


# MCAC and State Counselor Licensure Laws: David and Goliath

The Counseling Psychologist  
2015, Vol. 43(7) 1008–1033  
© The Author(s) 2015  
Reprints and permissions:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/0011000015575393  
tcp.sagepub.com  


**Sharon E. Robinson Kurpius<sup>1</sup>,  
Maureen K. Keaveny<sup>1</sup>, Charlene S. Kim<sup>1</sup>,  
and Kelsey J. Walsh<sup>1</sup>**

## **Abstract**

Although all 50 states, as well as Washington DC and Puerto Rico, have passed laws that license master's-level professional counselors, the American Psychological Association has historically not taken a role in addressing master's-level education. In 2009, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) initiated standards excluding psychologists as core faculty and has been a driving force with state licensing boards to credential graduates from CACREP-accredited programs exclusively. The Council for Counseling Psychology Training Programs explored the Masters in Counseling Accreditation Committee (MCAC) as an alternative accreditation for master's counseling programs. This study examined the extent to which MCAC accreditation standards align with state counselor licensure statutes. Content analyses indicated that MCAC is a viable alternative accreditation if programs pay attention to state required credits for a degree, curricular requirements not specified by MCAC, and clinical requirements. Implications of these findings and recommendations are discussed.

## **Keywords**

training, counseling, qualitative, academia

---

<sup>1</sup>Arizona State University, Tempe, AZ, USA

### **Corresponding Author:**

Sharon E. Robinson Kurpius, Counseling and Counseling Psychology, Arizona State University, Tempe, AZ 85287-0811, USA.  
Email: sharon.kurpius@asu.edu

The issue of master's-level education in psychology is not a new one. Indeed, according to Woods's (1971) article in the *American Psychologist*, the American Psychological Association (APA) merely establishes ad hoc committees to examine "subdoctoral training" and then dismisses the findings (p. 696). Almost 30 years later, McPherson, Pisecco, Elman, Crosbie-Burnett, and Sayger (2000) challenged this pattern and urged counseling psychology to reconsider master's-level training given the climate of managed care, the increasing demand for mental health services, and the "current political pressure to justify distinctions between the qualities of services delivered by various mental health providers" (p. 698). At the same time, the Society of Counseling Psychology (SCP) charged a special task group to reexamine master's-level education. The task group reported three major consequences of *not* taking a stand on master's-level education (Douce, Goodyear, Lichtenberg, McPherson, & Shullman, 2001). These included doing a disservice to graduates of master's programs, being unable to provide or enforce standards for master's training, and leaving a vacuum in a competitive labor market for other professional groups to fill. In spite of the negative consequences, which for the most part had come to fruition, no action was taken for almost another decade. The issue of master's-level education, however, still persists. Noting that many counseling psychology faculty teach in both a doctoral counseling psychology program and a master's counseling program, Jackson and Scheel (2013) recommended that counseling master's education be revisited with a new direction that is "grounded in the strengths of counseling psychology" (p. 677). They also added two negative consequences of not doing so: (a) professional psychology suffering "a diminished status in the view of the public" if there is no quality control for master's education, and (b) "threats to the sustainability of counseling psychology programs" (Jackson & Scheel, 2013, p. 676).

In the void left by the inaction of APA, the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2013a) has been a driving force since 1981 in the national movement to (a) accredit master's-level counselor training programs, and (b) establish state licensure laws to recognize master's-level counselors as independent practitioners. CACREP has been remarkably successful. In June 2014, there were 577 CACREP-accredited master's programs. By April 2015, this number had increased to 621 accredited master's programs, including 247 in school counseling, 207 in mental health/clinical mental health counseling, 79 in community counseling (which are being phased out), 42 in marriage/family/couple counseling, 32 in college/student affairs counseling, 10 in career counseling, 3 in addictions, and 1 in gerocounseling (CACREP, 2015). Whereas graduates of school counseling programs typically pursue school counselor certification through

state boards of education, graduates of the other 421 master's-level programs typically pursue state licensure as professional counselors. Currently, all 50 states plus the District of Columbia (DC) and Puerto Rico recognize professional counselors through licensure laws for those with specific training, experience, and at least a master's degree in counseling or a closely related field. Each year, thousands of master's graduates obtain licensure as independent professional counselors.

Although enhancing the professionalization of the field of counseling, CACREP Standards (2009; Draft 2, 2016) pose major threats for master's-level counseling programs housed alongside doctoral counseling psychology programs and have faculty who teach and advise students in both the doctoral and master's programs. First, the 2009 CACREP Standards mandated that new faculty hired after July 1, 2013, to teach in CACREP-accredited programs must

have earned a doctoral degree in counselor education and supervision [not counseling psychology], preferably from a CACREP-accredited program, or have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013. (p. 6)

Second, in any CACREP-accredited program, at least half of the credit hours taught during any calendar year must be taught by CACREP core faculty, a minimum of three faculty who identify as counselor educators (CACREP, Draft 2, 2016). This requirement greatly limits the number of program courses/credits that noncore faculty (who can be counseling psychologists) can teach. These exclusionary policies have consequently "closed the door" for counseling psychology doctoral graduates even to be considered for faculty positions in CACREP-accredited programs, not only because their doctoral degree is in counseling psychology, but also because of their professional identity as psychologists, not counselor educators. As a result, the career opportunities in academia for new counseling psychology graduates have been greatly reduced. Furthermore, there is also a very real threat that graduates of master's programs not accredited by CACREP may not be allowed to become state licensed as professional counselors. For example, the Professional Counselor Examiners Committee in New Jersey tried to mandate that by October 5, 2012, licensure applicants must have graduated from a CACREP-accredited program, with no provision for equivalency for non-CACREP-accredited programs (Palmer, 2013). Only through extensive legal challenges were these stringent requirements prevented from being enacted. Still, CACREP in their presentations to the annual meetings of the American Association of State Counseling Boards (AASCBC) argued that

licensing boards should not accept program “equivalency” and pointed out that the CACREP Board voted unanimously that there was “no appropriate use of the term CACREP equivalent” (Cashwell, Ritchie, Rapisarda, & Bobby, 2009). The goal is to convince members of state counselor licensure boards that, to enforce high standards and to protect the public, they should not grant counselor licensure to any applicant who is not a graduate of a CACREP-accredited master’s program. The reality of this threat was recognized by Heesacker (2014) in his “URGENT CALL” for action to Council of Counseling Psychology Training Programs (CCPTP) Training Directors: “The future of all psychology-based master’s-level counseling programs in the country is in jeopardy” as CACREP works to “curtail employment opportunities” for graduates of psychology-based master’s programs that could eventually “force the closure of those programs.” Indeed, as noted in the 2012 CACREP Annual Report, as of December 23, 2013, only graduates of CACREP-accredited clinical mental health counseling or mental health counseling programs can provide independent care to TRICARE beneficiaries. Additionally, the Department of Veterans Affairs established qualification standards that formally recognize licensed professional counselors who graduated from CACREP-accredited programs as mental health specialists within the Veterans Affairs system. Potential employment doors are closing to graduates of non-CACREP-accredited programs. Furthermore, the concern about non-CACREP-accredited master’s-level education may be particularly salient when master’s in counseling programs and counseling psychology programs are both housed in schools/colleges of education, where deans are already struggling with budgets and trying to reduce any redundancy in training (Jackson & Scheel, 2013).

As CACREP (2009; Draft 2, 2016) program accreditation standards have become more aggressively exclusionary, and as licensure for master’s-level professional counselors has become a national norm, the CCPTP leadership and its members have explored an alternative accreditation for master’s-level training programs through the Masters in Psychology and Counseling Accreditation Council (MPCAC; 2014). The MPCAC has two committees: the Masters in Psychology Accreditation Committee (MPAC) and the Masters in Counseling Accreditation Committee (MCAC). Based on the values and strengths of counseling psychology, the MCAC allows programs to define how they are going to meet MCAC competency-based standards and serves as an alternative accrediting body for programs training master’s-level professional counselors. As programs create their curriculum, they also have a responsibility to ensure that their graduates can be successful in the job market, which most frequently means becoming licensed professional counselors. Although MCAC program accreditation may expand the job potential in

academia for counseling psychology doctoral graduates, the question remains whether graduates of master's programs with MCAC accreditation will be eligible for state professional counselor licensure. To address this question, the current study analyzed state statutes and/or rules and regulations related to licensure of master's-level counselors for each of the 50 states and DC to determine whether the standards established for MCAC program accreditation sufficiently align with state licensure statutes to ensure that graduates from these programs can become licensed as professional counselors.

## **Method**

### *Sources of Data*

The first source of data for this study was the MCAC accreditation criteria (MPCAC, 2014). The second source of data was individual state licensure statutes and/or licensing board's rules and regulations pertaining to master's-level counselor licensure.<sup>1</sup> Throughout the rest of this document, the 50 states and DC are collectively referred to as "states," and individual states are identified by their two-letter postal code.

Licensure data from each state were coded for required program credit hours, required coursework, clinical and supervision requirements, licensing examinations used, ethical standards mandated, and any other patterns present across multiple state laws. Information from American Counseling Association (ACA; 2010) and CACREP webpages, and from the State-by-State Report on Licensure Requirements (ACA, 2012) was used to validate each state's data. CACREP standards are described in the "CACREP Core Content Areas and Clinical Requirements" section, as many state laws specifically reference CACREP. No postdegree experience requirements were analyzed, as the focus of this study was to examine the entry-level counselor licensure requirements in light of the MCAC accreditation standards.

### *MCAC Accreditation Standards*

The MPCAC (2014) calls for programs to reflect the scientist-practitioner model:

The [program's] mission statement should reflect a commitment to practitioners who bring scholarship and reflection to their work; an understanding of diversity in clientele, methodology, and application; a commitment to evidence supported practice; and an overarching philosophy that embraces cultural competence, human development, strengths-based helping strategies, and social justice as core values for professional practices. (p. 22)

Students in MCAC-accredited master's programs must complete a minimum of 48 semester credit hours, which includes both coursework and clinical training. MCAC requires training in 11 competency domains: (a) professional counseling identity, ethical behavior, and social justice practice; (b) human development and wellness across the life span; (c) neuroscientific, physical, and biological foundations of human development and wellness; (d) ecological, contextual, multicultural, social justice foundations of human development; (e) counseling, consultation, and social justice advocacy theories and skills; (f) group theory, practice, and social justice advocacy; (g) career and life development; (h) assessment of human behavior and organizational/community/institutional systems; (i) tests and measurements; (j) traditional and social justice-oriented research and evaluation; and (k) practicum/internship experiences. Students must have "at least two (2) academic terms of supervised field placement experience" (MPCAC, 2014, p. 25). Each academic term must be at least three semester- or five quarter-credits and should consist of 300 hr of supervised training experience (i.e., a minimum of 600 hr for practicum/internship experience). MCAC guidelines also indicate that clinical experience should be consistent with the program's goals and state licensure requirements. Qualified supervisors are "appropriately credentialed professionals (e.g., licensed professional counselor, social worker, marriage and family therapist, school counselor, psychologist, or physician with a specialty in psychiatry)" (MPCAC, 2014, p. 25).

### *CACREP Core Content Areas and Clinical Requirements*

A central theme of CACREP accreditation is the professional identity of both students and faculty. The current CACREP (2009) accreditation standards emphasize that "students develop a professional counselor identity and master the knowledge and skills to practice effectively" (p. 1). Furthermore, the proposed CACREP Draft 2 (2016) standards specify that "students actively identify with the counseling profession . . ." (p. 6).

Students in CACREP-accredited master's programs in clinical mental health counseling; mental health counseling; addictions counseling; and marriage, couple, and family counseling, must complete a 60-semester-credit or 90-quarter-credit degree and have coursework in eight core curricular domains. By July 1, 2020, all CACREP-accredited master's degree programs, regardless of specialization, must require a minimum of 60 semester credits (CACREP, Draft 2, 2016) that include eight core curricular domains: (a) professional orientation and ethical practice, (b) social and cultural diversity, (c) human growth and development, (d) career development, (e) helping relationships, (f) group work, (g) assessment, and (h) research and program

evaluation. For each of the eight domains, multiple descriptions of specific topics that must be addressed in the curriculum are detailed. CACREP (2009) standards also outline guidelines for master's-level clinical training: a minimum of 100 clock hours of practicum that includes 40 hr of direct client contact, and a 600-clock-hour internship that consists of 240 hr of direct client contact. For both experiences, students receive individual and group supervision.

The CACREP (2009; Draft 2, 2016) standards indicate that program faculty may supervise if they have "(1) relevant experience, (2) professional credentials, and (3) counseling supervision training and experience" (p. 13). Doctoral students may serve as supervisors if they have completed "an entry level counseling degree as well as supervised counseling practicum and internship experiences totaling at least 700 clock hours" (CACREP, Draft 2, 2016, p. 13). Student supervisors need to have training in counseling supervision and to be supervised by program faculty. Site supervisors must have "(1) a minimum of a master's degree, preferably in counseling, or a related profession with equivalent qualifications, (2) relevant certifications and/or licenses" (CACREP, Draft 2, 2016, p. 13) and a minimum of 2 years of professional experience that is relevant to their supervisee's area of study, be knowledgeable about program requirements, and receive training for supervision (CACREP, Draft 2, 2016).

### **Content Analysis**

According to Downe-Wamboldt (1992), content analysis is a "systematic and objective" approach to making inferences about data within a contextual framework (p. 314). A powerful method for analyzing documents to identify categories describing a phenomenon (Elo & Kyngäs, 2007; Krippendorff, 1989; White & Marsh, 2006), content analysis reveals patterns and trends (Stemler, 2001). As the purpose of this study was to identify the patterns of alignment and deviation of state counselor licensure requirements with the MCAC standards, while taking CACREP standards into consideration, content analysis was chosen for data analysis.

Krippendorff (1989) outlined steps to content analysis, including design, unitizing, sampling, coding, and validation. In the design phase of this study, researchers conceptualized the context for the analysis and the sources of data. State laws, rules, and regulations describe and define the breadth of information necessary for the practice of professional counselors. The present study defined the units of analyses as premaster's degree training at the program level, curriculum level, and clinical training level. Units of analyses at the program level included semester hours required

for the degree, description of approved programs, and program accreditation. For the curriculum level, units of analyses were defined at two levels: course/content titles and course/content descriptions. States' emphases on teaching or adherence to specific professional ethical standards and/or national licensing examinations were also included. Predegree clinical training analyses included requirements for the number of clinical clock hours and/or credit hours of practicum/internship, and supervisor qualifications.

Krippendorff (1989) explained the need for sufficient sampling procedures to ensure that study findings are based on representative data. One of the challenges of the current study was whether sampling from different state laws and state boards' rules and regulations would be representative for all states. A general review of the documents demonstrated many variations in the content and description of requirements across states, underscoring the need to examine all documents from each state. CACREP standards were used as representative guidelines for states that referenced equivalency to CACREP without providing specific descriptions of requirements. Finally, titles of content/course areas alone were coded for states that did not have descriptions of requirements or reference to CACREP standards.

A two-step process was utilized to code the data. MCAC accreditation requirements were used as criteria to determine whether state licensure requirements aligned with MCAC standards for program, curricular, and clinical training requirements. Although some language was an exact match between licensure requirements and MCAC standards (e.g., "professional roles and functions" or "principles of group dynamics"), language that did not perfectly correspond with MCAC guidelines was evaluated for fit within the larger contextual framework of the MCAC guidelines (e.g., state requirements for "learning theory" and "personality theory" would be subsumed by the larger MCAC framework of "maturational and structural theories"). Data incongruent with MCAC requirements were categorized based on common themes across licensure requirements. For example, requirements specifying the counselor as person (e.g., self-care, counselor as tool) were classified within the theme of "self-care/self-awareness." Finally, data were reexamined to determine consistency and validity of coding across states. Content validity is essential for content analysis (Krippendorff, 1989); therefore, coding was anchored in the exact wording of state laws and/or rules and regulations. In teams of two, coders rechecked statutes to ensure that the data had been accurately coded and supported by exact quotes from state statutes. There was approximately 98% agreement among raters, and the rare disagreements were discussed until consensus was reached.



## **Coders**

Three counseling psychology doctoral students and a faculty member who teaches in the counseling psychology doctoral program and the clinical mental health counseling master's program served as coders. Curriculum requirements for licensure in each state were rated by all four coders. A similar procedure was followed for clinical requirements, supervisor information, examinations used, ethical standards, and any other licensure-related information.

## **Results**

Results are reported in five categories: degree credit hours, state-mandated coursework titles or domain content described, examinations and ethical standards, practicum and internship, and supervisor qualifications.

### ***Degree Credit Hours***

A master's degree is the entry-level degree for professional counselor licensure in all 50 states and DC. For MCAC accreditation, master's programs must require at least 48 semester credit hours. State laws vary in required credit hours for a master's degree and whether coursework can be taken after the degree attainment. Currently, 12 states require a 48-credit degree (AL, CO, DE, HI, IL, MI, MN, MO, NM, NV, SC, and WI). For three states (LA, OR, and TX), required credit hours are changing from 48 to 60 credits within the next 4 years. Another three states (ME, ND, and SD) have two tiers for professional licensure, with 48 credits for Tier 1 (licensed professional counselors) and 60 credits for Tier 2 (licensed professional clinical counselor, or similar title, who can practice independently). The remaining 30 states require a 60-credit master's degree. Degree credit requirements are not clearly delineated by NE and WA; however, as both indicate that the master's degree can be CACREP or its equivalent, this suggests a 60-credit master's degree. In addition, GA only indicated that the master's degree needs to be in counseling or psychology from an institution accredited by the Council for Higher Education Accreditation (CHEA) with no specific reference to the credit hour requirement.

Whether postmaster's credit hours can be applied for licensure is not addressed by all states. Four states (AZ, CO, KS, and NV) do provide specific requirements for postmaster's credit hours. AZ and KS require a 60-credit master's degree; however, AZ indicates that no more than nine semester credits postmaster's degree can be applied toward licensure, and KS indicates no

more than six semester credit hours can be applied. CO presents a particularly problematic scenario, in that the law specifies that students must earn a 48-credit degree; however, for licensure, 60 credits are needed. Furthermore, CO law states that only six semester credits can be taken postdegree. NV presents a unique case, in that only the credit hours obtained during a master's program are considered for licensure.

### *State-Mandated Curriculum Requirements*

First, each state was categorized by whether its statutes simply listed titles of courses/content areas required or whether the statutes provided descriptions of courses/content areas. DC and 17 states provide titles of content areas/coursework required in a degree program, and 32 states provide descriptions of courses/content areas. DE could not be categorized, as no information could be found that listed or described courses/content areas to be covered in a degree program for individuals seeking licensure.

*Titles only.* States whose statutes list course or content titles include AK, AZ, DC, FL, IN, KY, LA, MA, MN, MT, ND, NH, NV, NY, OR, TN, VA, and WA. Although details about what would be required in the content areas/coursework were not specified, statutes for 13 (AK, AZ, FL, IN, MN, MT, NH, NV, NY, OR, TN, VA, and WA) qualify training programs by referring to CACREP accreditation, Council on Rehabilitation (CORE) accreditation, or content equivalent to CACREP standards. For example, states such as FL require applicants to have “earned a master’s degree from a mental health counseling program accredited by the Council for the Accreditation of Counseling and Related Educational Programs” (Fla. Stat. § 491.002 *et seq.*, 2013, p. 9), or if the master’s program is not accredited by CACREP, “then the coursework and practicum, internship, or fieldwork must consist of at least 60 semester hours or 80 quarter hours” with a minimum of three semester or four quarter hours of graduate-level coursework in each of “11 content areas” (Fla. Stat. § 491.002 *et seq.*, 2013, p. 9).

In some of these states, if applicants have graduated from a counseling program not accredited by CACREP, their coursework must meet requirements that correspond to CACREP’s eight core content areas as well as additional coursework in areas of human sexuality, substance abuse, psychopathology, and community counseling. For example, MT licensure statutes refer to “completion of Council for Accreditation of Counseling and Related Educational Programs (CACREP) core courses as evidenced by submission of a summary sheet on education” (Mont. Code Ann. § 24.219.604(1) (b), 2009, para. 1). For a program to be considered equivalent to CACREP

accreditation requirements, IN requires that programs have an “integrated, organized sequence of study that follows the CACREP standards” (Ind. Code § 25-23.6, 2012, p. 72).

Nine states (AZ, FL, IN, MN, MT, NH, NY, OR, and VA) require coursework in a minimum of CACREP’s eight core content areas, which are named in their laws, and three states (AK, NV, and WA) require coursework in at least seven of CACREP’s eight core content areas. Many of these states also mandate coursework in additional content areas, specifically counseling theories, marriage and family counseling, psychopathology, human sexuality, substance abuse, and/or consultation.

Five states (DC, KY, LA, MA, and ND) do not name CACREP within their statutes but present lists of content areas/coursework required. LA, MA, and ND list counseling theories as an area separate from counseling skills, whereas DC requires an additional content area in marriage and family counseling. KY’s requirements match content areas specified by the MCAC.

**Content described.** The MCAC standards present descriptions for 11 content competency domains for master’s counselor training programs. MCAC requirements for three competency domains (i.e., counseling, consultation, and social justice advocacy theories and skills; group theory, practice, and social justice advocacy; and human development and wellness across the life span) align with state licensure requirements. Moreover, several additional requirements mandated by state licensing boards and legislatures are reflected in the MCAC standards. For example, nine states (AK, AR, DC, IL, MD, MN, MS, TX, and VA) require applicants to be trained in marriage and family counseling. This parallels the MCAC standard that directs programs to include “training in . . . couples, marriage, family and addictions counseling” in their foundational training for master’s-level practitioners (MPCAC, 2014, p. 24).

Twenty states (AR, AK, CA, FL, IA, MD, MN, MS, MT, NH, NV, NY, OH, OK, SC, TN, TX, UT, VA, and VT) specify a separate abnormal psychology/psychopathology course/content area requiring specific knowledge of diagnosis and application using the *Diagnostic Statistical Manual of Mental Disorders (DSM)*. As MCAC standards separate the Assessment of Human Behavior and Organizational/Community/Institutional Systems domain from the Tests and Measurements domain, graduates from MCAC-accredited programs will meet this requirement in these states.

In addition, several states require course content related to biological bases of behavior. Eight states (CA, FL, IL, MD, NH, NV, TX, and VA) require specific course content on substance abuse/addictions counseling, and six states (AR, CA, IA, TX, VT, and WV) list psychopharmacology as a

requirement, with CA and TX requiring both. For example, CA calls for training in “addictions counseling, including substance abuse, co-occurring disorders, and addiction . . .” as well as “psychopharmacology, including the biological bases of behavior” (Cal. Code Regs. tit. 16, § 4999.33 *et seq.*, 2014, p. 106). MCAC’s domain, Neuroscientific, Physical, and Biological Foundations of Human Development and Wellness, with its emphasis on biological components of “neuroscience, health and wellness” and “addictions” (MPCAC, 2014, p. 24), meets the requirements set by these states.

For each competency domain, MCAC emphasizes that program content should be “including but not limited to” the specific areas delineated by the domain (MPCAC, 2011, pp. 23-25). Despite this qualifier, it is important for programs to be cognizant of unique state requirements that may not be explicitly identified in the MCAC standards. For example, many states mandate inclusion of specific content areas above and beyond those described within five of the 11 MCAC domains. These five domains are as follows: (a) professional counselor identity, ethical behavior, and social justice practices; (b) ecological, contextual, multicultural, social justice foundations of human development; (c) career and life development; (d) traditional and social justice-oriented research and evaluation; and (e) test and measurements.

In the MCAC content competency domain, professional counselor identity, ethical behavior, and social justice practices, state laws and/or rules and regulations typically include greater specificity of requirements in four areas: (a) professional organization, credentialing, preparation, licensure, and accreditation; (b) professional role identity; (c) self-care and self-awareness; and (d) legal and regulatory rules. For example, 27 states (AL, CA, CO, CT, GA, HI, IA, ID, KS, ME, MS, NC, NE, NJ, NM, OH, OK, PA, RI, SC, SD, TX, UT, VT, WI, WV, and WY) require course content to include knowledge about professional organizations and about counselor credentialing, preparation, licensure, and accreditation. As do CT, IA, NM, and SC, WY identifies the “ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases” as required content related to professional organizations (Code of Wyoming Rules, 2012, p. 7). Statutes for 16 states (AL, CO, GA, ID, KS, MS, NC, NE, NJ, OH, OK, SC, SD, TX, WV, and WI) require coursework content to include professional objectives and goals. Of these, ID, NE, NC, OH, SD, and WV emphasize the importance of highlighting counselor professional role identity. In addition, 16 states (AL, GA, IA, ID, KS, ME, MS, NC, NE, NJ, NM, RI, SC, VT, WI, and WY) require self-care and/or self-awareness course content as part of the counselor’s professional development. Finally, 27 states (AL, CA, CO, CT, GA, IA, ID, IL, KS, MD, ME, MO, MS, NE, NJ, NM, OH, OK, PA,

RI, SC, SD, TX, VT, WV, WI, and WY) specify the inclusion of legal and regulatory content in coursework. These content specifics are not included in the MCAC standards for professional counselor identity, ethical behavior, and social justice practices.

The MCAC content competency of ecological, contextual, multicultural, social justice foundations of human development, provides a broad domain for training, including evidence-based counseling strategies and the role of power and privilege in human development. Despite this broad context, 17 states (AL, CA, CO, CT, GA, IA, ME, MD, MS, NC, NJ, NM, RI, SC, VT, WI, and WY) also list coursework that specifically focuses on “human roles” in addition to the content specified by MCAC standards. None of these states defines what is meant by human roles, however, making it difficult to assess whether licensing boards may accept MCAC’s description as equivalent.

The MCAC career and life development competency domain covers a range of vocational and career theories, models, and interventions. Seventeen state statutes (AL, CO, GA, HI, ID, KS, MS, NE, NJ, OH, RI, SC, SD, TX, WI, WV, and WY) also call for content addressing avocational, lifestyle, and leisure counseling, areas not mentioned in the MCAC standards. For example, KS requires that programs teach content on “the relationship between career choice and lifestyle” (Kan. Admin. Regs § 102.3.3a(c)(5), 2009), whereas MS specifies that training programs include “leisure counseling” as part of the content requirements (Miss. Code Ann. § 73-30-9 *et seq.*, 2011, p. 21).

Requirements missing from MCAC traditional and social justice-oriented research and evaluation competency domain are report writing and publications. Currently, 17 states (AL, CA, CO, GA, IA, KS, ME, MD, MS, NE, NJ, OH, SC, SD, WV, WI, and WY) specifically require “research-report development” and “publication of research information” as components of their state licensure laws. In addition, CA and IA emphasize the inclusion of these and other research and evaluation requirements because of the “importance of research in the advancing of the profession of counseling” (Cal. Code Regs. tit. 16, § 4999.33 *et seq.*, 2014, p. 106; Iowa Admin. Code r. 645-31.1 *et seq.*, 2011, p. 10).

Although the requirements presented in the tests and measurement domain of the MCAC standards address a broad range of content about the history, theory, biases, and uses of test instruments, the MCAC standards do not explicitly call for programs to include psychometrics. Counselor licensure statutes in 17 states (AL, CA, CO, CT, GA, IA, MD, ME, MS, NC, NJ, NM, RI, SC, VT, WI, and WY) specifically name “reliability,” “validity,” and other “psychometric statistics” as needing to be addressed for counselor licensure.

## Practicum/Internship Requirements

State statutes were also examined for total clinical hours and/or credits required in clinical training. MCAC specifies two terms with 300 clinical hours per term. Nine states (GA, KY, LA, MI, MT, NC, TN, TX, and VA) require less than or equal to the 600 hr specified in the MCAC guidelines. For instance, GA statutes require a “supervised practicum or internship of at least 300 hours which was part of the degree program” (Ga. Code Ann. § 135-3-.01(b)(1)).

More than 600 total clinical hours is specifically required by 21 states: AL, AR, AZ, CO, FL, IA, ID, IL, IN, MA, ME, MN, NH, NJ, OH, OR, PA, SC, SD, UT, and VT. The majority of these states (AL, AR, AZ, CO, FL, IA, IL, MA, ME, MN, NH, NJ, OH, OR, PA, and SD) require 700 total clinical hours, with 100 hr obtained through practicum and 600 hr obtained through an internship (i.e., the total hours of practicum/internship specified by CACREP). NH requires “700 hours of supervised practicum and/or internship appropriate to mental health counseling” but does not indicate how many hours are earned through practicum or through internship (N.H. Code Admin. R. Mhp 302.16 *et seq.*, 2010, p. 1). UT requires 900 clock hours of supervised experience, whereas ID, IN, and VT designate a minimum of 1,000 clock hours of clinical experience.

Six states specify direct client contact hours but do not indicate the total clinical hours required: CA (280 direct hours), HI (300 direct hours), KS (350 direct hours), MD (125 direct hours), NE (300 direct hours), and OK (300 direct hours). For instance, HI law requires “at least two academic terms of supervised mental health practicum intern experience” and 300 direct client contact hours but does not indicate total clock hours (Haw. Rev. Stat § 453D:1-14, p. 5).

Eleven states (DC, MO, ND, NM, NV, NY, RI, WA, WI, WV, and WY) mention semester credits in lieu of total clinical hours or indicate practicum/internship coursework as a requirement without any other specifications. For example, WA’s statute specifies that “either a counseling practicum or counseling internship or both must be included in a core of study” but provides no indication of required hours (Wash. Admin. Code 246-809-220, 2011). This is also true for WV and MO. WV lists and defines supervised practicum and supervised internship but does not indicate required hours. MO asks that licensure applicants complete “at least (6) six semester hours or nine (9) quarter hours of graduate level supervised practicum, internship, or field experience in the practice of counseling” (Mo. Code Regs. Tit. 20, § 2095-2.005 *et seq.*, 2009, p. 4). Finally, four states (AK, CT, DE, and MS) do not provide information regarding semester credits or required hours for clinical experience.

## Supervisor Qualifications

Counselor licensure statutes in 17 states (AZ, DC, LA, ME, MI, MS, ND, NJ, NY, OH, SC, TN, TX, VA, VT, WI, and WY) do not specify supervisor qualifications or credentials for practicum/internship. For example, LA requires supervised practice but fails to mention who is qualified to supervise. MS statutes state that “the Board would prefer LPC supervision during internship/practicum” (Miss. Code Ann. § 73-30-9 *et seq.*, 2008, p.22). Eight states (AL, AR, IA, IN, NC, NM, RI, and SD) require a faculty member to serve as supervisor or be involved in supervision for practicum but not for internship. For example, IA notes that supervision throughout the practicum experience is “by a program faculty member, a student supervisor, or a site supervisor working in bi-weekly consultation with a program faculty member in accordance with the supervision contract” (Iowa Admin. Code r. 645-31.1 *et seq.*, 2011, p. 11). RI indicates that practicum is to be

supervised by the department within the college or university granting the requisite degree or by an accredited postgraduate clinical training program recognized by the United States Department of Education, or education and/or experience which is deemed equivalent by the Board. (Code R.I. R5-63.2-MHC/MFT, 2008, p. 3)

For supervision during internship, 22 states (AK, CA, CO, CT, DE, FL, HI, ID, IL, IN, KS, MA, MD, MN, MT, NE, NH, NV, PA, SD, UT, and WA) require that a licensed professional (e.g., licensed professional counselor, licensed clinical professional counselor, licensed marriage and family therapist, licensed clinical social worker, licensed psychologist, or licensed physician and surgeon) oversee the internship supervision. Nine states (AR, IA, IN, KY, NC, NM, OK, OR, and RI) list “on-site supervisor” without indicating any supervisor licensure requirements. Only GA and WV require supervision by “licensed professional counselors or related mental health professionals” for both practicum and internship (Ga. Code Ann. § 135-5-.02(b)(2); W. Va. Code § 27-1-6 *et seq.*, p. 6).

## Examinations and Ethical Standards

As with curriculum requirements, there is variability across state statutes with respect to examinations administered for initial counselor licensure. Either the National Counselor Examination for Licensure and Certification (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE) is required by 40 states. Specifically, the NCE is required by 10

states (AL, CO, GA, HI, LA, MD, MO, NJ, OK, and TX), the NCMHCE by 8 states (FL, IN, MA, NH, NV, NY, RI, and VA), and either the NCE or the NCMHCE is accepted by 22 states (AR, CA, CT, DE, ID, IL, KS, KY, ME, MN, MS, MT, ND, NE, NM, OH, SC, SD, TN, UT, VT, and WA). The remaining 11 states accept a variety of examinations such as the Certified Rehabilitation Counselor Exam (CRCE) or an equivalent nationally recognized exam. For example, the NCE, NCMHCE, or the CRCE would be acceptable for licensure in AZ.

There is also variability in whether state laws require adherence to specific ethical standards. For example, nine states (IA, IL, LA, MA, MS, OH, TN, WV, and WY) indicate that licensed professional counselors must adhere to the ACA (2014) Code of Ethics. Two states, AR and ID, specify the Association for Counselor Education and Supervision (ACES) Code of Ethics; however, the ACES Code of Ethics became incorporated into the ACA Code of Ethics in 2005. Therefore, although their laws specify the ACES Code of Ethics, AR and ID are in reality requiring adherence to the ACA Code of Ethics. Eleven states (AK, AZ, DC, MO, NC, ND, SC, SD, UT, VT, and WA) include the ACA Code of Ethics, in addition to other codes of ethics. The National Board for Certified Counselors (NBCC; 2012) Code of Ethics is designated by nine states (DE, IN, ME, MD, MT, NH, NJ, NY, and OK). RI references the NBCC as well as its own code of ethics, and NE and NV reference other nationally recognized standards, such as American Association for Marriage and Family Therapy Code of Ethics, and the NBCC Code of Ethics. Only MI references the Code of Ethics of the American Mental Health Counselors Association. AL, CA, FL, GA, KS, KY, MN, NM, OR, TX, and VA specify their own code of ethics. For example, OR delineates its own code of ethics and states that “this code constitutes the standards against which the required professional conduct of licensed professional counselors and marriage and family therapist is measured” (Or. Admin. R. 833-060-0042, 2012, p. 1). Statutes for CO, CT, HI, PA, and WI do not indicate a code of ethics.

## Discussion

This study sought to determine to what extent MCAC accreditation standards align with state laws related to master’s graduates becoming licensed professional counselors, the career goal of the vast majority of master’s graduates. At the time of this writing, 13 counseling programs have received MCAC accreditation and many more are in the process of applying (CCPTP, 2014). If master’s training programs are familiar with their state counselor licensure statutes, are careful to include in their course syllabi any explicit language



and concepts that are required in their statutes, and ensure that their required clinical experiences meet minimum state requirements, MCAC is a viable alternative program accreditation that reflects the scientist–practitioner and social justice values of counseling psychology. This is not to say that licensure laws should dictate the didactic and clinical training offered by programs. Rather, we believe that to best serve our students, we need to be cognizant of the specifics of state laws as specifying minimums related to the education students should receive so that they can become licensed counseling professionals.

To do this, the findings of this study indicate that master’s program faculty need to be knowledgeable about some issues related to MCAC and of their own state laws. The most evident issue is that MCAC requires a degree with a minimum of 48 semester credits, when the national movement is to require a 60-credit master’s degree. Although programs and their state law may require fewer than 60 semester credits for the master’s degree, students from these programs may well find that the portability of their degree to other states is greatly limited. It is also important to note that several states limit the number of credits accepted postdegree. For example, if licensure applicants in CO attempt to obtain 12 additional credit hours after receiving a 48-credit master’s degree, they would discover that CO limits postmaster’s credit hours to 6 semester hours. Thus, students who are unaware of CO’s state statutes for licensure and graduate before obtaining at least 54 credit hours would not be eligible for licensure in CO. The onus is on training programs not only to ensure that students are fully informed about their state licensure laws but that the program requirements do not fall short of what is needed to ensure students are eligible to become licensed professionals, at least in their own state.

Training includes both didactic and clinical preparation. There are some minor concerns about MCAC in both of these areas of training. With respect to coursework, 17 states plus DC provide course titles instead of content descriptions in their licensing laws, and for 13 of these states, the course titles match the eight core CACREP titles. We certainly are not suggesting that CACREP course titles be adopted or that MCAC mirrors CACREP; however, MCAC-accredited programs in these states need to ensure that the titles of their courses and the content described in syllabi still reflect the specific content areas identified in their state licensure requirements. When evaluating an individual applicant’s syllabi, licensing board members who may or may not hold counseling degrees might simply be looking for keywords in syllabi that are identified in their laws. If those words do not appear in the syllabi, the applicant’s training may be judged deficient and the applicant may not be allowed to sit for licensure.

This could be even more problematic in states that recognize CACREP equivalency or other accredited programs. In these states, CACREP equivalency is determined by the licensing board for each individual applicant based on the submitted course syllabi. For states that provide content descriptions, challenges in licensure may arise if program course content is limited only to include those minimum requirements identified by MCAC. Programs need to note that MCAC specifically emphasizes that program content should be “including but not limited to” the specific areas delineated within each of the 11 competency domains (MPCAC, 2014, pp. 23-25). Furthermore, MCAC programs are being taught by faculty who may well be trained as counseling psychologists, and counseling psychology training is grounded in competency benchmarks and evidence-based practice. Therefore, it is reasonable to assume that graduates of MCAC-accredited programs will demonstrate benchmark competencies relevant to the 11 MCAC domains. In contrast, CACREP accreditation is primarily based on student knowledge attainment.

Six of the MCAC domains align well with state counselor licensure laws. Training programs, however, are cautioned to be sensitive to specific content areas in the other five domains. Perhaps the most concerning domain is professional counselor identity, ethical behavior, and social justice practices. Within the counseling profession, there is currently a significant focus on professional identity as was evidenced by the CACREP standards (2009; Draft 2, 2016) related to faculty and to students. Programs with MCAC accreditation need to be aware of this issue and foster the professional counselor identity of their graduates. Given that the MCAC guidelines assert that their “standards are intended as guidelines for preparation of scientist-practitioners in the field of psychology, at the master’s level” (p. 20), program faculty need to decide whether they are training students to be counselors or master’s-level counseling psychologists. The statutes reviewed for this study regulate professional counselors, not master’s-level psychologists. Important content solely mentioned in the title of the MCAC domain, such as professional counselor identity, may be insufficient for licensure requirements.

Similar course content issues, although minor, related to the other four MCAC domains emerged in the content analysis. Although the traditional and social justice-oriented research and evaluation domain does not explicitly state that students produce reports or publications related to research, this is required in one third of the state statutes examined. One would expect in a scientist–practitioner focused program that this would be a given, yet it seems important to identify report writing and publications explicitly in the curriculum not only to adhere to program goals of nurturing scientist–practitioners who can both understand and contribute to research related to practice but also to ensure that graduates meet their state licensure requirements. Although

the MCAC guidelines for Career and Life Development appear thorough in coverage of this competency domain, many state statutes require that avocational, lifestyle, and leisure counseling be identified in an applicant's curriculum. Finally, even though counseling faculty may understand that these are implied under the umbrella of career theories, licensing board members may not. A similar issue emerged for the tests and measurements domain. A significant number of states require that psychometrics be demonstrated in an applicant's degree curriculum and specifically name "reliability," "validity," and "psychometric statistics" as content areas. Considering that over a third of states identify these measurement concepts, MCAC-accredited programs need to ensure that these concepts are specifically named and addressed in their curriculum and syllabi.

A unique issue arose for the ecological, contextual, multicultural, social justice foundations of human development domain. Seventeen states require course content related to "human roles" but fail to define what is meant by this nebulous term. Although teaching about "human roles" may be subsumed under MCAC's requirement for "evidence-based strategies for working with diverse groups," depending on the content of the course, this may not be evident to licensing board members. This highlights one of the challenges that may arise when graduates of MCAC-accredited programs apply to state licensing boards—that is, translating program vocabulary to state statute vocabulary.

The goal of practicum/internship experiences is "the promotion of mental health, human development, wellness, cultural competence, and social justice advocacy" (MPCAC, 2014, p. 25). To reach this goal, MCAC requires that students are involved in a minimum 600 clock hours of clinical work. MCAC clearly states that this is a minimum requirement and that programs should be aware of the state requirements related to clinical hours. This would be particularly relevant for programs in the 21 states that require more than 600 clock hours, and for the states that do not specify hours but require courses or course credits. In its description of who is eligible to serve as clinical supervisors for these clinical experiences, MCAC requirements are inclusive of a multitude of licensed mental health professionals. In contrast, state standards may be more exclusionary. For example, a few states indicate a preference for supervisors who are licensed professional counselors. This does not appear to be an area of concern; however, program faculty should be aware of state laws as well as MCAC guidelines related to both practicum and supervision.

The traditional approach to determining whether an applicant's master's degree meets state requirements for professional counselor licensure has been for state board members to evaluate the applicant's course syllabi and

clinical training, or if the applicant is from a CACREP-accredited program, he or she is automatically considered eligible to sit for licensure. Recently passed licensure laws in AZ and OH seem to have taken a different approach that could foster formal recognition of MCAC-accredited programs. For example, as a result of 2 years of intensive advocacy with state legislators, AZ adopted a revised behavioral health licensure law that will formally recognize master's programs that are not CACREP accredited but are CACREP equivalent (Senate Bill 1374, Ariz. State Ann. § 242-1-29, 2013). A training program wishing to be recognized must submit an application to the licensing board and demonstrate that it is a 60-degree credit program, its curriculum addresses the eight core CACREP areas, and it requires a minimum of 700 clock hours of clinical work. If the program is approved, then its graduates do not need to submit syllabi to be individually reviewed by the board but will be eligible to sit for licensure because their program has been preapproved. This state program approval will be valid for 5 years and then the program will need to reapply for another 5 years. OH also just passed a revised law that at first glance seems to indicate that only CACREP-accredited program graduates are eligible for licensure. However, closer inspection reveals that the law allows for "any other accredited counseling programs accepted by the board" (Ohio Rev. Code § 4757. 22, 2014, pp. 8-9). Unlike AZ, whether this means that the program gains preapproval is not specified. It would behoove programs, particularly those contemplating MCAC accreditation, to work with their licensing boards to ensure that the board members recognize the quality training the program's graduates receive and that the program curriculum has prepared its graduates to meet state requirements for professional counselor licensure.

When a graduate's application to sit for licensure is accepted by a licensing board, the applicant must pass a licensing examination and vow that he or she will adhere to specific ethical standards. Most states require that applicants take the NCE or the NCMHCE. The content covered in the NCE parallels the content covered in the eight CACREP core content areas. If MCAC programs want their students to obtain state licensure as professional counselors, they, too, must cover this core counseling content in their curriculum. In addition, programs should ensure that students are familiar with the ethical codes of the ACA and perhaps the NBCC, which is the organization that controls the NCE. Although these ethical standards are similar to those of APA, differences exist and students need to understand and abide by the ethical code designated by their state law once they are licensed.

It is important to note the limitations and challenges that arose when comparing MCAC accreditation standards with licensure requirements for the 50 states and DC. State licensure laws are dynamic. Even though the statutes

were examined at multiple time points, the most current online version had to serve as the data source. Therefore, the most recent versions may not have been captured, especially in states where their licensing laws are going through the sunset process or being modified. For some states, the statutes and/or rules and regulations were difficult, if not impossible, to find. Indeed, we failed to obtain complete data for DE. There were also difficulties in interpreting MCAC standards, particularly related to practicum/internship. Finally, the coders were all part of the same doctoral program, which might have influenced shared interpretations of state statutes and MCAC guidelines.

As a result of the content analysis, the question about whether MCAC aligns with state standards can be answered affirmatively, with the caveat that master's-level programs must consider unique aspects of their state licensure laws when designing their programs. Specifically, MCAC does not require a 60-credit degree, which is becoming the licensing norm nationally. It should be noted, however, that MCAC only presents what should be minimally required. It is a program faculty's responsibility to design a master's program that is rigorous and meets state licensure requirements.

Program faculty also have a responsibility to become advocates not only for their program but also for their students at multiple levels. Because so many state licensure statutes require CACREP accreditation or its equivalent, not only program faculty in MCAC-accredited programs but also all counseling psychology faculty need to advocate actively for the recognition of MCAC accreditation with their state legislators and licensing board members. As noted earlier, at the 2011 national meeting of the AASCB, which was hosted by NBCC, CACREP strongly advocated for state licensure boards to recognize it as the only accreditation body for programs training professional counselors (CACREP.org). No one representing counseling psychology was even present at this meeting. This lack of involvement is unacceptable. Counseling psychologists must become more active—not only at the program level through MCAC accreditation and at the state level through licensing laws, but also at the national level. For example, Veterans Administration standards currently require counselors to have a CACREP-accredited degree (Barstow & Holt, 2010), and TRICARE mandates practitioners be certified mental health counselors with a master's degree from CACREP or a regionally accredited program and having passed the NCMHCE. That very small window of "regionally accredited program" opens the way for MCAC-accredited program graduates. For MCAC to be a viable alternative, however, it needs to be actively and vigorously supported by the counseling psychologists who are its creators and teachers so that its graduates are recognized as well-qualified, licensable professional counselors.

Counseling psychology is facing a David and Goliath situation. If one remembers this story, through his virtues, David was able to triumph. MCAC, like David, is taking on a giant, and the survival of master's-level counselor education offered by counseling psychology may well depend on MCAC's viability. MCAC will be a viable alternative to CACREP accreditation if its graduates are eligible for licensure as professional counselors. To make this happen, programs must heed not only the MCAC standards but also their unique state requirements as specified in state licensure laws, rules, and regulations.

### Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

### Note

1. Ala. Admin. Code. § 255-X-3-.01, 2012; Alaska Admin. Code. tit. 8 § 12 AAC 62 *et seq.*, 2011; Alaska Stat. §§ 82.29.100-82.29.140, 2011; Ariz. Admin. Code R4-6-501 *et seq.*, 2004; Ariz. Rev. Stat. § 32-3301 *et seq.*, 2010; Ark. Code Ann § 17-27-101 *et seq.*, 2011; Cal. Code Regs. tit. 16, § 4999.33 *et seq.*, 2014; Colo. Rev. Stat. § 12-43-601 *et seq.*, 2011; Conn. Gen. Stat. § 20-195aa *et seq.*, 2012; Del. Code tit. 24, § 3030 *et seq.*; D.C. Mun. Regs. tit. 17, § 6602.2 *et seq.*, 2008; Fla. Admin. Code r. 64B4-3.001 *et seq.*; Fla. Stat. § 491.002 *et seq.*, 2013; Ga. Code Ann. § 135-3-.01 *et seq.*; Haw. Rev. Stat. § 453D:1-14; Idaho Admin. Code r. 24.15.01; 225 Ill. Comp. Stat. § 107/1-170; Ill. Admin. Code tit 68, pt. 1375, 2011; Ind. Admin. Code tit. 839, r. 1-5-1, 2012; Ind. Code § 25-23.6, 2012; Iowa Admin. Code r. 645-31.1 *et seq.*, 2011; Kan. Stat. Ann. § 65-5801 *et seq.*, 2007; Kan. Admin. Regs § 102.3.1 *et seq.*, 2009; Ky. Rev. Stat. Ann. § 355.525, 2012; 201 Ky. Admin. Regs. 36:040 *et seq.*, 2012; La. Admin. Code tit. 46, §§ 101-4720, 2013; Code Me. R. 02 514 2, 2009; Md. Code Ann., § 17-304 *et seq.*; Mass. Gen. Laws ch. 112, § 165, 2011; Mich. Admin. Code R. 338.1751 *et seq.*, 2010; Minn. Stat. Ann. § 148B.5301 *et seq.*, 2011; Code Miss. R. 30-2201-01, 2011; Miss. Code Ann. § 73-30-9 *et seq.*, 2008; Mo. Code Regs. Tit. 20, § 2095-2.005 *et seq.*, 2009; Mont. Code Ann. § 24.219.604 *et seq.*, 2009; Neb. Rev. Stat. § 38-2101 *et seq.*, 2008; Nev. Admin. Code § 641A.035 *et seq.*, 2012; N.H. Code Admin. R. Mhp 302.16 *et seq.*, 2010; N.J. Admin. Code § 13:34-10.1 *et seq.*, 2011; N.M. Admin. Code § 16.27.18.1 *et seq.*; N.Y. S.E.D. § 8400 *et seq.*, 2010; N.C. Gen Stat §90.24.329 *et seq.*; 21 N. C. Admin. Code 53.0101, 2010; N.D. Admin. Code 97-02-01, 2006; N.D. Cent. Code § 97-02-01-02; Ohio Rev. Code

§ 4757. 22, 2014; Okla. Admin. Code § 310: 405-9-1 *et seq.*, 2008; Or. Admin. R. 833-060-0042, 2012; 49 Pa. Code § 49.2 *et seq.*, 2010; Code R.I. R5-63.2-MHC/MFT, 2008; S.C. Code Ann. § 40-75-05 *et seq.*; S.C. Code Regs. 36-05; S.D. Codified Laws § 36-32-42, 1995; Admin. R. S.D. 20:68:03:02, 1998; Tenn. Comp. R. & Regs. 0450-01-.04, 2009; Tex. Occ. Code § 503.302 *et seq.*; Tex. Admin. Code tit 22. § 681.41 *et seq.*, 2013; Utah Admin. Code r. 156-60c-302a *et seq.*, 2011; Code Vt. R. 3.1 *et seq.*, 2006; 18 VA Admin. Code 115-20-51, 2011; Wash. Admin. Code 246-809-120 *et seq.*, 2011; W. Va. Code § 27-1-6 *et seq.*; Wis. Admin. Code Safety and Prof. Serv. § 11.01 *et seq.*, 2012; Wis. Stat. § 457.01 *et seq.*, 2012; Code of Wyoming Rules, 2012; Wyo. Stat. §33-38-101 *et seq.*, 2012.

## References

- 18 VA Admin. Code 115-20-51 (2011).
- 21 N. C. Admin. Code 53.0101 (2010).
- 49 Pa. Code § 49.2 *et seq.* (2010).
- 201 Ky. Admin. Regs. 36:040 *et seq.* (2012).
- 225 Ill. Comp. Stat. § 107/1-170.
- Admin. R. S.D. 20:68:03:02 (1998).
- Ala. Admin. Code. § 255-X-3-.01 (2012).
- Alaska Admin. Code. tit. 8 § 12 AAC 62 *et seq.* (2011).
- Alaska Stat. §§ 82.29.100-82.29.140 (2011).
- American Counseling Association. (2010). *Licensure/Certifications by States and DC*. Retrieved from [http://www.counseling.org/docs/licensure/72903\\_excerpt\\_for\\_web.pdf](http://www.counseling.org/docs/licensure/72903_excerpt_for_web.pdf)
- American Counseling Association. (2012). *Licensure requirements for professional counselors: A state-by-state report*. Alexandria, VA: Office of Professional Affairs, American Counseling Association.
- American Counseling Association. (2014). 2014 ACA code of ethics: As approved by the ACA governing council. Retrieved from <http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4>
- Ariz. Admin. Code R4-6-501 *et seq.* (2004).
- Ariz. Rev. Stat. § 32-3301 *et seq.* (2010).
- Ark. Code Ann § 17-27-101 *et seq.* (2011).
- Barstow, S., & Holt, D. (2010). Washington update: Veterans Affairs establishes new counselor position standards. *Counseling Today*, 53(6), 10.
- Cal. Code Regs. tit. 16, § 4999.33 *et seq.* (2014).
- Cashwell, C. S., Ritchie, M. H., Rapisarda, C., & Bobby, C. (2009). *AASCB and CACREP: Partners in professionalism and protection*. Retrieved from [http://www.aascb.org/aws/AASCB/asset\\_manager/get\\_file/37436/cacrep\\_update.pdf](http://www.aascb.org/aws/AASCB/asset_manager/get_file/37436/cacrep_update.pdf)
- Code Me. R. 02 514 2 (2009).
- Code Miss. R. 30-2201-01 (2011).
- Code of Wyoming Rules, Mental Health Professions Licensing Board, Rules and Regulations, ch. 11 § 1 *et seq.* (2012).

- Code R.I. R5-63.2-MHC/MFT (2008).
- Code Vt. R. 3.1 *et seq.* (2006).
- Colo. Rev. Stat. § 12-43-601 *et seq.* (2011).
- Conn. Gen. Stat. § 20-195aa *et seq.* (2012).
- Council for Accreditation of Counseling and Related Education Programs. (2009). *Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2009 Standards*. Retrieved from <http://www.cacrep.org/wp-content/uploads/2013/12/2009-Standards.pdf>
- Council for Accreditation of Counseling and Related Education Programs. (2012). *Council for the Accreditation of Counseling and Related Educational Programs (CACREP) 2012 Annual Review*. Retrieved from <http://www.cacrep.org/wp-content/uploads/2013/05/CACREP-2012-Annual-Report.pdf>
- Council for Accreditation of Counseling and Related Education Programs. (2013a). *About CACREP: A brief history*. Retrieved from <http://cacrep.org/index.cfm/about-cacrep>
- Council for Accreditation of Counseling and Related Education Programs. (2015). *Directory*. Retrieved from <http://www.cacrep.org/directory/>
- Council for Accreditation of Counseling and Related Education Programs. (2016). *Draft #2 of the 2016 CACREP Standards*. Retrieved from <http://www.cacrep.org/wp-content/uploads/2012/07/2016-Standards-Draft-2.pdf>
- Council of Counseling Psychology Training Programs. (2014, March). *Business meeting, APA annual meeting* [Meeting minutes]. Meeting presented at the Counseling Psychology Conference, Counseling Psychology in Action: Future Opportunities and Challenges, Atlanta, GA.
- Del. Code tit. 24, § 3030 *et seq.*
- D.C. Mun. Regs. tit. 17, § 6602.2 *et seq.* (2008).
- Douce, L., Goodyear, R. (Chair), Lichtenberg, J., McPherson, B., & Shullman, S. (2001). Division 17 master's issue special task group final report. Report submitted to the Division 17 (Counseling Psychology) Executive Board.
- Downe-Wamboldt, B. (1992). Content analysis: Method, applications, and issues. *Health Care for Women International, 13*, 313-321. doi:10.1080/07399339209516006
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*, 107-115. doi:10.1111/j1365-2648.2007.04569.x
- Fla. Admin. Code r. 64B4-3.001 *et seq.*
- Fla. Stat. § 491.002 *et seq.* (2013).
- Ga. Code Ann. § 135-3-.01 *et seq.*
- Haw. Rev. Stat. § 453D:1-14.
- Heesacker, M. (2014, March 12). Re: CACREP threat—Please consider for CCPTP Business [Electronic mailing list message]. Retrieved from [CCPTP@LSV.UKY.EDU](mailto:CCPTP@LSV.UKY.EDU)
- Idaho Admin. Code r. 24.15.01.
- Ill. Admin. Code tit 68, pt. 1375. (2011).
- Ind. Admin. Code tit. 839, r. 1-5-1. (2012).
- Ind. Code § 25-23.6 (2012).
- Iowa Admin. Code r. 645-31.1 *et seq.* (2011).



- Jackson, M. A., & Scheel, M. J. (2013). Quality of master's education: A concern for counseling psychology? *The Counseling Psychologist, 41*, 669-699. doi:10.1177/0011000011434544
- Kan. Admin. Regs § 102.3.1 *et seq.* (2009).
- Kan. Stat. Ann. § 65-5801 *et seq.* (2007).
- Krippendorff, K. (1989). Content analysis. *International Encyclopedia of Communications, 1*, 403-407. Retrieved from [http://repository.upenn.edu/asc\\_papers/226](http://repository.upenn.edu/asc_papers/226)
- Ky. Rev. Stat. Ann. § 355.525 (2012).
- La. Admin. Code tit. 46, §§ 101-4720 (2013).
- Master's in Psychology and Counseling Accreditation Council. (2014). *Accreditation manual*. Retrieved from <http://www.mpcacaccreditation.org/about/accreditation-manual/>
- McPherson, R. H., Pisecco, S., Elman, N. S., Crosbie-Burnett, M., & Sayger, T. V. (2000). Counseling psychology's ambivalent relationship with master's level training. *The Counseling Psychologist, 28*, 687-700.
- Md. Code Ann., § 17-304 *et seq.*
- Mass. Gen. Laws ch. 112, § 165 (2011).
- Mich. Admin. Code R. 338.1751 *et seq.* (2010).
- Minn. Stat. Ann. § 148B.5301 *et seq.* (2011).
- Miss. Code Ann. § 73-30-9 *et seq.* (2008).
- Mo. Code Regs. tit. 20, § 2095-2.005 *et seq.* (2009).
- Mont. Code Ann. § 24.219.604 *et seq.* (2009).
- National Board for Certified Counselors. (2012). Code of ethics. Retrieved from <http://www.nbcc.org/assets/ethics/nbcccodeofethics.pdf>
- Neb. Rev. Stat. § 38-2101 *et seq.* (2008).
- Nev. Admin. Code § 641A.035 *et seq.* (2012).
- N.H. Code Admin. R. Mhp 302.16 *et seq.* (2010).
- N.J. Admin. Code § 13:34-10.1 *et seq.* (2011).
- N.M. Admin. Code § 16.27.18.1 *et seq.*
- N.Y. S.E.D. § 8400 *et seq.* (2010).
- N.C. Gen Stat §90.24.329 *et seq.*
- N.D. Admin. Code 97-02-01 (2006).
- N.D. Cent. Code § 97-02-01-02.
- Ohio Rev. Code § 4757. 22 (2014).
- Okla. Admin. Code § 310: 405-9-1 *et seq.* (2008).
- Or. Admin. R. 833-060-0042 (2012).
- Palmer, L. K. (2013). Legitimizing and reclaiming master's training and education in counseling psychology: An urgent concern. *The Counseling Psychologist, 41*, 700-709. doi:10.1177/0011000012473164
- S.C. Code Ann. § 40-75-05 *et seq.*
- S.C. Code Regs. 36-05.
- S.D. Codified Laws § 36-32-42 (1995).
- Senate Bill 1374, Ariz. State Ann. § 242-1-29 (2013).

- Stemler, S. (2001). An overview of content analysis. *Practical Assessment, Research & Evaluation*, 7(17). Retrieved from <http://pareonline.net/getvn.asp?v=7&n=17>
- Tenn. Comp. R. & Regs. 0450-01-.04 (2009).
- Tex. Admin. Code tit 22. § 681.41 *et seq.* (2013).
- Tex. Occ. Code § 503.302 *et seq.*
- Utah Admin. Code r. 156-60c-302a *et seq.* (2011).
- Wash. Admin. Code 246-809-120 *et seq.* (2011).
- W. Va. Code § 27-1-6 *et seq.*
- White, M. D., & Marsh, E. (2006). Content analysis: A flexible approach. *Library Trends*, 55, 22-45. doi:10.1353/lib.2006.0053
- Wis. Admin. Code Safety and Prof. Serv. § 11.01 *et seq.* (2012).
- Wis. Stat. § 457.01 *et seq.* (2012).
- Woods, P. J. (1971). A history of APA's concern with the master's degree: Or "Discharged with thanks." *American Psychologist*, 26, 696-707.
- Wyo. Stat. §33-38-101 *et seq.* (2012).

## Author Biographies

**Sharon E. Robinson Kurpius**, PhD, NCC, is the director of clinical training for the APA-accredited counseling psychology doctoral program at Arizona State University and a faculty member of the CACREP-accredited master's program in clinical mental health counseling. She teaches coursework and conducts research on topics related to professional issues and ethics, at-risk youth, health and wellness, and academic success of racial/ethnic minority students.

**Maureen K. Keaveny**, MA, is an advanced doctoral student in the counseling psychology program at Arizona State University. She holds a bachelor's degree in history from Arizona State University, a master's degree in communication studies from the University of Nebraska-Lincoln, and a master's degree in counselor education from Arizona State University. Her research interests include issues related to older adults and the aging process, well-being across the lifespan, and training competencies.

**Charlene S. Kim**, MA, is a doctoral student in counseling psychology at Arizona State University. She holds a bachelor's degree in sociology from the University of Maryland and a master's degree in counseling psychology from Towson University. Her research interests are rooted in her passion for social justice advocacy related to multiculturalism, vocational development, well-being, and gender. She is interested in applying her research interests to deepen the understanding of psychological concerns, particularly as they relate to adults.

**Kelsey J. Walsh**, MC, LAC, NCC, earned her master's degree in clinical mental health counseling from a CACREP-accredited program and is currently a doctoral student in counseling psychology at Arizona State University. She holds a bachelor's degree in both psychology and Italian studies from Emory University. Her research interests include the influence of relationships (e.g., parent-child dyads) on well-being, how individuals experience and cope with stress, and the academic success of undergraduates.