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**Testimony of Brad Erford, Ph.D., President of the American Counseling Association to the House Veteran’s Affairs Committee**

**February 13, 2013**

Chairman Miller, Ranking Member Michaud and Members of the Committee, I want to thank you for inviting me to submit testimony to the Committee today. It is an honor and a privilege to speak on behalf of the American Counseling Association and we appreciate the opportunity to contribute to this very important discussion. We share the concerns of this committee regarding the well-being of our service members, and we consider it a national tragedy that on average, one of our veterans commits suicide every 80 minutes. I can think of no more pressing concern for this committee than stopping this terrible toll.

The American Counseling Association is the country’s largest and oldest professional association representing the counseling profession, with over 52,000 members across the United States and overseas. Our members have diverse backgrounds and many of them specialize in treating substance abuse disorders, mental health issues, trauma, family issues and depression among others.

There are more than 120,000 licensed professional counselors (LPC’s) nationwide, authorized under licensure laws enacted in all 50 states and other U.S. jurisdictions to practice independently.  As with the profession of social work, states use slightly differing titles for those licensed as professional mental health counselors, the most commonly used title being “licensed professional counselor.” LPCs meet education, training, and examination requirements similar to—and in many states, more stringent than—those of marriage and family therapists and clinical social workers. Licensed professional counselors have to have a master's degree in counseling or a related field, pass a national exam (in some cases two exams), and accumulate thousands of hours of post-degree supervised experience.  As with other health care professionals, counselors must adhere to a code of ethics, are required to practice within the scope of their expertise, and practice subject to the oversight and approval of their state’s licensure board. Counselors provide outpatient psychotherapy independently under private sector health plans nationwide, as authorized by state licensure laws, and form a significant part of the nation’s mental health workforce.

Licensed professional counselors can make a valuable contribution to treating the mental health concerns of service members, and as the committee knows, psychological and cognitive injuries and their consequences are the signature wounds of the Iraq and Afghanistan conflicts. Policymakers both inside and outside the Department of Veterans Affairs have repeatedly said that there aren’t enough mental health providers available to meet veterans’ treatment needs. From our perspective this problem is to a large extent a self-inflicted wound, because despite a past press release to the contrary, the VA has effectively decided not to utilize LPCs as part of its mental health workforce. The VA’s rules and policies have kept far too many counselors from operating under either of those two areas at a time when we need them most. And these rules could be changed by the Administration in a fairly simple and quick manner so that we can begin to deliver the care and treatment that our troops need right now.

As I mentioned, there are more than 120,000 licensed professional counselors across the country, all meeting stringent education, training, experience, examination, and ethical standards. In all of 2012, a grand total of 58 LPMHC ("licensed professional mental health counselor") VA positions were posted on USAJobs.com. In comparison, 1,527 clinical social worker positions were posted.  In terms of the number of licensees at the highest level of licensure, the ratio for the two professions nationwide isn't 26 to 1; it's roughly 1.7 to 1.

While we understand that the local needs of VA Medical Centers and Community-Based Outpatient Clinics are varied and that the local staff or those facilities are positioned to identify and meet those needs, it is clear to us that LPCs are an overlooked solution to the staffing problem. Also, in many cases, both VAMCs and CBOCs are unable to integrate LPCs into their staff due to the fact that there are barriers that have been created by the VA itself. To cite one important example, the VA’s Office of Academic Affiliations each year establishes paid traineeship positions for both psychologists and clinical social workers counselors, which serve as a pathway to service in the VA health care system. The Office of Academic Affiliations has denied our request that they establish paid traineeship positions for professional counselors. The most recent justification given for this denial is the unsubstantiated, false claim that there is a different “community standard” regarding paid internships within the mental health counseling profession than exists for the clinical social work and psychology professions. Less than a year ago, the justification given was that there was “not a need” for professional mental health counselors at VA facilities.

Despite the current crisis in veterans’ mental health care, the VA is using overly restrictive eligibility criteria for LPMHC positions, which includes graduation from counseling programs that are specifically named. ACA supports the highest standards of accreditation. In fact, organizations such as the Council on Accreditation of Counseling and Related Educational Programs (CACREP) is one that our organization helped to create. However, while we understand the VA’s interest in relying on national accreditation to ensure provider quality, large numbers of highly qualified, experienced LPCs will be denied the ability to provide critical mental health services of our returning wounded warriors. We believe this is unconscionable.

By mandating such a strict accreditation requirement, the VA is shutting out many highly-trained mental health counselors—many of them veterans themselves—at a time when veterans are literally dying for want of help. We have asked the VA to increase job listings for LPCs and adopt grand parenting standards to allow an alternative route to eligibility for LPMHC positions for the tens of thousands of fully-licensed counselors who right now can’t apply, but the VA has said they are not interested. The result is that our members are being told that they should go back to school and obtain another degree if they wish to work in a VA facility, if and when the VA decides to begin hiring LPMHCs in large numbers.

ACA recommends that the VA expand the eligibility criteria for LPMHC positions to include mental health counselors who:

1. Holds at least a master’s degree in counseling from a regionally accredited program;
2. Is licensed as a professional counselor in a U.S. jurisdiction at the highest level of licensure offered; and
3. Passes the National Clinical Mental Health Counseling (NCMHCE) Exam.

ACA believes that by adopting grandfathering provisions such as these, at least during this time of severe need for more clinicians, the VA can recruit more LPCs without sacrificing the quality of care to our veterans. It could also allow many veterans who are counselors to serve their country and their compatriots.

In addition to adopting these grandfathering provisions, ACA has several other specific policy recommendations that we have recommended to the VA and would like to share with the committee. And while these recommendations may seem like small steps that the VA could take, they would be huge strides for the LPC community and would go a long way toward opening the door to members of our profession who want to care for our veterans:

* The VA’s Office of Academic Affiliations should include counselors in its paid trainee program. These positions are a well-trod pathway to careers within the VA, and counselors are being unfairly and arbitrarily discriminated against by being excluded from the program.
* That the VA collaborate with ACA and other groups to help fill vacancies in the VA. ACA has a national network and an office of professional affairs that can help find applicants for these positions.
* That the VA appoint a liaison to work with the counseling community toward hiring more LPCs in the VA.
* VA Secretary Eric Shinseki should issue a public notice to the entire VA healthcare system (Specifically to VISN Directors, VMAC Directors and HR Directors) reminding them that they are empowered to hire counselors, and asking them not to shut-out an entire profession that can provide desperately needed help to our vets.

All of these recommendations could be undertaken by the VA immediately, and without the need for congressional authorization. They could be acted upon today and thus hasten the ability for the VA to expand the opportunities for our service members to receive quality mental healthcare.

I hope that by sharing these recommendations with you, we can work together toward implementing these recommendations and get more LPCs into the VA. More LPCs in the system would mean that we are increasing the availability of mental health clinicians to our veterans and their family members. In the end, improving the quality and accessibility of mental health services for our veterans and their families should be what we are all focused on.