

## Considerations for Continuing Education Credit

ACHA is accredited by: the American Council for Continuing Medical Education (ACCME), the American Nurses Credentialing Center (ANCC), the National Commission for Health Education Credentialing (NCHEC), the American Psychological Association (APA), and the National Board for Certified Counselors (NBCC). Each of these accrediting bodies has their own criteria for offering continuing education, to which we must adhere.

The following information is provided in an effort to help presenters and attendees better understand the guidelines that the ACHA Continuing Education reviewers are following when they determine whether or not a particular session should receive credit.

### **Continuing Medical Education (CME)**

Continuing medical education (CME) credit may be assigned for educational activities:

- which "serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession."
- and
- When *physicians* are the *expected learners*.

*For a complete description of the standards and requirements for continuing medical education, contact Eleanor Davidson, MD, (ewd@po.cwru.edu), chair of the Continuing Medical Education Subcommittee.*

### **Continuing Nursing Education (CH)**

Educational activities that meet the criteria for continuing nursing education (Contact Hours/CH) are those representing **new learning** or enhancement of knowledge and skill development within a nurse's current scope of practice. The material must pertain to college health and be presented by qualified professionals. The multi-focus nature of nursing **may** consider activities geared toward a number of disciplines for contact hours.

*For a complete description of the standards and requirements for continuing nursing education, contact Kathy MacLachlan, MS, RN-C, ANP, (kmmaclac@syr.edu), chair of the Continuing Nursing Education Subcommittee.*

### **Continuing Education for Psychologists (PsyCE)**

To receive continuing education for psychologists (PsyCE), the following criteria apply:

- The presentation needs to address theory and concepts that enhance the psychologist's practice in the area of college mental health. Since we do a lot of things on campus, there are a broad range of topics and issues that might be applicable.
- The presentation should be at a level of sophistication (i.e., post-doctoral) that will further the psychologist's fund of information and professional growth.

- The presenter must be qualified to present relevant information at that level of sophistication.
- Presenters should include in their behavioral objectives how their program is relevant to psychologists. For some programs, this is obvious from the title (e.g., "Updates in the Treatment of Bipolar Disorder"). However, there are many topics that might relate to the practice of college mental health that aren't immediately obvious. The term "mental health" in the objectives will alert the reviewer to take a closer look.

*For a complete description of the standards and requirements for continuing psychology education, contact Mike Malmon-Berg, PhD, (mmberg@acs.wooster.edu), chair of the Continuing Education for Psychologists Subcommittee.*

## **National Board for Certified Counselors (NBCC)**

### **Approved Continuing Education Topic Areas and Instructor Requirements**

#### **Qualified Instructors/Authors**

ACEP instructors and authors must demonstrate appropriate qualifications and knowledge concerning the topic presented and the program authored, consistent with the following standards:

**Category 1 Instructors/Authors:** Instructors or authors presenting information concerning counseling or the treatment of clients in the counseling setting. These instructors/authors must hold an advanced degree (masters or higher) in a mental health field.

**Category 2 Instructors/Authors:** Instructors or authors presenting information that relates directly to one of the nine continuing education topic areas, but NOT concerning counseling practice or the treatment of clients. These instructors/authors are not required to hold advanced degrees in a mental health field, but must demonstrate the completion of appropriate education and training with regard to the topic presented. Approval of Category 2 instructors is considered on a case-by-case basis.

#### **NBCC Approved Continuing Education Topic Areas and Instructor Requirements.**

Topic areas are based on the following NBCC Job Analysis and CACREP content areas:

- 1. Counseling Theory/Practice and the Helping Relationship:** Approved topics in the area include: historic and well-established contemporary counseling theories, principles and techniques of counseling and their application to professional settings; information on the use of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM); diagnosis and treatment of mental disorders; the mind-body connection and its applications in the counseling setting; psychopharmacology and the role and effect of psychotropic medications in mental health; burnout prevention designed for helping professionals; counselor self-understanding designed for mental health professionals; crisis/disaster counseling; mediation or coaching training designed for mental health professionals (**Category 1 Instructor required**).

*Note: "Well-established contemporary theories, principles and techniques" are defined as those for which acceptable documentation is available that either: (a) proves the efficacy of the theory or methods by empirical data; or, (b) shows clear acceptance by the credentialed professional mental health community through well-established publications and presentations at conferences sponsored by recognized professional mental health organizations.*

- 2. Human Growth and Development:** Approved topics in this area include: the nature and needs of individuals at all developmental levels; normal and abnormal human behavior; personality theory; life-span theory; learning theory; and end-of-life issues (**Category 1 or 2 Instructor permitted**).

3. **Social and Cultural Foundations:** Approved topics in this area include: societal changes and trends; human roles; societal subgroups; social mores and interaction patterns; multicultural and pluralistic trends; social or cultural issues affecting individuals, couples and families; differing lifestyles; major societal concerns, including violence, poverty, terrorism, stress, person abuse, substance abuse, religious/spiritual issues, and discrimination; and, methods for alleviating such concerns (**Category 1 or 2 Instructor permitted**).
4. **Group Dynamics, Processing and Counseling:** Approved topics in this area include: group development, dynamics and counseling theories; group counseling leadership styles; basic and advanced group counseling methods and skills; other group counseling approaches; theories of family counseling; family dynamics and roles of family members; and addictions group counseling (**Category 1 Instructor required**).
5. **Career Development and Counseling:** Approved topics in this area include: Career developmental theories; occupational and educational information sources and systems; career and leisure counseling, guidance and education; lifestyle, career and retirement decision making; career development program planning, resources and effectiveness evaluation; worker behavior and adjustment; and workplace issues affecting worker performance and behavior (**Category 1 Instructor required for career counseling topics. Category 2 Instructor permitted for other career-related topics**).
6. **Assessment:** Approved topics in this area include: group and individual educational and psychometric theories, and approaches to appraisal; data and information gathering methods; psychometric statistics; factors influencing appraisals; administering appraisal instruments and interpreting appraisal results in helping processes; and, legal issues affecting counselor rights to administer and interpret tests and inventories that assess psychopathology, abilities, interests, and career options (**Category 1 or 2 Instructor permitted**).
7. **Research and Program Evaluation:** Approved topics in this area include: types of academic and professional research; basic statistics; research-report development; research implementation; counseling program evaluation; needs assessment in the counseling setting; publication of counseling research information; and, ethical and legal considerations in counseling research (**Category 1 or 2 Instructor permitted**).
8. **Counselor Professional Identity and Practice Issues:** Approved topics in this area include: philosophic bases of the helping processes; professional roles and functions; professional goals and objectives; professional organizations and associations; professional history and trends; ethical and legal standards; professional preparation standards; professional credentialing in mental health; federal and state laws and regulations affecting counselors; practice management issues for mental health professionals; the counselor as professional consultant; administration and management of counseling programs; clinical supervision of mental health professionals (**Category 1 Instructor required**).

**NBCC Continuing Education Program Content Approval Criteria.**

When an organization holds NBCC Approved Continuing Education Provider (ACEP) status, it is the ongoing responsibility of the ACEP to ensure that the content of each continuing education program, for which the ACEP offers NBCC-approved clock hours, meets the following criteria:

- A. All events or programs must relate directly to one of the **NBCC-Approved Continuing Education Topic Areas**. See the Approved Topic Areas listed above.
- B. Programs focusing on the counseling or treatment of clients must be designed for, and taught by, masters or doctoral level mental health professionals (Category 1 instructors). See the descriptions of Category 1 and Category 2 listed in Section IV.

C. Programs focusing on topics that do not specifically address the counseling or treatment of clients may be taught by either Category 1 or Category 2 instructors. Examples: adoption law, violence in schools, urban gangs, HIPAA regulations.

D. In order to qualify for NBCC approval, program topics must be relevant to the continuing education of professional counselors. Programs focusing solely on the physiological, medical (non-psychiatric) treatment of clients, or designed for a profession other than counseling (such as medical nursing or medical rehabilitation), do not qualify for NBCC approval. Programs designed for the training of members of the general public, paraprofessional counselors or lay members of a church or other helping organizations to do counseling of individuals do not qualify for NBCC approval.

E. In order to qualify for NBCC approval, at least one identifiable objective of the content must be focused on how mental health professionals may use the knowledge presented to aid clients in a professional mental health setting. The objective must be clearly identified in the program or agenda. Programs designed solely to assist the general public with their own personal difficulties and challenges do not qualify for NBCC approval.

F. ACEPs may not discriminate against any individual or group with respect to any service, program or activity on the basis of gender, race, creed, national origin, sexual orientation, religion, or age, or other prohibited basis. ACEPs may not require counselors/attendees to adhere to any particular religion or creed in order to participate in training, and may not imply that those not adhering to the tenets presented in the training are mentally ill, deviant, or unacceptable in any fashion.

G. ACEPs must be able to show that their programs train counselors to treat any client in an ethical and clinically sound manner consistent with the NBCC Code of Ethics and the current edition of the DSM.

H. ACEPs must conduct live trainings in barrier-free, Americans with Disabilities Act (ADA) compliant facilities and must be prepared to assist any attendee with a physical, visual or auditory disability.

*For a complete description of the standards and requirements for continuing education for national certified counselors, contact Joy Himmel, PsyD, APRN-BC, LPC, NCC, (JYHI@psu.edu), chair of the Continuing Education for National Certified Counselors Subcommittee.*

### **Continuing Education for Certified Health Education Specialists (CHES)**

Criteria for continuing education for certified health education specialists (CHES) is based on the following responsibilities:

#### **RESPONSIBILITY I ASSESSING INDIVIDUAL AND COMMUNITY NEEDS FOR HEALTH EDUCATION**

##### **Competency A**

Obtain health-related data about social and cultural environments, growth and development factors, needs and interests:

Sub-Competencies:

1. Select valid sources of information about health needs and interests.
2. Utilize computerized sources of health-related information.
3. Employ or develop appropriate data-gathering instruments.
4. Apply survey techniques to acquire health data.

### **Competency B**

Distinguish between behaviors that foster and those that hinder well-being.

Sub-Competencies:

1. Investigate physical, social, emotional and intellectual factors influencing health behaviors.
2. Identify behaviors that tend to promote or compromise health.
3. Recognize the role of learning and affective experience in shaping patterns of health behavior.

### **Competency C**

Infer needs for health education on the basis of obtained data.

Sub-Competencies:

1. Analyze needs assessment data.
2. Determine priority areas of need for health education.

## **RESPONSIBILITY II**

### **PLANNING EFFECTIVE HEALTH EDUCATION PROGRAMS**

#### **Competency A**

Recruit community organizations, resource people and potential participants for support and assistance in program planning.

Sub-Competencies:

1. Communicate need for the program to those who will be involved.
2. Obtain commitments from personnel and decision makers who will be involved in the program.
3. Seek ideas and opinions of those who will affect, or be affected by the program.
4. Incorporate feasible ideas and recommendations into the planning process.

#### **Competency B**

Develop a logical scope and sequence plan for a health education program.

Sub-Competencies:

1. Determine the range of health information requisite to a given program of instruction.
2. Organize the subject areas comprising the scope of a program in logical sequence.

#### **Competency C**

Formulate appropriate and measurable program objectives.

Sub-Competencies:

1. Infer educational objectives that facilitate achievement of specified competencies.
2. Develop a framework of broadly stated, operational objectives relevant to proposed health education program.

#### **Competency D**

Design educational programs consistent with specified program objectives.

Sub-Competencies:

1. Match proposed learning activities with those implicit in the stated objectives.
2. Formulate a wide variety of the alternative educational methods.
3. Select strategies best suited to implementation of educational objectives in a given setting.
4. Plan a sequence of learning opportunities building upon, and reinforcing mastery of preceding objectives.

## **RESPONSIBILITY III**

### **IMPLEMENTING HEALTH EDUCATION PROGRAMS**

#### **Competency A**

Exhibit competence in carrying out planned educational programs.

Sub-Competencies:

1. Employ a wide range of educational methods and techniques.
2. Apply individual or group process methods as appropriate to given learning situations.
3. Utilize instructional equipment and other instructional media.
4. Select methods that best facilitate the practice of program objectives.

#### **Competency B**

Infer enabling objectives as needed to implement instructional programs in specified settings.

Sub-Competencies:

1. Pretest learners to ascertain present abilities and knowledge relative to proposed program objectives.
2. Develop subordinate measurable objectives as needed for instruction.

#### **Competency C**

Select methods and media best suited to implement program plans for specific learners.

Sub-Competencies:

1. Analyze learner characteristics, legal aspects, feasibility and other considerations influencing choices among methods.
2. Evaluate the efficacy of alternative methods and techniques capable of facilitating program objectives.
3. Determine the availability of information, personnel, time and equipment needed to implement the program for a given audience.

#### **Competency D**

Monitor educational programs, adjusting objectives and activities as necessary.

Sub-Competencies:

1. Compare actual program activities with the stated objectives.
2. Assess the relevance of existing program objectives to current needs.
3. Revise program activities and objectives as necessitated by changes in learner needs.
4. Appraise applicability of resources and materials relative to given educational objectives.

## **RESPONSIBILITY IV**

### **EVALUATING EFFECTIVENESS OF HEALTH EDUCATION PROGRAMS**

#### **Competency A**

Develop plans to assess achievement of programs objectives.

Sub-Competencies:

1. Determine standards of performance to be applied as criteria of effectiveness.
2. Establish a realistic scope of evaluation efforts.
3. Develop an inventory of existing valid and reliable tests and instruments.
4. Select appropriate methods for evaluating program effectiveness.

#### **Competency B**

Carry out evaluation plans.

Sub-Competencies:

1. Facilitate administration of the tests and activities specified in the plan.
2. Utilize data-collecting methods appropriate to the objectives.
3. Analyze resulting evaluation data.

### **Competency C**

Interpret results of program evaluation.

Sub-Competencies:

1. Apply criteria of effectiveness to obtained results of a program.
2. Translate evaluation results into terms easily understood by others.
3. Report effectiveness of educational programs in achieving proposed objectives.

### **Competency D**

Infer implication from findings for future program planning.

Sub-Competencies:

1. Explore possible explanations for important evaluation findings.
2. Recommend strategies for implementing results of evaluation.

## **RESPONSIBILITY V**

### **COORDINATING PROVISION OF HEALTH EDUCATION SERVICES**

#### **Competency A**

Develop a plan for coordinating health education services.

Sub-Competencies:

1. Determine the extent of available health education services.
2. Match health education services to proposed program activities.
3. Identify gaps and overlaps in the provision of collaborative health services.

#### **Competency B**

Facilitate cooperation between and among levels of program personnel.

Sub-Competencies:

1. Promote cooperation and feedback among personnel related to the program.
2. Apply various methods of conflict reduction as needed.
3. Analyze the role of health educator as liaison between program staff and outside groups and organizations.

#### **Competency C**

Formulate practical modes of collaboration among health agencies and organizations.

Sub-Competencies:

1. Stimulate development of cooperation among personnel responsible for community health education programs.
2. Suggest approaches for integrating health education within existing health programs.
3. Develop plans for promoting collaborative efforts among health agencies and organizations with mutual interests.

#### **Competency D**

Organize in-service training programs for teachers, volunteers, and other interested personnel.

Sub-Competencies:

1. Plan an operational, competency-oriented training program.
2. Utilize instructional resources that meet a variety of in-service training needs.
3. Demonstrate a wide range of strategies for conducting in-service training programs.

**RESPONSIBILITY VI**  
**ACTING AS A RESOURCE PERSON IN HEALTH EDUCATION**

**Competency A**

Utilize computerized health information retrieval system effectively.

Sub-Competencies:

1. Match an information need with the appropriate retrieval system.
2. Access principal online and other database health information resources.

**Competency B**

Establish effective consultative relationships with those requesting assistance in solving health-related problems.

Sub-Competencies:

1. Analyze parameters of effective consultative relationships.
2. Describe special skills and abilities needed by health educators for consultation activities.
3. Formulate a plan for providing consultation to other health professionals.
4. Explain the process of marketing health education consultative services.

**Competency C**

Interpret and respond to requests for health information.

Sub-Competencies:

1. Analyze general processes for identifying the information needed to satisfy a request.
2. Employ a wide range of approaches in referring requests to valid sources of health information.

**Competency D**

Select effective educational resource materials for dissemination.

Sub-Competencies:

1. Assemble educational material of value to the health of individuals and community groups.
2. Evaluate the worth and applicability of resource materials for given audiences.
3. Apply various processes in the acquisition of resource materials.
4. Compare different methods for distributing educational materials.

**RESPONSIBILITY VII**  
**COMMUNICATING HEALTH AND HEALTH EDUCATION NEEDS,  
CONCERNS, AND RESOURCES**

**Competency A**

Interpret concepts, purposes and theories of health education.

Sub-Competencies:

1. Evaluate the state-of-the-art of health education.
2. Analyze the foundations of the discipline of health education.
3. Describe major responsibilities of the health educator in the practice of health education.

**Competency B**

Predict the impact of societal value systems on health education programs.

Sub-Competencies:

1. Investigate social forces causing opposing viewpoints regarding health education needs and concerns.
2. Employ a wide range of strategies for dealing with controversial health issues.

**Competency C**

Select a variety of communication methods and techniques in providing health information.

Sub-Competencies:

1. Utilize a wide range of techniques for communicating health and health education information.
2. Demonstrate proficiency in communicating health information and health education needs.

**Competency D**

Foster communication between health care providers and consumers.

Sub-Competencies:

1. Interpret the significance and implications of health care providers' messages to consumers.
2. Act as liaison between consumer groups and individuals and health care provider organizations.

*For a complete description of the standards and requirements for continuing education for certified health education specialists, contact Kathy Saichuk, MA, CHES, (ksaichuk@lsu.edu), chair of the Continuing Education for Certified Health Education Specialists Subcommittee.*