clinical, professional, trainee, and administrative support staff.

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

IV.B.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.B.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.B.2.i) Involvement in university policy formation and program development.

IV.B.2.j) The workload of any counseling center director is unique and reflects responsibilities not incumbent on other center staff. Consequently, the director must be able to structure a workload which actually reflects the demands of the director's position. [TOP](#)

IV.C. Clinical Staff

IV.C.1. Clinical Qualifications and Competencies

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

IV.C.1.c) Clinical 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.C.1.d) Clinical staff must have had a supervised internship or equivalent experience with diverse populations as part of the degree requirement.

IV.C.1.e) Clinical 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.C.1.f) Clinical 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.C.1.g) Clinical 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.C.1.h) When a staff member has the responsibility for the clinical supervision of other 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.C.1.i) If a staff member does not meet the above minimum qualifications, IACS will examine, on a case-by-case basis, any evidence to support this individual's commensurate qualifications. [TOP](#)

IV.C.2. Duties

IV.C.2.a) Workload

Staff who serve in a predominately clinical role should not have more than 65% of their time in attended direct service appointments (face-to-face contact with clients including: intake, individual/group counseling, and crisis intervention and face-to-face clinical supervision) on a continuing basis. Please note that other activities may be considered necessary for the culture and mission of a center; in this case, those activities may be included as direct service.

Staff members should have a balanced workload that affords adequate time for all aspects of their professional functioning. Adequate time should be allocated for non-direct service activities, which include clinical supervision administrative tasks, client referrals, case management, consultation, meetings, research, professional development, teaching, and maintenance of client records. [TOP](#)

IV.C.2.b) Provide individual and group counseling, assessment, and crisis intervention services.

IV.C.2.c) Design and conduct developmental and outreach program activities.

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

IV.C.2.e) Participate in research and service evaluation activities.

IV.C.2.f) Provide appropriate training and supervision to paraprofessionals, graduate trainees and post-doctoral fellows/residents.

IV.C.2.g) 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. [TOP](#)

IV.D. 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. These individuals should have adequate time available to perform their administrative functions. [TOP](#)

IV.E. Trainees

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 supervision skills.

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.

IV.E.1. Case Assignment

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 the center's clientele.

IV.E.2. 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, which 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 two of which should be face-to-face individual supervision (half-time interns pro-rated accordingly).

IV.E.3. 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.E.4. 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.E.5. 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 assistance to staff in outreach programs and workshops. [TOP](#)

IV.F. Administrative Support Staff

IV.F.1. There should be an adequate number of non-student support staff to support the operational needs of the center. In particular, centers with only one clinical staff (1 FTE, see [Standard V.C.](#)) should be able to meet their support needs with non-clinical staff in addition to the one FTE clinical staff. All support staff are to be trained in the practice, ethics and confidentiality/privacy of college and university mental health, including access to appropriate clinical consultation when needed. They should also receive training on all technology relevant to the center's operational needs. Work tasks may include receptionist duties, scheduling, data analysis, word processing, handling of any psychological tests or inventories, and billing.

IV.F.2. Student workers employed in the center must be assigned tasks limited to their training. They cannot provide the majority of administrative support and must be trained the same as other administrative support. They may have access to demographic and appointment-based information as is necessary for appointment scheduling, but they must not have access to clinical documentation and/or personnel records. Typical duties do not involve direct contact with client students, such as support for outreach program, photocopying educational or research materials, and performing inventory of library resources. [TOP](#)

IV.G. Professional Status

The permanent clinical staff of the center should be recognized for their expertise and have status comparable to other professional staff and/or faculty at the institution with regards to standing and benefits. [TOP](#)

V. RESOURCES AND INFRASTRUCTURE

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. [TOP](#)

V.B. Consultation Resources

Clinical staff members and trainees should have access to necessary consultation resources in areas such as: psychopharmacology, psychological assessment, case management, and program development. Specialist in psychiatry, learning disabilities, law, occupational information, and substance use are important resource professionals for the counseling staff.

V.B.1. Counseling services should also have access to consultative resources that include professional journals, books and other materials, which may be digital copies, online subscriptions or hardcopy publications. [TOP](#)

V.C. Number 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 ensure that program objectives are being met.

Counseling centers with one (1) Full-Time Equivalent (FTE) clinical staff are eligible for accreditation.³ The definition of an FTE staff member adopted by the IACS Board of Directors is one full-time equivalent clinical/administrative position, excluding clerical support staff and all trainees (such as Pre-Doctoral Interns, Post-Doctoral Residents, Externs, Interns, Graduate Assistants, etc.).

One-FTE centers are not exempt from meeting IACS standards. They must have a system in place to assure access to services in cases of emergencies, to maintain confidentiality, and ensure safety for staff and clients that is appropriate for their environment.

For all counseling centers regardless of size, compliance with IACS staffing-related standards are evaluated based on multiple factors, such as overall clinical volume, utilization trends unique to the school (such as a large part-time or commuter population), and other variables.

V.C.1. Reasonable effort should be made to maintain minimum staffing ratios in the range of one FTE clinical staff member (excluding trainees) for every 1,000-1500 students, depending on services offered, other campus mental health agencies, evolving service models, the trend for growing demand, and various other factors. Additional measures may be assessed to evaluate necessary staffing for the clinical capacity of the center (i.e., Clinical Load Index⁴ [CLI]).

The CLI provides an equation for determining what type of service the Center might provide based on using your current utilization rate as a constant variable. It helps determine the scope

³ Centers with 1 clinical FTE became eligible beginning Fall 2026.

⁴ The Clinical Load Index was developed in 2019 as an alternative metric for staffing. For more information on the CLI, visit cmh.psu.edu

of services the Center provides but is not prescriptive in any manner regarding a recommendation about staff-to-student ratio. Utilizing both concepts, both the staff-to-student ratio and CLI as complements, may provide richer data for you in determining your staffing needs.

The number of clinical staff should be sufficient to align with Standard IV.C.2.a., in order to remain within the 65% direct service workload limits.

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. [TOP](#)

V.D. Center Budget

Directors must have the responsibility for making decisions about and managing all aspects of the Center's budget. [TOP](#)

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. [TOP](#)

V.F. Physical Facilities

IACS recognizes that campuses may house counseling services in a variety of physical configurations. In particular, 1-FTE counseling services may not have a traditional "center" facility, however, in all cases, client privacy and confidentiality must be evident, including a waiting system and privacy for clients coming or leaving appointments.

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 clinical 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. A shared waiting area in an integrated center may be permitted if a private check-in system is available and if students are not identified as counseling center clients by signage or other system. Waiting rooms shared by offices not integrated with counseling centers are not permitted.

V.F.5. An area suitable for individual or group testing should be available, consistent with the needs of the center.

V.F.6. Counseling services should maintain (or have ready access to) adequate space suitable for group counseling sessions and staff meetings.

V.F.7. Counseling services with training components must have adequate audio-visual recording and observation capability as an integral part of supervision.

V.F.8. Counseling services should have adequate storage space.

V.F.9. Use and placement of security cameras must not compromise the privacy or confidentiality of service users.

V.F.10. Embedded counseling sites must offer safe, comfortable, private, sound-insulated spaces for counselors to meet with students. Each embedded office must provide access to computers, printers, faxes, and telephones with secure access to any electronic records system in use by the center. Any paper records stored in embedded sites must be maintained in secure, locked files. [TOP](#)

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. [TOP](#)

VI. SPECIAL CONCERNS: Issues Affecting Counseling Centers Outside of the United States

The current IACS Standards may not translate to all cultures and countries literally, but non-U.S. applicants should be aware that IACS will take into account cultural contexts for each individual service in interpreting whether or not the center meets IACS Standards. IACS will make the best use of knowledgeable consultants and, whenever possible, delegate site visitors from the center's region or site visitors who have familiarity with the culture and the country of the applicant. IACS is aware of 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. IACS adheres to the [Universal Declaration of Ethical Principles for Psychologists](#), including "respect for the customs and beliefs of cultures, to be limited only when a custom or a belief seriously contravenes the principle of respect for the dignity of persons or peoples or causes serious harm to their well-being." [TOP](#)

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APPENDIX A Ethical Statements and Professional Practice Guidelines

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APPENDIX B Revisions History

University and college counseling services 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 1991 revision (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 2000 revision 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.; and (2) a provision on the ethical use of technology in counseling services; and (3) further specification, elaboration and clarification of the standards.

The October 10, 2010 revision was chaired by Dr. James Spivack (Spivack et al., 2010) in conjunction with a Joint Committee of the IACS Board of Directors and the IACS Board of Accreditation. That revision strengthened standards of client confidentiality, updated standards related to technology and addressed the increasing number of internationally located counseling services beyond the United States and Canada to seek accreditation. The 2010 edition of the Standards defined two levels of expectations: “must” and “should” to reflect mandatory expectations (must) and goals for centers to work toward achieving (should).

Amended November 8, 2014.

October 22, 2016 amended Section IV.

The July 13, 2020 revision provided formatting changes to how the standards are organized and addresses standards around telemental health, contracted services, case managers, embedded counselors, and a peer review process.

The October 25, 2023 revision added explanatory language for the student-to-staff ratio and amended the administrative support staff standard to allow student workers, with caveats.

July & August 2026 revisions clarified “professional” staff as “clinical” staff and that “full-time equivalent (FTE)” are licensed clinicians; the standard for a physical resource library was removed from V.F. Physical Facilities and a new sub-standard was added under V.B. Consultation Resources to include

online and/or hardcopy resource materials should be available; administrative independence and neutrality was clarified to apply to former counseling staff now working in student affairs roles; and allowing centers with only one clinical full-time equivalent staff to apply for accreditation.

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