



WA State Behavioral Health
Workforce Development Initiative

Washington State Behavioral Health Workforce Development Initiative Presents Community for Advanced Practice Skills



Community for Advanced Practice Skills (CAPS) Training and Learning Objectives Mapped Across Disciplinary Learning Objectives and Recommendations from SAMHSA and HCA

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Document developed in October 2025 by:

Ryan Petros, PhD, MSW, LICSW
Co-PI of WDI CAPS Initiative

Rachel Barrett, MSW, LICSW
Project Manager of WDI CAPS Initiative

Emily Simpson-Keyes, MSW
Program Outreach Specialist of WDI CAPS Initiative

Purpose and Background

More than a million people across Washington state live with a behavioral health disorder. Each year, one in five adults and one in 14 youth (ages 12-17) in Washington have a diagnosable substance use disorder¹. In a given year, more than one quarter of Washington adults experience a mental illness, and more than 7% have a severe mental illness – somewhat higher than the national average¹. For young people, mental health challenges have been on the rise²⁻⁵, and more than one in five experiences a social, emotional, or behavioral health problem each year⁶⁻⁷. Fortunately for people with behavioral health disorders, their health and wellbeing can be improved with access to effective treatment, but Washington ranks among the lowest in the nation in serving people with behavioral health challenges⁸. Across the state, 35 of the 39 counties have been identified as Federally Designated Mental Health Provider Shortage Areas⁹⁻¹⁰, leaving residents struggling to access care.

To help address Washington's persistent behavioral health workforce challenges, the University of Washington School of Social Work, in collaboration with 14 institutions of higher education statewide, is working to sustain the Washington State Behavioral Health Workforce Development Initiative (WDI). With two generous gifts from Ballmer Group, the WDI provides up to two-years of conditional scholarships to master-level students in accredited clinical behavioral health programs who commit to working in community behavioral health agencies, tribal health centers, high-need schools, or tribal schools in Washington.

The aim is to significantly decrease student debt and increase the number, diversity, and skills of exceptionally-prepared graduates who work in high-needs behavioral health settings on which our state's most vulnerable populations depend.

The three overarching goals of WDI are:

1. Increase the number of well-trained master's level clinicians committed to working in community-based behavioral health agencies and K-12 high-needs public schools in Washington
2. Reduce clinical staff turnover
3. Create better alignment between graduate school training and behavioral health workplace demands

To improve the alignment between graduate school training and the workplace demands of behavioral health agencies, we have developed a specialized training for WDI students called Community for Advanced Practice Skills (CAPS). CAPS operates like a "community of practice" that brings together WDI trainees (master-level students), practicum instructors, and local experts for collaborative learning and practice in specialized skills relevant for community behavioral health. Through a combination of 90-minute live and asynchronous sessions, local experts present didactic content on a specialized set of skills, with practice sessions interspersed throughout the year. During these practice sessions, WDI trainees participate

in interactive activities and receive coaching to build mastery in each skill, under the close supervision of seasoned clinicians.

The content of the trainings was carefully designed in consultation with higher educational partners and direction from the Washington Health Care Authority (HCA) and Substance Abuse and Mental Health Services Administration (SAMHSA). Community behavioral health agencies across the nation are transitioning to certified community behavioral health clinics (CCBHCs), and CAPS was designed to address the nine required areas of services identified by SAMHSA:

1. Crisis services
2. Outpatient mental health and substance use services
3. Person- and family-centered treatment planning
4. Community-based mental health care for veterans
5. Peer family support and counselor services
6. Targeted care management
7. Outpatient primary care screening and monitoring
8. Psychiatric rehabilitation services
9. Screening, diagnosis and risk assessment

Given the specialized nature of the service setting and the unique needs of people accessing services at CCBHCs, those specific areas of services are not comprehensively taught in required graduate courses. While graduate programs in social work, mental health counseling, and marriage/couples and family therapy expertly train graduates for general clinical services, CAPS is designed to provide the requisite specialized training for CCBHCs. In consultation with HCA, four evidence-based practices were identified as essential for effective delivery at CCBHCs: motivational interviewing, cognitive behavioral therapy, dual diagnosis treatment, and medication for opioid use disorder. CAPS is designed to foster student competence in implementing those EBPs across those nine areas of required services in community-based settings.

While the length of master-level programs varies across the state, many are designed to fit into two years of full-time academic work. As such, we designed two years of specialized skills training that build progressively. We refer to the first as the *foundation-year* and the second as the *advanced-year*. For programs that are longer than two years, students complete the foundation year in their penultimate academic year and the advance year in their final year.

The foundation-year features monthly sessions focused on foundational skills for community behavioral health. Trainees hone skills such as motivational interviewing to increase treatment engagement and harm reduction approaches to building client-centered treatment plans. At the end of the foundation-year, students self-select into a track for the advanced-year (“adults” or

“children, youth, and families”) and develop an individualized training plan. Each advanced-year track features 20 weekly sessions of advanced skills designed for community behavioral health.

Trainees learn skills such as motivational enhancement therapy for substance use and cognitive behavioral approaches to treat a variety of clinical problems, including anxiety, depression, externalizing behaviors, trauma, and psychosis.

Definitions

CAPS was designed to be compatible with educational standards across the three disciplines represented across the 14 partnering higher education programs. Each discipline is governed by different accreditation standards with somewhat different language to describe clinical competencies.

- **CSWE:** [Council of Social Work Education](#)
- **COAMFTE:** [Commission on Accreditation for Marriage and Family Therapy Education](#)
- **CACREP:** [Council for Accreditation of Counseling and Related Educational Programs](#)
- **Disciplinary differences in the language used to describe the essential content areas for master-level students are as follows:**
 - Social Work: Competencies
 - Marriage/Couples and Family Therapy: Foundational Curriculum Areas (FCA)
 - Counseling and Related Educational Programs: Standards for Foundational Curriculum Areas (referred to in this document as “Standards”)

Mapping of CAPS Training

Below are three tables that map CAPS training content for the foundation year and the two advanced year tracks: one for adults and one for children, youth, and families. In the tables, the training content and learning objectives are mapped onto the disciplinary competencies of partnering higher education programs, the four essential evidence-based practices identified by HCA, and SAMHSA’s nine areas of required services for CCBHCs.

Table 1: CAPS Foundation Year

Topic	Learning Objectives	CSWE	COAMFTE	CACREP	SAMSHA	HCA
Session 1						
Orientation	<ol style="list-style-type: none"> Orientation to the Community of Advanced Practice program Orientation to the field of community behavioral health 	Competency 6.a Competency 2.b	FCA 9	Foundation A.2 Foundation A.12	Person- and Family-Centered Treatment Planning	
Session 2						
Motivational Interviewing	<ol style="list-style-type: none"> Learn to identify the spirit, strategies, and skills associated with MI, including reflections, affirmations, and how to guide a conversation that fosters change and growth Learn to articulate research evidence about the efficacy and effectiveness of MI Identify and explain underlying theories 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Foundation E.9 Foundation E.10 Foundation E.11 Foundation E.12 Foundation E.15	Person- and Family-Centered Treatment Planning	Motivational Interviewing
Session 3						
Practice: Motivational Interviewing	<ol style="list-style-type: none"> Demonstrate using the spirit of MI to engage with clients and facilitate conversations that foster growth and change Demonstrate MI skills, such as accurately identifying underlying feelings and employing complex reflections, utilizing case examples 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Foundation E.9 Foundation E.10 Foundation E.11 Foundation E.12 Foundation E.15	Person- and Family-Centered Treatment Planning	Motivational Interviewing
Session 4						
Harm Reduction and Client-Centered Goals	<ol style="list-style-type: none"> Learn to articulate the history of and empirical evidence for harm reduction 	Competency 4.a Competency 7.b	FCA 7	Foundation E.11 Foundation E.12	Outpatient Mental Health & Substance Use Services	Motivational interviewing

	2. Identify three strategies for how to apply the framework to clinical practice				Person- and Family-Centered Treatment Planning	
Session 5						
Practice: Motivational Interviewing and Client-Centered Goals	<ol style="list-style-type: none"> 1. Demonstrate competence in applying harm reduction principles to develop client-centered treatment goals utilizing case examples 2. Demonstrate competence in incorporating MI into conversations about establishing client-centered goals 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Foundation E.9 Foundation E.10 Foundation E.11 Foundation E.12 Foundation E.15	Person- and Family-Centered Treatment Planning	Motivational Interviewing
Session 6						
De-escalation	<ol style="list-style-type: none"> 1. Learn to identify and utilize verbal and nonverbal strategies for defusing conflict 2. Identify possible biases and strategies to attend to discordant identities when engaged in crisis work 	Competency 3.b Competency 6.a	FCA 2 FCA 3	Foundation B.5 Foundation E.20	Crisis Services	
Session 7						
Clinical Supervision and Individualized Learning	<ol style="list-style-type: none"> 1. Demonstrate competence in utilizing de-escalation strategies 2. Develop an individualized learning plan to integrate practice of advanced-year CAPS skills into practicum activities and clinical supervision during final year of CAPS training 	Competency 1.d Competency 9.b	FCA 2	Foundation A.2		

Table 2: CAPS Advanced Adult Track

Topic	Learning Objectives	CSWE	COAMFTE	CACREP	SAMSHA	HCA
Session 1						
Orientation and Introductions	<ol style="list-style-type: none"> 1. Orientation to advanced-year training content 2. Learn to identify and ask for supervision strategies matched to competency development according to the Integrative Developmental Model for clinical supervision 	Competency 1.d	FCA 5	Standard A.2 Standard A.12		
Session 2						
Working with Adults in Community Behavioral Health and Evaluating Effectiveness	<ol style="list-style-type: none"> 1. Identify unique features of working in a community behavioral health setting 2. Learn to utilize evaluation tools: Motivational Interviewing Treatment Integrity (MITI) and a session feedback rating form (for self-assessment) 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.15	Person- and Family-Centered Treatment Planning	Motivational Interviewing
Session 3						
Cognitive Behavioral Therapy (CBT) and Behavioral Activation (BA)	<ol style="list-style-type: none"> 1. Describe three underlying learning theories of CBT 2. Provide psychoeducation about CBT and BA 3. Develop skills in activity scheduling 4. Learn to identify, evaluate, and modify unhelpful automatic thoughts 5. Describe differences between automatic thoughts, intermediate beliefs, and core beliefs 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy
Session 4						

Practice: CBT Basics and Behavioral Activation	<ol style="list-style-type: none"> 1. Demonstrate skills in developing cognitive conceptualizations to treat anxiety and depression utilizing case examples featuring depression and anxiety 2. Demonstrate skills in activity scheduling 3. Demonstrate skills in collaborative empiricism and restructuring of unhelpful automatic thoughts 4. Demonstrate cultural humility by applying critical reflection and awareness of concordant and discordant identities in the provider-client dyad 	Competency 3.b Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 3 FCA 2 FCA 7	Standard B.2 Standard B.5 Standard B.6 Standard B.9 Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy
Session 5						
Cognitive Behavioral Therapy for Psychosis (CBTp) Primer Part I: CBT Fundamentals and Psychosis Education	<ol style="list-style-type: none"> 1. Identify symptoms of psychosis 2. Articulate how to apply principles of recovery to CBTp 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy
Session 6						
CBTp Primer Part II: Applying CBT to Psychosis	<ol style="list-style-type: none"> 1. Learn to provide psychoeducation about how to apply principles of CBT to address symptoms of psychosis 2. Develop three strategies for collaborative empiricism related to hallucinations and delusions 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy
Session 7						

Practice: CBTp	<ol style="list-style-type: none"> 1. Demonstrate skills providing treatment justification for CBTp 2. Demonstrate skill in engaging in collaborative empiricism regarding unhelpful thoughts associated with hallucinations and delusions utilizing case examples 3. Demonstrate cultural humility by applying critical reflection and awareness of concordant and discordant identities in the provider-client dyad 	Competency 3.b Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 3 FCA 7	Standard B.2 Standard B.5 Standard B.6 Standard B.9 Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy
Session 8						
Medication for opioid use disorder (MOUD); vicarious trauma, burnout, and wellness in community behavioral health settings	<ol style="list-style-type: none"> 1. Identify medications used to treat OUD 2. Articulate mechanism of action of MOUD 3. Provide psychoeducation about MOUD efficacy 4. Identify risk and protective factors of vicarious trauma and burnout 5. Articulate three strategies for enhancing wellness and mitigating burnout using the Demands-Resources (JD-R) model 	Competency 1.b Competency 1.d Competency 8.a	FCA 5 FCA 8	Standard A.11 Standard E.15	Outpatient Mental Health & Substance Use Services	Medication Assisted Treatment
Session 9						
Cannabis and Psychosis; CBT for Substance Use Disorder (SUD)	<ol style="list-style-type: none"> 1. Learn to provide psychoeducation about the interactions between cannabis and psychosis 2. Identify three CBT strategies for addressing SUD 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy Integrated Treatment for

						Co-Occurring Disorders
Session 10						
Practice: CBT and MI for SUD	<ol style="list-style-type: none"> Demonstrate skill in utilizing a motivational enhancement therapy for addressing cannabis and psychosis using a case example Demonstrate skill in utilizing CBT strategies to address SUD Demonstrate cultural humility by applying critical reflection and awareness of concordant and discordant identities in the provider-client dyad 	Competency 3.b Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 3 FCA 7	Standard B.2 Standard B.5 Standard B.6 Standard B.9 Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy Integrated Treatment for Co-Occurring Disorders Motivational Interviewing
Session 11						
Trauma Screening and Community-based Services for Veterans	<ol style="list-style-type: none"> Gain cultural awareness and tools for supporting Veterans Learn to utilize a trauma screening tool 	Competency 3.b Competency 7.a Competency 8.a	FCA 3 FCA 9	Standard B.6 Standard B.9 Standard E.17 Standard G.14	Outpatient Mental Health & Substance Use Services	Community-based Mental Health Care for Veterans
Session 12						
Trauma: Exposure and Cognitive Processing Therapy (CPT)	<ol style="list-style-type: none"> Identify similarities and differences between standard CBT and CPT Learn to provide psychoeducation about trauma, the development of PTSD, and justifications for utilizing CPT Learn to engage in collaborative empiricism and cognitive restructuring regarding unhelpful automatic thoughts associated with trauma 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy
Session 13						

Practice: CPT	<ol style="list-style-type: none"> 1. Demonstrate skills in providing psychoeducation about the development of and manifestations of PTSD 2. Demonstrate skills in utilizing CPT to address unhelpful cognitions associated with trauma utilizing case examples 3. Demonstrate cultural humility by applying critical reflection and awareness of concordant and discordant identities in the provider-client dyad 	Competency 3.b Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 3 FCA 7	Standard B.2 Standard B.5 Standard B.6 Standard B.9 Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy
Session 14						
First episode psychosis (FEP), coordinated specialty care (CSC), and family-centered treatment to address substance use using community reinforcement and family training (CRAFT)	<ol style="list-style-type: none"> 1. Learn to provide psychoeducation about first episode psychosis and coordinated specialty care 2. Identify three skills to use with families managing SUD 3. Learn to provide psychoeducation to family members about using reinforcements to address substance use 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.15	Outpatient Mental Health & Substance Use Services Peer, Family Support & Counselor Services Person- and Family-Centered Treatment Planning	Integrated Treatment for Co-Occurring Disorders
Session 15						
Recovery and Psychiatric Rehabilitation; Primary Care Universal Screening	<ol style="list-style-type: none"> 1. Learn to articulate the main principles of recovery and psychiatric rehabilitation 2. Identify health disparities for adults with severe mental 	Competency 7.b Competency 8.a	FCA 6 FCA 9	Standard B.7 Standard B.8 Standard C.12 Standard E.17	Person- and Family-Centered Treatment Planning	Outpatient Primary Care Screening & Monitoring

	illness and justification for integrated care 3. Learn strategies for integrated care and universal screening to address health disparities for adults with severe mental illness					
Session 16						
Practice: Interdisciplinary Work and Measurement-Based Care (MBC)	<ol style="list-style-type: none"> 1. Demonstrate skills in providing psychoeducation about health disparities and justification for implementing health screening for adults with severe mental illness 2. Demonstrate skills in applying principles of recovery-oriented care and measurement-based care to guide treatment utilizing case examples 3. Demonstrate cultural humility by applying critical reflection and awareness of concordant and discordant identities in the provider-client dyad 	Competency 3.b Competency 6.a Competency 7.b Competency 8.a	FCA 2 FCA 3 FCA 9	Standard B.2 Standard B.5 Standard B.6 Standard B.9 Standard A.3 Standard E.14	Person- and Family-Centered Treatment Planning	
Session 17						
Peer and Family Services	<ol style="list-style-type: none"> 1. Learn to articulate the unique role of peer and family peer providers 2. Identify strategies for collaborating with peer providers 	Competency 8.a	FCA 9	Standard B.8	Peer, Family Support & Counselor Services	
Session 18						
Designated Crisis Responder (DCR); Suicide Assessment and Prevention	<ol style="list-style-type: none"> 1. Learn to articulate the role of DCR and how to collaborate 2. Learn skills for assessing suicidality 	Competency 1.a Competency 6.a Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 5 FCA 7	Standard E.6 Standard E.20 Standard G.13	Crisis Services	

	3. Identify strategies for developing crisis plans to address suicidality		FCA 9			
Session 19						
Practice: Suicide Assessment and Prevention	<ol style="list-style-type: none"> 1. Demonstrate skills in suicide assessment utilizing case examples 2. Demonstrate skills in developing plans of care to prevent suicide 3. Demonstrate cultural humility by applying critical reflection and awareness of concordant and discordant identities in the provider-client dyad 	Competency 1.a Competency 3.b Competency 6.a Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 3 FCA 5 FCA 7 FCA 9	Standard B.2 Standard B.5 Standard B.6 Standard B.9 Standard E.6 Standard E.20 Standard G.13	Outpatient Mental Health & Substance Use Services	
Session 20						
Professional Practice and WDI Responsibilities	<ol style="list-style-type: none"> 1. Prepare to meet WDI employment requirements while navigating the transition to professional practice 2. Identify post-graduation WDI requirements, including qualified employment opportunities 	Competency 1.d	FCA 5	Standard A.2 Standard A.9		

Table 3: CAPS Advanced Children, Youth and Families Track

Topic	Learning Objectives	CSWE	COAMFTE	CACREP	SAMSHA	HCA
Session 1						
Orientation and Introductions	<ol style="list-style-type: none"> Orientation to advanced-year training content Learn to identify and ask for supervision strategies matched to competency development according to the Integrative Developmental Model for clinical supervision 	Competency 1.d	FCA 5	Standard A.2 Standard A.12		
Session 2						
Working with Children, Youth and Families, Evidence Based Practices (EBPs), and Measurement-Based Care	<ol style="list-style-type: none"> Identify how working with children, youth, and families in a community behavioral health setting differs from working with adults Become familiar with Washington State standards on EBP use with children and youth as well as components of measurement-based care Articulate how to utilize measurement-based care to guide treatment decisions 	Competency 6.a Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 6 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.13 Standard E.15	Person- and Family- Centered Treatment Planning	Cognitive Behavioral Therapy
Session 3						
Cognitive Behavioral Therapy (CBT)	<ol style="list-style-type: none"> Learn ways to engage clients and address ambivalence through motivational enhancement techniques Identify elements of cultural humility that can improve client engagement and client care Learn ways to systematically assess and give feedback about 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.13 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy Motivational Interviewing

	clinical targets using standardized measures					
Session 4						
Practice: CBT Basics	<ol style="list-style-type: none"> Demonstrate skills in applying MI techniques to address client ambivalence Demonstrate skills in giving feedback on scales and measures through guided case examples Practice explaining the CBT triangle to a client 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.13 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy Motivational Interviewing
Session 5						
CBT for Anxiety, CBT for Externalizing Behavior Problems	<ol style="list-style-type: none"> Learn and identify the CBT clinical flow to treat anxiety, and identify common and essential components for anxiety treatment Learn how to differentiate between clinical anxiety vs. stress, create an exposure activity for an unhelpful, non-dangerous fear Identify the CBT clinical flow for behavior management treatment, including the essential elements Learn how to teach a caregiver three evidence-based behavior management techniques 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.13 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy
Session 6						
CBT for Childhood and Adolescent Depression, CBT for Substance Use, CBT for Parenting Teens	<ol style="list-style-type: none"> Learn the CBT clinical flow for depression treatment including essential elements Learn how to teach youth 'getting active' strategies to 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.13	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy

	<p>change mood and how to set SMART goals</p> <ol style="list-style-type: none"> Identify 2-3 CBT strategies that can be utilized in substance use treatment Learn to provide psychoeducation about and treatment justification for FAST-P and three strategies for addressing externalizing behavior problems with teens and their caregivers 			Standard E.15		
Session 7						
Practice: CBT for Exposure Therapy, Substance Use and Behavior Challenges	<ol style="list-style-type: none"> Demonstrate core CBT skills related to anxiety (exposure) and depression (behavioral activation) as applied to case examples Utilize provided case examples to apply frameworks for relationship enhancement and behavioral management elements of CBT and Parent Management Training 	Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.13 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy
Session 8						
Burnout and Wellness	<ol style="list-style-type: none"> Identify risk and protective factors of vicarious trauma and burnout Articulate three strategies for enhancing wellness and mitigating burnout using the Demands-Resources (JD-R) model 	Competency 1.d	FCA 8	Standard A.11		
Session 9						

Introduction to Family Systems, STAY and EBPs for Family Therapy	<ol style="list-style-type: none"> 1. Review foundational principles around family systems theory 2. Apply systems thinking to identify patterns of interaction, roles, and boundaries within diverse family contexts 3. Learn core components for family therapy EBP STAY 	Competency 6.a Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 6 FCA 7	Standard C.1 Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.13 Standard E.15	Person- and Family- Centered Treatment Planning	
Session 10						
Practice: Supporting Families	<ol style="list-style-type: none"> 1. Demonstrate skills in formulating family systems case conceptualization utilizing case examples 2. Practice STAY family therapy skills through role-plays 	Competency 6.a Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 6 FCA 7	Standard C.1 Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.13 Standard E.15	Person- and Family- Centered Treatment Planning	
Session 11						
Navigating Confidentiality, Cultural Humility, and Culturally Relevant Services	<ol style="list-style-type: none"> 1. Learn and articulate the privacy rights of minors 2. Learn strategies for utilizing cultural humility through self-awareness and reflection and by integrating clients' cultural identities into the therapeutic process 	Competency 1.a Competency 3.b	FCA 3 FCA 5	Standard A.10 Standard B.1 Standard B.2 Standard B.3 Standard B.4 Standard B.5	Person- and Family- Centered Treatment Planning	
Session 12						
Common EBPs for Family Systems Work	<ol style="list-style-type: none"> 1. Learn core components and referral criteria for three family therapy EBPs 2. Identify ways CRAFT can help families address substance use concerns with adolescents and young adults 	Competency 6.a Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 6 FCA 7	Standard C.1 Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.13 Standard E.15	Person- and Family- Centered Treatment Planning	
Session 13						

Practice: Navigating Families	<ol style="list-style-type: none"> 1. Demonstrate skills for navigating families utilizing case examples 2. Practice cultural humility framework while engaging families in treatment through guided role-plays 	Competency 6.a Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 6 FCA 7	Standard C.1 Standard E.9 Standard E.10 Standard E.11 Standard E.12 Standard E.13	Person- and Family- Centered Treatment Planning	
Session 14						
Introduction to Trauma, Trauma Systems, and Trauma Focused CBT (TFCBT)	<ol style="list-style-type: none"> 1. Identify a range of trauma symptoms experienced by youth and approaches for trauma assessment 2. Learn the clinical flow and essential and optional treatment components for CBT for Trauma 	Competency 6.a Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 7	Standard C.13 Standard E.12 Standard E.13 Standard E.15	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy
Session 15						
Trauma Narrative, Cognitive Processing, and Conjoint Share	<ol style="list-style-type: none"> 1. Understand and apply how to help a child tell their trauma narrative 2. Explore the elements of and benefits to a child sharing their trauma narrative with a caregiver 	Competency 6.a Competency 6.b Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 6 FCA 7	Standard B.7 Standard B.8 Standard C.12 Standard E.17	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy
Session 16						
Practice: Trauma	<ol style="list-style-type: none"> 1. Practice elements of gradual exposure (trauma narrative) through guided role-plays and case examples 2. Demonstrate skills related to cognitive processing of traumatic events 	Competency 6.a Competency 6.b Competency 7.b Competency 8.a	FCA 2 FCA 6 FCA 7	Standard A.3 Standard C.13	Outpatient Mental Health & Substance Use Services	Cognitive Behavioral Therapy

	3. Practice working with caregivers to prepare for the conjoint share element of prolonged exposure treatment					
Session 17						
Peer and Family Services	<ol style="list-style-type: none"> Learn to articulate the unique role of peer and family peer providers Identify strategies for collaborating with peer providers 	Competency 8.a	FCA 9	Standard B.8	Peer, Family Support & Counselor Services	
Session 18						
Designated Crisis Responder (DCR); Suicide Assessment and Prevention	<ol style="list-style-type: none"> Learn to articulate the role of DCR and how to collaborate Learn skills for assessing suicidality Identify strategies for developing crisis plans to address suicidality 	Competency 1.a Competency 6.a Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 5 FCA 7 FCA 9	Standard E.6 Standard E.20 Standard G.13	Crisis Services	
Session 19						
Practice: Suicide Assessment and Prevention	<ol style="list-style-type: none"> Demonstrate skills in suicide assessment utilizing case examples Demonstrate skills in developing plans of care to prevent suicide 	Competency 1.a Competency 6.a Competency 7.b Competency 8.a	FCA 1 FCA 2 FCA 5 FCA 7 FCA 9	Standard E.20 Standard G.13	Outpatient Mental Health & Substance Use Services	
Session 20						
Professional Practice and WDI Responsibilities	<ol style="list-style-type: none"> Prepare to meet WDI employment requirements while navigating the transition to professional practice Identify post-graduation WDI requirements, including qualified employment opportunities 	Competency 1.d	FCA 5	Standard A.2 Standard A.9		

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Appendix A: CSWE Competencies for Social Work

The following text is drawn from the [2022 Educational Policy and Accreditation Standards for Baccalaureate and Master's Social Work Programs](#)

Competency 1: Demonstrate Ethical and Professional Behavior

- a. make ethical decisions by applying the standards of the National Association of Social Workers Code of Ethics, relevant laws and regulations, models for ethical decision making, ethical conduct of research, and additional codes of ethics within the profession as appropriate to the context;
- b. demonstrate professional behavior; appearance; and oral, written, and electronic communication;
- c. use technology ethically and appropriately to facilitate practice outcomes; and
- d. use supervision and consultation to guide professional judgment and behavior.

Competency 2: Advance Human Rights and Social, Racial, Economic, and Environmental Justice

- a. advocate for human rights at the individual, family, group, organizational, and community system levels; and
- b. engage in practices that advance human rights to promote social, racial, economic, and environmental justice.

Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice

- a. demonstrate anti-racist and anti-oppressive social work practice at the individual, family, group, organizational, community, research, and policy levels; and
- b. demonstrate cultural humility by applying critical reflection, self-awareness, and self-regulation to manage the influence of bias, power, privilege, and values in working with clients and constituencies, acknowledging them as experts of their own lived experiences.

Competency 4: Engage in Practice-Informed Research and Research-Informed Practice

- a. apply research findings to inform and improve practice, policy, and programs; and
- b. identify ethical, culturally informed, anti-racist, and anti-oppressive strategies that address inherent biases for use in quantitative and qualitative research methods to advance the purposes of social work.

Competency 5: Engage in Policy Practice

- a. use social justice, anti-racist, and anti-oppressive lenses to assess how social welfare policies affect the delivery of and access to social services; and
- b. apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, racial, economic, and environmental justice.

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

- a. apply knowledge of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, to engage with clients and constituencies; and

- b. use empathy, reflection, and interpersonal skills to engage in culturally responsive practice with clients and constituencies.

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

- a. apply theories of human behavior and person-in-environment, as well as other culturally responsive and interprofessional conceptual frameworks, when assessing clients and constituencies; and
- b. demonstrate respect for client self-determination during the assessment process by collaborating with clients and constituencies in developing a mutually agreed-upon plan.

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

- a. engage with clients and constituencies to critically choose and implement culturally responsive, evidence-informed interventions to achieve client and constituency goals; and
- b. incorporate culturally responsive methods to negotiate, mediate, and advocate with and on behalf of clients and constituencies.

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

- a. select and use culturally responsive methods for evaluation of outcomes; and
- b. critically analyze outcomes and apply evaluation findings to improve practice effectiveness with individuals, families, groups, organizations, and communities.

Appendix B: COAMFTE Foundational Curriculum Areas (FCAs) for Marriage/Couples Family Therapy

The following text is drawn from Version 12.5 of the [Accreditation Standards for Graduate and Post-Graduate Marriage and Family Therapy Training Programs](#)

FCA 1: Foundations of Relational/System Practice, Theories and Models

- This area facilitates the development of competencies in the foundations and critical epistemological issues of MFT. It includes the historical development of the MFT relational /systemic philosophy and contemporary conceptual foundations of MFT, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial framework.

FCA 2: Clinical Treatment with Individuals, Couples and Families

- This area facilitates the development of competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crises intervention.

FCA 3: Diverse, Multicultural and/or Underserved Communities

- This area facilitates the development of competencies in understanding and applying knowledge of diversity, power, privilege, and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social identities throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families, as well as anti-racist practices.

FCA 4: Research and Evaluation

- This area facilitates the development of competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals, and student learning outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

FCA 5: Professional Identity, Law, Ethics and Social Responsibility

- This area addresses the development of a MFT identity and socialization and facilitates the development of competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

FCA 6: Biopsychosocial Health and Development Across the Life Span

- This area addresses individual and family development, human sexuality, and biopsychosocial health across the lifespan.

FCA 7: Systemic/Relational Assessment and Mental Health Diagnosis and Treatment

- This area facilitates the development of competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a MFT relational/systemic philosophy.

FCA 8: Contemporary Issues

- This area facilitates the development of competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context. This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program's mission, goals, and student learning outcomes. Programs are encouraged to innovate in this FCA.

FCA 9: Community Intersections and Collaboration

- This area facilitates the development of competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) and/or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals, and student learning outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in multidisciplinary collaboration.

FCA 10: Preparation for Teletherapy Practice

- This area facilitates the development of competencies in teletherapy. This may include such issues as emerging legal and ethical requirements, documentation, response to crises, awareness of the therapeutic space, joining, appropriate individual and systemic interventions (e.g., couples, play therapy), or other topics of importance to the context of the program and with diverse populations. Programs are encouraged to innovate in this FCA.

Appendix C: CACREP Foundational Curriculum Areas for Counseling

The following text is drawn from the [2024 CACREP Standards](#)

Area A: Professional Counseling Orientation and Ethical Practice

1. history and philosophy of the counseling profession and its specialized practice areas
2. the multiple professional roles and functions of counselors across specialized practice areas
3. counselors' roles, responsibilities, and relationships as members of specialized practice and interprofessional teams, including (a) collaboration and consultation, (b) community outreach, and (c) emergency response management
4. the role and process of the professional counselor advocating on behalf of and with individuals receiving counseling services to address systemic, institutional, architectural, attitudinal, disability, and social barriers that impede access, equity, and success
5. the role and process of the professional counselor advocating on behalf of the profession
6. professional counseling organizations, including membership benefits, activities, services to members, and current issues
7. professional counseling credentialing across service delivery modalities, including certification, licensure, and accreditation practices and standards for all specialized practice areas
8. legislation, regulatory processes, and government/public policy relevant to and impact on service delivery of professional counseling across service delivery modalities and specialized practice areas
9. current labor market information and occupational outlook relevant to opportunities for practice within the counseling profession
10. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling across service delivery modalities and specialized practice areas
11. self-care, self-awareness, and self-evaluation strategies for ethical and effective practice
12. the purpose of and roles within counseling supervision in the profession

Area B: Social and Cultural Identities and Experiences

1. theories and models of multicultural counseling, social justice, and advocacy
2. the influence of heritage, cultural identities, attitudes, values, beliefs, understandings, within-group differences, and acculturative experiences on individuals' worldviews
3. the influence of heritage, cultural identities, attitudes, values, beliefs, understandings, within-group differences, and acculturative experiences on help-seeking and coping behaviors
4. the effects of historical events, multigenerational trauma, and current issues on diverse cultural groups in the U.S. and globally
5. the effects of stereotypes, overt and covert discrimination, racism, power, oppression, privilege, marginalization, microaggressions, and violence on counselors and clients

6. the effects of various socio-cultural influences, including public policies, social movements, and cultural values, on mental and physical health and wellness
7. disproportional effects of poverty, income disparities, and health disparities toward people with marginalized identities
8. principles of independence, inclusion, choice and self-empowerment, and access to services within and outside the counseling relationship
9. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination
10. guidelines developed by professional counseling organizations related to social justice, advocacy, and working with individuals with diverse cultural identities
11. the role of religion and spirituality in clients' and counselors' psychological functioning

Area C: Lifespan Development

1. theories of individual and family development across the lifespan
2. theories of cultural identity development
3. theories of learning
4. theories of personality and psychological development
5. theories and neurobiological etiology of addictions
6. structures for affective relationships, bonds, couples, marriages, and families
7. models of resilience, optimal development, and wellness in individuals and families across the lifespan
8. models of psychosocial adjustment and adaptation to illness and disability
9. the role of sexual development and sexuality related to overall wellness
10. biological, neurological, and physiological factors that affect lifespan development, functioning, behavior, resilience, and overall wellness
11. systemic, cultural, and environmental factors that affect lifespan development, functioning, behavior, resilience, and overall wellness
12. the influence of mental and physical health conditions on coping, resilience, and overall wellness for individuals and families across the lifespan
13. effects of crises, disasters, stress, grief, and trauma across the lifespan

Area D: Career Development

1. theories and models of career development, counseling, and decision-making
2. approaches for conceptualizing the interrelationships among and between work, socioeconomic standing, wellness, disability, trauma, relationships, and other life roles and factors
3. processes for identifying and using career, avocational, educational, occupational, and labor market information resources, technology, and information systems
4. approaches for assessing the conditions of the work environment on clients' life experiences
5. strategies for assessing abilities, interests, values, personality, and other factors that contribute to career development
6. career development program planning, organization, implementation, administration, and evaluation

7. developmentally responsive strategies for empowering individuals to engage in culturally sustaining career and educational development and employment opportunities
8. strategies for advocating for employment support for individuals facing barriers in the workplace
9. strategies for facilitating client skill development for career, educational, and life-work planning and management
10. career and postsecondary training readiness and educational decision-making
11. strategies for improving access to educational and occupational opportunities for people from marginalized groups
12. ethical and legal issues relevant to career development and career counseling

Area E: Counseling Practice and Relationships

1. theories and models of counseling, including relevance to clients from diverse cultural backgrounds
2. critical thinking and reasoning strategies for clinical judgment in the counseling process
3. case conceptualization skills using a variety of models and approaches
4. consultation models and strategies
5. application of technology related to counseling
6. ethical and legal issues relevant to establishing and maintaining counseling relationships across service delivery modalities
7. culturally sustaining and responsive strategies for establishing and maintaining counseling relationships across service delivery modalities
8. counselor characteristics, behaviors, and strategies that facilitate effective counseling relationships
9. interviewing, attending, and listening skills in the counseling process
10. counseling strategies and techniques used to facilitate the client change process
11. strategies for adapting and accommodating the counseling process to client culture, context, abilities, and preferences
12. goal consensus and collaborative decision-making in the counseling process
13. developmentally relevant and culturally sustaining counseling treatment or intervention plans
14. development of measurable outcomes for clients
15. evidence-based counseling strategies and techniques for prevention and intervention
16. record-keeping and documentation skills
17. principles and strategies of caseload management and the referral process to promote independence, optimal wellness, empowerment, and engagement with community resources
18. classification, effects, and indications of commonly prescribed psychopharmacological medications
19. suicide prevention and response models and strategies
20. crisis intervention, trauma-informed, community-based, and disaster mental health strategies
21. processes for developing a personal model of counseling grounded in theory and research

Area F: Group Counseling and Group Work

1. theoretical foundations of group counseling and group work
2. dynamics associated with group process and development
3. therapeutic factors of group work and how they contribute to group effectiveness
4. characteristics and functions of effective group leaders
5. approaches to group formation, including recruiting, screening, and selecting members
6. application of technology related to group counseling and group work
7. types of groups, settings, and other considerations that affect conducting groups
8. culturally sustaining and developmentally responsive strategies for designing and facilitating groups
9. ethical and legal considerations relative to the delivery of group counseling and group work across service delivery modalities
10. direct experiences in which counseling students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term

Area G: Assessment and Diagnostic Process

1. historical perspectives concerning the nature and meaning of assessment and testing in counseling
2. basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
3. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
4. reliability and validity in the use of assessments
5. culturally sustaining and developmental considerations for selecting, administering, and interpreting assessments, including individual accommodations and environmental modifications
6. ethical and legal considerations for selecting, administering, and interpreting assessments
7. use of culturally sustaining and developmentally appropriate assessments for diagnostic and intervention planning purposes
8. use of assessments in academic/educational, career, personal, and social development
9. use of environmental assessments and systematic behavioral observations
10. use of structured interviewing, symptom checklists, and personality and psychological testing
11. diagnostic processes, including differential diagnosis and the use of current diagnostic classification systems
12. procedures to identify substance use, addictions, and co-occurring conditions
13. procedures for assessing and responding to risk of aggression or danger to others, self-inflicted harm, and suicide
14. procedures for assessing clients' experience of trauma
15. procedures for identifying and reporting signs of abuse and neglect
16. procedures to identify client characteristics, protective factors, risk factors, and warning signs of mental health and behavioral disorders
17. procedures for using assessment results for referral and consultation

Area H: Research and Program Evaluation

1. the importance of research in advancing the counseling profession, including the use of research to inform counseling practice
2. identification and evaluation of the evidence base for counseling theories, interventions, and practices
3. qualitative, quantitative, and mixed methods research designs
4. practice-based and action research methods
5. statistical tests used in conducting research and program evaluation
6. analysis and use of data in research
7. use of research methods and procedures to evaluate counseling interventions
8. program evaluation designs and procedures, including needs assessments, formative assessments, and summative assessments to inform decision-making and advocacy
9. culturally sustaining and developmentally relevant outcome measures for counseling services
10. ethical and legal considerations relevant to conducting, interpreting, and reporting the results of research and program evaluation
11. culturally sustaining and developmentally responsive strategies for conducting, interpreting, and reporting the results of research and program evaluation