How Well Prepared Are LPCs in North Carolina?

In order to find out how well prepared LPCs are in North Carolina, LPCANC did some research and sent out a survey to all 7,000+ LPCs in NC asking about LPCs doing First Evaluations for the Involuntary Commitment process. We received responses from 1234 LPCs that showed 144 psychiatrists, 96 social workers and 58 psychologists had requested LPCs to do first evaluations. The respondents state that in 2014 they did over 3,000 first evaluations. This shows that LPCs are clearly viewed by other professionals in the field as being competent to do first evaluations.

All LPCs have been specifically trained to do first evaluations. The 12 major masters counseling programs in NC have been teaching assessment of harm to self or others since the mid-1980s or 1990s or from when they began their program. This has been part of their core curricula, which all LPCs have to take. This is not the case with social workers.

A university professor wrote:

“There have been people who have tried to suggest that certain types of licensed mental health providers should be included or excluded for a variety of reasons. The current (2009) standards of CACREP, which most states require, reference, or use as a template, require a high level of clinical training in assessment, conceptualization, diagnosis, treatment planning, and treatment of serious mental illness and serious emotional disorders. Sometimes opponents try to say, but that only includes graduates in the past 6 years. However, the standards with regard to clinical training have only been clarified and tightened since 2001, not reinvented.

For example, the 2001 standards required:

- principles and models of biopsychosocial assessment, case conceptualization, theories of human development and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling plans; knowledge of the principles of diagnosis and the use of current diagnostic tools,
- and application of appropriate individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling, including the use of crisis intervention, and brief, intermediate, and long-term approaches.

Those were all packed into 48 hours (for Community Counseling track) and now it is in 60 credits with greater clarity about what needs to be covered. So it isn’t that things were left out in 48 credit hour programs, rather now we have more time to cover it in greater depth.

In other words, the 2001 (and even 1994) standards both required a sufficient foundation of preparation in 48 credits. When the profession moved to 60 hours of training, that preparation got better.”

The Council of Social Work Education Standards, which is what is required of a qualifying MSW program for licensure, does not even mention clinical mental health, but elsewhere states that it is an “advanced practice” subject taught in the second year of the two year MSW program. Attached is the “2001 Educational Policy and Accreditation Standards” of CSWE and also a document of appropriate excerpts entitled “Council of Social Work Education Standards.”
Ten North Carolina MSW programs were reviewed and everyone had only a few clinical core courses. These programs were NC State [4], A&T [4], UNCG [4], FSU [3], ECU [4], ASU [5], NCCU [2], UNCC [3], UNCW [5], and WCU [2]. The average of these programs is 3.6 clinical core courses. UNCG’s counseling program, for example, has 10 clinical core courses.

Attached are the curricula for those programs. Note that UNC Chapel Hill is not included. That program is likely associated with the Psychology Department because there were many clinical courses and their curriculum was not available online, however their course overview does not indicate any clinical courses in the first year. Finally, attached are statements of program purpose from two MSW program websites [UNCC and State] and there is no mention of clinical mental health.

What this means is that social workers are prepared for much more than clinical counseling. The MSW is a very versatile degree and can be used in many areas and is quite valuable for that reason. In fact, it has been the standard bearer for the human services field for decades. Because of its generalist approach, therefore, it cannot and does not specialize in clinical mental health. This is especially significant with all the brain research and more effective techniques that have been developed in the past 20 years. This is why the LPC came into being; to have a profession that specialized in clinical mental health at the master’s level. LPCs are better prepared as mental health clinicians, whereas social workers are better prepared for case management, social services, advocacy and administration.

One further note, the psychiatrists [all the psychiatrists] at Mission Memorial Hospital [largest hospital system in Western NC] have written a letter to the NC Psychiatric Association strongly supporting our being included as first evaluators and each psychiatrist signed the letter. It was a three page letter.
CACREP Standards Overview

Interdisciplinary emergency management response team during local, regional or national crisis, disaster or other trauma-causing event
Theories of multicultural counseling, identity development and social justice
Counselors’ role in eliminating biases, prejudice, and processes of intentional and unintentional oppression and discrimination
Human growth and development
Theories of individual and family development
Theories of learning and personality development
Effects of crisis, disasters, and other trauma-causing events
Theories and models of resilience
Strategies for differential interventions
Human behavior, inducing and understanding of developmental crises, disability, psychopathology
Addictions and addictive behaviors: prevention, intervention and treatment
Counselor characteristics and behaviors that influence helping processes
Essential interviewing and counseling skills
Counseling theories that provide models to conceptualize client presentation for selecting appropriate counseling interventions
Family system theories
Crisis intervention and suicide prevention models
Psychological first aid strategies
Principles of group dynamics
Group leadership or facilitation styles and approaches
Theories of group counseling
Direct experience of group process
Assessment techniques; including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group tests and inventory methods, psychological testing and behavioral observations
Statistical concepts; reliability, validity,, social and cultural factors
Selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling
Practicum; weekly supervision, group supervision with faculty member, audio/video or live supervision of clients
Internship; individual and group counseling, weekly supervision, weekly supervision by faculty member
Etiology, diagnostic process and nomenclature, treatment, referral and prevention of mental and emotional disorders
Models, methods and principles of program development and service delivery [support groups, peer facilitation training, parent education, self-help]
Disease concept and etiology of addiction and co-occurring disorders
Principles and practices of diagnosis, case conceptualization, treatment, referral and prevention of mental and emotional disorders to initiate, maintain and terminate counseling
Demonstrates the ability to use procedures for assessing and managing suicide risk
Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one’s own life and career and those of the client
Diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments
Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications
Identifies standard screening and assessment instruments for substance use disorders and process addictions
Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning
Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management
Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders
Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling
Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, including DSM
Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care
Demonstrates appropriate use of diagnostic tools
Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals
Differentiates between diagnosis and developmentally appropriate reactions during crisis, disasters, and other trauma-causing events.
1.0 Purposes of the Social Work Profession
The social work profession receives its sanction from public and private auspices and is the primary profession in the development, provision, and evaluation of social services. Professional social workers are leaders in a variety of organizational settings and service delivery systems within a global context. The profession of social work is based on the values of service, social and economic justice, dignity and worth of the person, importance of human relationships, and integrity and competence in practice. With these values as defining principles, the purposes of social work are:

- To enhance human well-being and alleviate poverty, oppression, and other forms of social injustice.
- To enhance the social functioning and interactions of individuals, families, groups, organizations, and communities by involving them in accomplishing goals, developing resources, and preventing and alleviating distress.
- To formulate and implement social policies, services, and programs that meet basic human needs and support the development of human capacities.
- To pursue policies, services, and resources through advocacy and social or political actions that promote social and economic justice.
- To develop and use research, knowledge, and skills that advance social work practice.
- To develop and apply practice in the context of diverse cultures.

4. Foundation Curriculum Content
All social work programs provide foundation content in the areas specified below. Content areas may be combined and delivered with a variety of instructional technologies. Content is relevant to the mission, goals, and objectives of the program and to the purposes, values, and ethics of the social work profession.

4.0 Values and Ethics
4.1 Diversity
4.2 Populations-at-Risk and Social and Economic Justice
4.3 Human Behavior and the Social Environment
Social work education programs provide content on the reciprocal relationships between human behavior and social environments. Content includes empirically based theories and knowledge that focus on the interactions between and among individuals, groups, societies, and economic systems. It includes theories and knowledge of biological, sociological, cultural, psychological, and spiritual development across the life span; the range of social systems in which people live (individual, family, group, organizational, and community); and the ways social systems promote or deter people in maintaining or achieving health and well-being.

4.4 Social Welfare Policy and Services
4.5 Social Work Practice
Social work practice content is anchored in the purposes of the social work profession and focuses on strengths, capacities, and resources of client systems in relation to their broader environments. Students learn practice content that encompasses knowledge and skills to work with individuals, families, groups, organizations, and communities. This content includes engaging clients in an appropriate working relationship, identifying issues, problems, needs, resources, and assets; collecting and assessing information; and planning for service delivery. It includes using communication skills, supervision, and consultation. Practice content also includes identifying, analyzing, and implementing empirically based interventions designed to achieve client goals; applying empirical knowledge and technological advances; evaluating program outcomes and practice effectiveness; developing, analyzing, advocating, and providing leadership for policies and services; and promoting social and economic justice.

4.6 Research
4.7 Field Education
5. Advanced Curriculum Content
The master’s curriculum prepares graduates for advanced social work practice in an area of concentration. Using a conceptual framework to identify advanced knowledge and skills, programs build an advanced curriculum from the foundation content. In the advanced curriculum, the foundation content areas (Section 4, 4.0–4.7) are addressed in greater depth, breadth, and specificity and support the program’s conception of advanced practice.
### NC MSW Programs Clinical Content Core Courses

<table>
<thead>
<tr>
<th>School</th>
<th>Clinical Content Core Courses</th>
<th>Total Non-Practicum Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNCG Counseling Program</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>NC State MSW</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>A&amp;T MSW</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>UNCG MSW</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>FSU MSW</td>
<td>3</td>
<td>16</td>
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<tr>
<td>ECU MSW</td>
<td>4</td>
<td>18</td>
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<tr>
<td>ASU MSW</td>
<td>5</td>
<td>12</td>
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<tr>
<td>NCCU MSW</td>
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<tr>
<td>UNCC MSW</td>
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<tr>
<td>UNCW MSW</td>
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<td>16</td>
</tr>
<tr>
<td>WCU MSW</td>
<td>2</td>
<td>11</td>
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Generalist Program Statements and UNC

The MSW Program at UNC Charlotte offers an advanced generalist concentration that embraces the profession’s commitment to social and economic justice, individual and community well-being, and scientific inquiry. As a reflection of UNC Charlotte’s designation as North Carolina’s urban research university, our curriculum is especially focused on the needs of vulnerable populations in the growing urban and suburban areas of the state. Graduates of the program will be able to synthesize and apply a broad range of knowledge and skills in order to refine and advance the quality of social work practice and the profession in a range of settings.

NC State MSW Program

Advanced Generalist Model: The Masters of Social Work (MSW) Program at NC State equips students with the skills for advanced generalist practice in leadership roles. The advanced generalist model is designed for preparing practitioners with (1) the knowledge and the skills to respond to a wide range of human difficulties and diverse client populations in a multitude of settings, (2) an ethical commitment to advocate for under-served and oppressed populations, and (3) the ability to respond creatively to the need for additional programs and services.

UNC The Foundation Curriculum

Taken by full-time students in their first year. Distance Education students complete the foundation curriculum over a 2-year period. Students do not specialize in foundation courses. The Foundation Curriculum consists of eight classroom courses in areas related to:

- Social welfare policy and services
- Human behavior in the social environment
- Social research
- Social work practice

The Advanced Curriculum

Builds on the professional knowledge gained from the Foundation Curriculum and provides more thorough study of complex policies, practice skills, research methods, human behavior in the social environment and field education.

- Direct Practice (DP): Prepares students to understand and work with individuals, families, and small groups, within the context of the environment.