

Understanding the Differences Between CACREP and MPCAC

My Experience as a Previous State Licensure Board Member

During 2008-2016, I served as a Governor-appointed member of the Licensed Professional Counselor (LPC) and the Licensed Clinical Mental Health Counselor (LCMHC) board of the Utah Department of Occupational and Professional Licensing (with six years as Chair). During my appointment, many counseling psychologist faculty representing counseling master's programs attended our board meetings. They zealously advocated that we accept degrees accredited by the *Master's in Psychology and Counseling Accreditation Council* (MPCAC) in addition to the *Council for Accreditation of Counseling and Related Educational Programs* (CACREP) as one of the requirements for licensure. However, CACREP has an established history as the "flagship" accrediting body indicating to professional and regulatory authorities, as well as the public, quality education, training, and preparation of graduates for state licensure or national certification in the practice of master's level counseling services – including, but not limited to "careers in mental health, human services, education, private practice, government, military, business, and industry" (2016 CACREP *Standards*, page 3).

In the September 2017 edition of *Counselor Education & Supervision*, Gerard Lawson, Heather Trepal, Robin Lee, and Victoria Kress discussed the counseling profession's historical and current influences and presented an advocacy model. In their published article titled *Advocating for Educational Standards in Counselor Licensure Laws*, they pointedly remarked: "As the counseling profession evolves, educational standards for counselor licensure must be standardized from state to state....The question is not whether states will move to infusing CACREP educational standards into counselor licensure laws; rather, it is how quickly this will happen in each state" (pages 162, 174). As this movement transpires, advocates of MPCAC may approach members of state licensing boards, like I was. When faced with understanding the difference between a CACREP-accredited degree and an MPCAC-accredited degree, board members and agency staff need accurate and concise information about these educational standards. Hence, I offer the following points for your consideration:

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1. Counseling psychologists Margo Jackson and Michael Scheel noted in 2012 that historically, the American Psychological Association (APA) has endorsed "doctoral training and the doctoral degree as the only appropriate training and entry-level to independent practice in professional psychology" (*The Counseling Psychologist*, page 9). The APA's Commission on Accreditation (APA-CoA) accredits doctoral programs, pre-doctoral internships, and postdoctoral residencies; however, it does not currently accredit masters-level programs in counseling psychology. Thus MPCAC does not have the collective support of the APA – *the* scientific and professional organization that represents the psychology profession in the United States.
2. The American Counseling Association (ACA), the most significant association exclusively representing professional counselors in various practice settings, stated in 2015 that it "endorses, supports, and advocates" for CACREP "as the pathway to licensure," not MPCAC.
3. Beginning January 1, 2022, the National Board for Certified Counselors (NBCC) will require its National Certified Counselor (NCC) applicants to have a CACREP-accredited degree, not an MPCAC-accredited degree.
4. In 2015, the Council on Rehabilitation Education (CORE), the accreditation organization for master's level rehabilitation counseling programs, entered into a merger agreement with CACREP, not with MPCAC, because of the "name recognition associated with its accreditation."

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5. The American Mental Health Counselors Association (AMHCA) works to enhance the profession through advocacy, education, licensure, and professional development. In 2014, AMHCA praised NBCC's support of CACREP and "called on other organizations representing the profession and its training programs to join AMHCA and NBCC in supporting the adoption of CACREP standards for all programs of counselor education," not MPCAC standards.
6. According to ACA's 2016 *Licensure Requirements for Professional Counselors*, all 50 states require, at a minimum, that master's counseling graduates achieve a passing score on NBCC's National Counselor Examination (NCE) and/or its National Clinical Mental Health Counselor Examination (NCMHCE) to obtain licensure. The content covered in these examinations aligns with CACREP's eight common core areas (e.g., counseling organizations, credentialing bodies, current labor market information, and counseling ethical standards), but not with MPCAC's eleven professional competence standards (e.g, psychological principles and theories and behavior and comporment that reflect the values and attitudes of psychology).
7. The American Association of State Counseling Boards (AASCB), a national organization dedicated to promoting uniformity of licensure requirements and state-based regulation of the counseling profession, proclaimed in 2015 that CACREP, not MPCAC, "is the best for consumers" and "is the leading national, accrediting body for counseling programs."
8. Sharon Robinson Kurpius and her colleagues of counseling psychologists acknowledged in 2015 the following: "The most evident issue is that [MPCAC] requires a degree with a minimum of 48 semester credits, when the national movement is to require a 60-credit master's degree...students from these programs may well find that the portability of their degree to other states is greatly limited" (see *The Counseling Psychologist*, page 1024). Examples of the "national movement" include the states of North Dakota and Texas now requiring 60-credit master's degrees after January 1, 2017, and August 1, 2017 (respectively). In total, 36 states and the District of Columbia currently require a 60-credit master's degree for licensure as a counselor.
9. MPCAC does not require essential clinical training *competencies* (i.e., group counseling or psychoeducational leadership skills), evidence-based supervision *practices* (i.e., face-to-face, audio/video session recording or direct/live observation, supervisor proficiency with individual, triadic, or group modalities), and student risk management *protections* (i.e., liability insurance, written supervision agreement). However, CACREP requires each of these training competencies, practices, and protections.
10. CACREP requires student knowledge, skills, and professional dispositions commensurate with "professional counseling orientation and ethical practice" and MPCAC requires student professional competence in "professional identity, and ethical and professional standards." By allowing the masters-level curriculum to address both counseling and psychology ethical/professional codes, MPCAC obscures the scope of practice (professional identity) distinction between licensed Counselors and licensed Psychologists. My doctoral dissertation, titled *How Ethical Codes Define Counselor Professional Identity*, scrutinized (word-for-word) the professional standards of the ACA and the APA, analyzed interviews of public officials who work closely with state licensure boards, and examined written state licensure board meeting minutes. I discovered that the permeating values, beliefs, and attitudes counselors and psychologists use in their professional service delivery are considerably distinct: counselors apply the guiding principles of *Personal Growth, Development, and Wellness* and psychologists apply the guiding principles of *Scientific Research and Psychometric Practice*. Because MPCAC accredits both counseling and psychological masters-level programs, this blending of incongruent professional ideologies, or professional cultures, fragments student

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integration of the principles and theories they apply to specific populations and settings. It also generates confusion for state licensure board members about the interpretation, application, and enforcement of standards and guidelines, laws, statutes, rules, and regulations for each of these professions.

11. MPCAC is not “equivalent” to CACREP. In the spirit of science-based practice, I recently used advanced qualitative research software (*NVivo 11 Plus*) to conduct content analysis (a research method of measuring word frequency and meaningful patterns from communication artifacts) of the *2016 CACREP Standards* and the *2016 MPCAC Accreditation Standards*. The higher percentage of coefficient of determination, or the closer it is to 100%, indicates the “very strongest” similarity. In contrast, the lower percentage of coefficient of determination, or the closer it is to 0.00%, indicates the “very weakest” similarity. The results of this research are compelling:

- MPCAC content in Evaluations in the Program has a Pearson correlation coefficient of .63 or a 39.63% coefficient of determination (*indicating a “low strong” similarity*) to CACREP’s content in Evaluation of the Program.
- MPCAC content in Faculty and Staff has a Pearson correlation coefficient of .53 or a 28.28% coefficient of determination (*indicating a “medium-moderate” similarity*) to CACREP’s content in Faculty and Staff.
- MPCAC content in Program Orientation and Core Curriculum has a Pearson correlation coefficient of .46 or a 21.11% coefficient of determination (*indicating a “low-moderate” similarity*) to CACREP’s content in Core Curriculum.
- MPCAC content in The Institution has a Pearson correlation coefficient of .45 or a 20.60% coefficient of determination (*indicating a “low-moderate” similarity*) to CACREP’s content in The Institution.
- MPCAC content in Program Missions and Objectives and Program Organization and Administration has a Pearson correlation coefficient of .40 or a 16.31% coefficient of determination (*indicating a “very low-moderate” similarity*) to CACREP’s content in The Academic Unit.
- MPCAC content in Research and Clinical Instruction (including Practicum/Internship Experiences) has a Pearson correlation coefficient of .23 or a 5.19% coefficient of determination (*indicating a “nearly very weak” similarity*) to CACREP’s content in Professional Practice.

What do these numbers and percentages mean? Each of the six content areas that I examined need to have a minimum Pearson correlation coefficient of .80 or 64.00% coefficient of determination (*indicating “very strong” similarity*) even to suggest that MPCAC is “equivalent” to CACREP. Because none of these six content areas meet this unbiased scientifically-based standard, comments by advocates that MPCAC is “equivalent” to CACREP are inaccurate and misleading to the public, regulatory bodies, and other professionals.

12. In 2017, MPCAC implemented revisions of their *Standards*, with most changes in *Section III. B. Core Curriculum* (i.e., removal of all 16 references to “social justice” in headings and descriptions of required competencies). Using the same content analysis procedures described in #11, I compared these content changes to the 2016 MPCAC *Section III. B. Core Curriculum* content and discovered the 2017 *Standards* has a Pearson correlation coefficient of .21 or a 4.51% coefficient of determination (*indicating “very weak” similarity*) to the 2016

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Standards. This content discrepancy indicates an abrupt and substantial deviance from MPCAC's original core curriculum and further suggests an absence of internal consistency with its standards revision process (e.g., consultation with accreditation professionals, town-hall meetings, and feedback from all relevant stakeholders).

The Next Step

According to Gerard Lawson and his colleagues, "The next step involves professional advocacy for changes in state counseling licensure laws or regulations. That will involve effort by individual counselors and counselor educators" (page 168). As a counselor and a counselor educator, I desire to promote the public good by advocating that counselor licensure law requires an earned 60-credit hour counseling master's degree accredited by CACREP *with no provision for acceptance of any other "equivalent" degree* (because if another counseling-related degree is truly equal to all of CACREP's ~155 entry-level standards then it should indicate to the public at large via formal CACREP status). If not, the non-CACREP-accredited degree is "substandard" pertaining to essential quality education and training requirements, including, but not limited to the institution, the academic unit, faculty and staff, curriculum, entry-level practice, practicum and internship, supervisor qualifications, course loads, evaluation of the program, assessment of students, and evaluation of faculty and site supervisors.

Embedding a required CACREP-accredited counseling master's degree into counselor licensure law will promote the public interest of all people in many ways, such as:

- A streamlined state licensure application process (e.g., elimination of the need for board members or state agency staff to review course syllabi, determine the appropriateness of practicum and internship experiences, calculate submitted clinical training hours, verify institutional accreditation status).
- The significantly reduced incidence of state licensure board disciplinary action for ethical misconduct (e.g., exceeding the scope of competence, providing counseling without the proper license, professional misrepresentation, inaccurate/improper advertising, misuse/inappropriate diagnosis/interpretation of testing, presenting an immediate and clear danger to public health).
- Licensure portability between all 50 states and U.S. territories (e.g., allows counselors in one state to become seamlessly licensed in other states if they move, or if they desire to engage in distance/remote technology-based counseling practice).
- More employment prospects, including the ability of licensees to meet federal agency requirements for independent practice (e.g., Department of Veterans Affairs, Department of Defense, or Army Substance Abuse Program).
- Empowerment of culturally diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (e.g., social justice and advocacy; strategies for eliminating prejudices, oppression, and discrimination; promoting career, educational development, and employment opportunities in a global economy; relationships with human service and integrated behavioral health care systems and disaster/emergency management response teams; establishing technology-assisted relationships; crisis intervention, trauma-informed, and community-based strategies; group counseling leadership and conducting groups in varied settings; assessing risk of aggression or danger to others, self-inflicted harm, or suicide prevention models and strategies; procedures for identifying and reporting abuse; interventions for addictions and addictive behaviors; and development of measurable outcomes for clients – *the 2017 MPCAC Accreditation Standards do not require any of these competencies*).

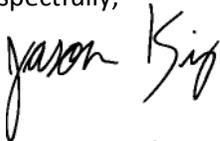
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The requirement for counselor licensure to hold an earned CACREP-accredited counseling master's degree *and nothing else related or equivalent* is not "exclusionary," and it does not "drive a wedge" as claimed by some critics (i.e., the *Alliance for Professional Counselors*). This requirement is no different from what most state licensing boards currently require for other related professions. For example,

- ✓ **Psychologist:** a doctoral degree in psychology from a program accredited by the Committee on Accreditation (CoA) of the American Psychological Association (APA).
- ✓ **Marriage and Family Therapist:** a master's degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).
- ✓ **Clinical Social Worker:** a master's degree in social work from a program accredited by the Council on Social Work Education (CSWE).

Thank you for consideration of these critical differences between counseling master's degrees accredited by the *Council for the Accreditation of Counseling and Related Educational Programs* (CACREP) and the *Master's in Psychology and Counseling Accreditation Council* (MPCAC).

Respectfully,



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If I can be of any assistance to members or staff of your state licensure board on this topic, you are welcome to contact me anytime.

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© Jason H. King, December 2017. Dr. King received a Bachelor of Science in Human Development and Family Studies from the University of Utah, a CACREP-accredited Master of Counseling in Mental Health Counseling from the University of Phoenix, and a doctorate in Counselor Education and Supervision from Capella University (now CACREP-accredited). In 2009, the Association for Counselor Education and Supervision (ACES) recognized Dr. King as an *Emerging Leader Fellow* and he received the 2012 American Mental Health Counselors Association (AMHCA) *Mental Health Counselor of the Year Award*. Dr. King is also the principal partner of the Mellivora Group (www.mellivoragroup.com) that provides mental health professionals with training, consulting, and supervision services.