

MASTER'S IN PSYCHOLOGY AND COUNSELING ACCREDITATION COUNCIL  
(MPCAC)

ACCREDITATION MANUAL

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## TABLE OF CONTENTS

Foreword.....	3
Section I.	
Mission Statement.....	4
Function and Structure.....	4
General Policies.....	6
Revision of MPCAC Standards.....	7
Financial Support of Accreditation.....	8
Section II.	
Overview of the MPCAC Accreditation Process.....	9
Initial Accreditation Process.....	9
Program Evaluation.....	9
Site Visit.....	11
Accreditation Decisions.....	12
Maintenance of Accredited Status.....	14
The Interim Report.....	14
The Continuation Report.....	15
Data Reporting.....	15
Adding a Program Mid-Cycle.....	15
Re-Accreditation.....	16
Publication of Accreditation Status and Confidentiality.....	16
Section III.	
Accreditation Standards.....	17
Program Mission and Objectives.....	17
Program Orientation and Core Curriculum.....	17
Research and Clinical Instruction.....	22
The Institution.....	22
Faculty and Staff.....	23
Program Organization and Administration.....	23
Evaluations in the Program.....	25
Glossary.....	26

## FOREWORD

The Master's in Psychology and Counseling Accreditation Council (MPCAC) Accreditation Manual is intended to present the process and procedures involved in seeking and obtaining accreditation for psychology and counseling master's programs in the United States. As such it is a valuable guide for the development of the self-study that is a fundamental part of the process of seeking accreditation from MPCAC.

The manual is divided into three parts. Part I explains the scope, mission, function, structure, general policies, standards revision process, and financial support of MPCAC; Part II is a delineation of the MPCAC accreditation process and requirements for maintenance of accreditation status; Part III contains the MPCAC Accreditation Standards.

## **SECTION I**

### **SCOPE**

MPCAC accredits counseling and psychology master's programs, located in regionally accredited colleges and universities in the United States, that educate students in the science-based practice of counseling and psychological services.

### **MISSION STATEMENT**

The mission of the MPCAC is to accredit academic programs that provide science-based education and training in the practice of counseling and psychological services at the master's level, using both counseling and psychological principles and theories as they apply to specific populations and settings. Although programs may vary in the specific model of training and professional development utilized, commitment to science-based education is emphasized in the interest of providing services that are culturally responsive and that promote the public good.

MPCAC objectives are as follows:

- To promote master's level preparation in the practice of scientifically-based, culturally responsive counseling and psychological services that promote the public interest of all people.
- To promote the integration of science and practice as a goal for practitioners working in the areas of counseling and psychological services.
- To encourage academic programs to conduct continuing review, evaluation, and improvement of their education and training, utilizing measurable outcome criteria.
- To encourage flexibility through experimentation and innovation in the design and implementation of training programs.
- To cooperate with other agencies and organizations in promoting education and training in the practice of master's level counseling and psychological services.
- To provide accreditation for training programs in counseling and psychological services which can be viewed by professional and regulatory bodies, as well as the public, as an indicator of quality preparation.

### **FUNCTION AND STRUCTURE**

#### **FUNCTION**

The governing members of MPCAC (hereafter referred to as the Council) award accreditation to applicant programs and develop overall policies and procedures as needed. The Council is responsible for monitoring the application of standards for accreditation and for approving any changes in standards. The Council has responsibility for all financial aspects of MPCAC including collecting funds, developing a budget, and establishing fees.

## **STRUCTURE**

The Council consists of eleven voting members. One of these members shall be a public member and at least two members shall be individuals with a terminal master's degree or a master's level license. The Council also includes the Executive Director who serves as a non-voting member except in the case of a tie vote. A second non-voting member is the Past MPCAC Chair in the first year following completion of term as Chair.

Membership on the Council should reflect the diversity of accredited programs. All members serve a maximum of three (3) three-year terms. Individuals may serve again after a lapse of a full three-year term. The Council selects members with input from the Nominating Committee. Terms begin on July 1 of each year. In the event of a vacancy mid-term, the Council Chair will appoint a replacement to serve until the end of the vacated term. This appointment will not be counted toward the three-term maximum.<sup>1</sup>

A quorum shall be required for all voting matters of the Council. A quorum is defined as greater than half of the voting membership of the Council. To promote the deliberative process, proxy votes are not permitted.

The Executive Committee analyzes policies and procedures, conducts special projects, and develops proposals for the Council's consideration.

The Nomination Committee oversees the annual selection of Council members. Nominations shall be solicited from accredited programs, then vetted and ranked by the Nomination Committee.

The Council elects five officers: Chair, Secretary, Treasurer, Associate Chair for Accreditation, and Associate Chair for Information Management. Each officer serves two-year terms, for a maximum of four terms. Officers are elected during the annual meeting.

The Council Chair has all the powers and performs all duties commonly incident to and vested in the office of a president of a corporation. The Chair serves as Chief Executive Officer and has the responsibility for the supervision of all the business of the Council. The Chair convenes the annual meeting (and other meetings, as necessary), prepares the agenda for all Council meetings and has one vote in all matters decided by vote, appoints standing or special committees, subcommittees, and divisions as may be required for the work of the Council. The Chair sits on the Executive Committee and is a member of the Nomination Committee.

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<sup>1</sup> To establish initial Council membership under this structure, members will be elected to staggered terms. In the first year of operation, four (4) will be named to a three (3) year term, four (4) will be named to a two (2) year term, and three (3) will be named to a one (1) year term. All will be considered to be in their first term of service.

The Secretary of the Council performs all duties commonly incident to and vested in an office of the secretary of a corporation, including but not limited to the taking and distributing of true minutes of the proceedings of all meetings. The Secretary is a member of the Nomination Committee.

The Treasurer is responsible for budget preparation and monitoring of income and expenditures. The Treasurer shall submit a budget to the Council for its review and approval at the annual meeting. The Treasurer, through the Executive Director, is responsible for attending to all financial matters. Additionally, the Treasurer shall ensure that the Executive Director prepares financial statements showing the financial condition (balance sheet) and results of operations (income statement) providing actual results to budgeted amounts. The Treasurer is a member of the Nomination Committee.

The Associate Chair for Accreditation oversees the accreditation review process by proposing Accreditation Review Committee (ARC) members, and ensuring the work of each ARC is completed in a timely manner. The Associate Chair for Accreditation sits on the Executive Committee and is a member of the Nomination Committee.

The Associate Chair for Information Management is responsible for maintaining internal and external information systems such as website, manual, and by-laws. The Associate Chair for Information Management sits on the Executive Committee and is a member of the Nomination Committee.

The Past Chair serves on the Executive Committee and the Nomination Committee during the first year following the end of the term as Chair.

The Executive Director is responsible for the implementation of the work of the Council, including assisting the Treasurer with the development and management of the budget, monitoring and tracking the work of MPCAC, and supervising all staff. The Executive Director shall provide an annual report with appropriate dissemination. The role of the Executive Director may include other tasks and responsibilities as necessary and appropriate. The Executive Director has responsibility for notifying and assisting accredited programs to maintain and/or renew their accreditation status; and, with the Treasurer, authorizing MPCAC expenditures. The Executive Director is nominated and appointed by the Council and shall receive appropriate compensation. The Executive Director conducts the Executive Committee meetings and chairs the Nomination Committee.

## **GENERAL POLICIES**

The following general policies guide the work of MPCAC:

1. The Accreditation Standards (see Section III) are used as criteria for evaluation by the Accreditation Review Committee (ARC) and the Council.
2. The accreditation process is not to be used as an attempt to control the number of practitioners in the profession or those in preparation programs on the basis of

predetermined limits relating to supply and demand.

3. MPCAC accreditation is not intended to limit responsible experimentation and innovation within training programs. MPCAC acknowledges a healthy variety in achieving excellence; homogeneity of accredited programs (adhering to particular theoretical positions or methods, etc.) is not a MPCAC objective. MPCAC acknowledges that programs have the ability to organize themselves structurally and decide the best use of their resources to attain their programmatic goals.
4. An applicant program may withdraw the application for accreditation at any time prior to final action.
5. A program may withdraw from any status of accreditation at any time by forwarding such notice in writing to MPCAC.
6. Programs accredited by MPCAC must display integrity and responsibility when publicizing their accreditation status. Programs are required to provide information about their accredited status to the public.
7. Programs not reviewed by the Council, even within the same institutional department, should not be represented as accredited. Statements suggesting future accreditation of programs when MPCAC has not made such decisions are not permissible. All reports developed by the ARC will remain confidential, with details released only to the institution and program involved, except in the event that disclosure of the report is legally required.
8. A program is permitted no more than ten (10) years of accreditation per review. MPCAC may grant a one-year extension under exceptional circumstances.
10. MPCAC will maintain a listing of accredited programs that is available to the public.
11. A meeting of accredited programs will be held every three (3) years.

### **REVISION OF MPCAC STANDARDS**

To ensure the public interest is being served, MPCAC will conduct a systematic, comprehensive review of its standards every seven years, at a minimum. During this interval an open meeting of representatives from accredited programs will be held to review the existing standards and propose revisions. The Executive Director will notify all MPCAC-accredited programs and other interested parties of proposed changes. To obtain input, proposed standards changes will be posted on the MPCAC website for public comment for a minimum of 30 days. Council members will review and respond to public comments before enacting standards changes.

Any changes in standards must be submitted to the Council for approval. All such changes must be approved by a positive vote of at least 71% (at least eight of eleven) of the members of the Council.

A reasonable timetable will be provided for accredited programs and those under review to respond and/or make program changes to meet any alteration in the Accreditation Standards.

## **FINANCIAL SUPPORT OF ACCREDITATION**

Programs' application and annual fees financially support MPCAC activities. Fees are set by the Council periodically to ensure adequate support for the projected budget. Information on [current fees](#) is available on the MPCAC website. There is no compensation for Council members or site visitors for their work on behalf of accreditation. The program seeking accreditation will cover all site visitor travel expenses. Any reimbursement of expenses shall be received by site visitors before the institution is notified of the accreditation decision.

Application fees are non-refundable and are due when the self-study document is submitted to MPCAC. Each degree program of an institution pays the full application fee. If a degree program has less than 50% overlap in courses with another degree program within the same institution, it is considered an additional degree program.

The Executive Director shall recommend to MPCAC that probationary accreditation status be imposed if a program fails to pay yearly dues within six (6) months of due date. A recommendation for suspension of accreditation will be sent to MPCAC if a program fails to submit payment within twelve (12) months of due date. To have accreditation reinstated due to lack of payment, [the program must pay all dues in arrears and a penalty for each delinquent year](#). Programs may appeal these actions according to normal procedures.

Notice of due date for yearly dues will be sent by the Executive Director three (3) months prior to due date.



## SECTION II

### OVERVIEW OF THE MPCAC ACCREDITATION PROCESS

Accreditation is a voluntary process of evaluation of the program by itself and by others. The self-evaluation process entails an assessment of the program's resources, objectives, strengths, and limitations. The ultimate purpose of this aspect of the evaluation process is to improve the educational effectiveness of the program by those individuals responsible for the program's operations. Evaluation by others involves a review of the self-study document against a set of established standards using program assessment procedures.

The MPCAC accreditation process entails the assessment of a program's ability to meet standards established by the profession and adopted by Council. This process involves: 1) submission of a programmatic self-study documenting the program's compliance with the standards, 2) review and confirmation of the submitted documentation by site visitors via an on-site visit, 3) decisions of the Council based upon the written self-study documentation, Accreditation Review Committee (ARC) reports, institutional corrections to the ARC report, and 4) submission of interim or continuation reports as required by MPCAC to provide for periodic review of a program's compliance with specified standards.

To ensure that the integrity of this accreditation process is maintained and that this process remains an effective catalyst for continuous growth and educational quality, the application process must be based on clearly and accurately stated documentation of the program's operation. The self-study narrative and accompanying materials must accurately represent the program and not claim or imply resources, objectives, strengths, or limitations that exceed the program's level of operations. If intentional misrepresentation is found to have occurred, the Council reserves the right to withhold or rescind accreditation.

### INITIAL ACCREDITATION PROCESS

#### STAGE 1: PROGRAM EVALUATION

##### *A. Eligibility Requirements (Pre-Application)*

The program faculty should compare their program against the following Accreditation Eligibility Requirements and submit the [Pre-Application form](#) to the Executive Director. If the Executive Director determines that the program meets these eligibility requirements, the pre-application will be approved and will be valid for a period of two (2) years. The Executive Director will send the program notice six (6) months prior to the expiration of the eligibility period.

1. The academic unit is identifiable as educating counseling and psychological service practitioners and supported by an educational institution accredited by a regional accrediting body.
2. The academic unit must have students currently enrolled, and at least four graduates over the previous two years in each program area for which accreditation is sought.
3. The program must comprise a minimum of 48 semester credit hours or the equivalent.

**B. *Program Self-Study***

1. A self-study shall be conducted to determine if the program meets or exceeds the Accreditation Standards as described in Section III. Evaluation shall include a review of the program's goals and objectives, resources, evaluation methods, program outcome measures, and plans for continuous improvements. This process shall include representatives of the faculty, students, graduates, supervisors, administrators, and employers.
2. The self-study shall result in a detailed report that clearly documents the program's compliance with the Accreditation Standards. Institutions are permitted to hire independent external advisors to review the self-study report, to visit the institution, and/or provide feedback regarding compliance with the standards.
3. It is the responsibility of each training program to provide sufficient evidence of quality, science-based training and demonstration of student competence in each area. Each program must provide student outcome data and demonstrate students' readiness to work with the public.

**C. *Submission of Application Materials***

1. The program must submit the appropriate application fee(s) prior to the commencement of program review. Application fees are not refundable.
2. The program shall submit electronically the self-study and supporting documents per instructions of the MPCAC Executive Director.
3. The self-study must bear the signature of the institution's President or CEO, or his or her designee, to verify the institution's commitment to the accreditation review.
4. The Executive Director is responsible to ensure that the Associate Chair for Accreditation is notified that application materials have been received and are available for review.

**D. Formation of Accreditation Review Committee (ARC)**

1. Upon receipt of the application materials and fees, the Associate Chair for Accreditation will propose three (3) ARC members. The selection of ARC members will be based on availability, willingness, and lack of conflict of interest. The Associate Chair for Accreditation will send the list of proposed ARC members to the program for review and approval.
2. One of the ARC members will be selected as Chair and at least two ARC members will be designated as site visitors (the ARC chair may serve as a site visitor). Departments with more than one program seeking accreditation may require at least one additional site visitor.
3. The Executive Director will make the self-study documents available to the ARC.
4. The ARC will review the materials for completeness and may ask for additional information within sixty (60) days from date of access to materials.
5. When the ARC receives any additional information requested or deems the self-study sufficient, the program and site visitors shall provide a range of acceptable visitation dates. The Chair of the ARC will help to coordinate arrangements for the visit.
6. At least thirty (30) days prior to the scheduled visit, the program will submit to the ARC Chair a draft detailed schedule of site visit activities. The ARC may request changes to the schedule.

**STAGE 2: SITE VISIT**

**A. Site Visit**

1. The site visitors will meet with faculty, administrative officers, students, graduates, off-site supervisors and others deemed related to the program.
2. Before leaving, the site visitors will present an oral exit report that conveys general impressions of program strengths and weaknesses. The visitors will not convey specific recommendations concerning accreditation status during this oral report, as this is determined by the Council.
3. Site visitor expenses are paid by the institution seeking accreditation and must be received prior to the notification of the program of the awarding of accreditation.

**B. Site Visit Report**

1. Site visitors shall provide a written draft of a final report that represents a consensus of the visitors' views. The report shall contain analysis of the program's compliance with Accreditation Standards and may contain other observations or recommendations.
2. The site visitors' draft report shall be forwarded to the Chair of the ARC within thirty (30) days of the conclusion of the site visit.
3. The Chair of the ARC shall send a copy of the draft of the site visitors' report to the program. The program shall have the opportunity to correct any errors of fact by responding to the Chair of the ARC within thirty (30) days.
4. If agreement on errors of fact between the site visitors and the program representative cannot be reached within sixty (60) days, the Chair of the ARC will consult the Associate Chair for Accreditation concerning the discrepancies. If the discrepancies are perceived to be vital to the granting of accredited status, the Associate Chair for Accreditation may appoint another Council member as a mediator between the ARC and the program representative, or may decide to arrange another site visit.

### **STAGE 3: ACCREDITATION DECISIONS**

#### ***A. Accreditation Review Committee Recommendations***

In making its accreditation recommendation, the ARC will take into consideration the following data: the application, the self-study report, any pertinent correspondence from the institution, the site visitors' report, and the program's response to the visitors' report. ARC recommendations are determined by consensus; any ARC variations in those recommendations will be communicated to the Council. The ARC report will also contain suggested stipulations (actions that must be taken prior to the awarding of full 10 year accreditation) and recommendations for the program's consideration. The ARC report will be forwarded to the Associate Chair for Accreditation for placement on the next Council agenda.

#### ***B. MPCAC Council Decision***

MPCAC meets (in person, by phone or by computer conferencing) to vote on the accreditation decision. The chair of the ARC, or designee, presents the report, any stipulations, recommendations and other relevant information. No Council member will be present for deliberation on any program for which that person has a conflict of interest. All final votes are recorded in the minutes, including decisions about stipulations and other recommendations. All members of MPCAC will receive electronic copies of the ARC report prior to the meeting for their review.

**C. *Notification of the Academic Unit***

Only the MPCAC Chair is authorized to release any information regarding accreditation decisions. Accreditation decisions and actions to be taken are forwarded, in writing, to the program represented in the application.

Accompanying the decision is specific information regarding any stipulations that are attached to the accreditation and which might limit the length of the accreditation. In addition, MPCAC may provide recommendations for improvement, which are at the discretion of the program to implement. Any recommendations will be clearly identified as separate from stipulations attached to initial or continued accreditation requirements.

In the event of denial of accreditation, the report will include a specific statement of reasons for that action. The program will be informed of the right to appeal and of the deadline for filing an appeal.

**D. *Appeals Procedure***

Denial or rescinding of accreditation can be appealed to the Chair of the Council or, if the Chair is a member of the ARC responsible for review of the applicant program, to the Executive Director. A letter of intent to appeal must be submitted by the appealing program and received by the Council Chair no later than thirty (30) days after the Council's decision has been rendered and communicated to the program. All materials to be reviewed in the appeal are to be received no later than sixty (60) days following the Council's decision. The appeal process authorizes continuation of current accreditation status of the program until an appeal decision has been rendered.

A decision by the Council to deny or rescind may be appealed on the following grounds:

1. The Council's decision was not justified based on the information available at the time of the decision.
2. The Council did not follow its established procedures in rendering its decision, and this caused the decision to be unfair.
3. The decision of the Council was based on inferior, false, or incomplete information.

The Chair of the Council, or the Executive Director if required, shall appoint an Appeal Review Team (ART). The ART shall comprise three (3) reviewers selected from the roster of former MPCAC Council members or other impartial individuals who are knowledgeable about the MPCAC Accreditation Standards and processes. One shall be a representative of the public. The ART will review the self-study, the ARC report, and the corrections of factual errors from the program. The ART will conduct one meeting via conference call with the program to allow for a discourse regarding concerns about the original Council decision. The original ARC team will attend this meeting, and may

provide information regarding the original decision to the review team. If the appealing program wishes to be represented by legal counsel, it must notify MPCAC at least two (2) weeks prior to the conference call meeting. Such legal representation is allowed only in an advisory, not participatory, role. Following this meeting, the ART will make a recommendation to MPCAC and that recommendation will be voted upon. That vote will be the final decision. This process shall occur within a ninety (90) day time frame. The applicant is responsible for any costs associated with the appeal. In all cases the burden of proof regarding the appeal rests with the program making the appeal.

## **MAINTENANCE OF ACCREDITED STATUS**

### **THE INTERIM REPORT**

Each accredited program is required to submit an Interim Report to the Executive Director during the 4<sup>th</sup> and 8<sup>th</sup> years following receipt of accreditation. The report addresses MPCAC recommendations from the most recent accreditation report or Council responses to the most recent interim or continuation report. It documents significant changes in program curriculum, staffing, instruction and so forth. It includes curriculum vitae of new faculty members, syllabi of new courses, and other supporting documentation.

The Council shall review and act on each report within sixty (60) days. The Council may accept the report as is or conduct a further investigation. In the event there are significant changes reported which may call into question a program's ability to maintain its compliance with the standards, the Council Chair will notify the program of the Council's concerns and questions, in writing, and request supplemental information. If concerns remain, following review of the supplemental information, the Council will initiate a review of the accredited status of a program and may impose stipulations to be implemented by a specific date. Failure to comply could result in suspension of accreditation status. Such action may be appealed by the program, utilizing the appeals procedures outlined above.

No Council member will be present for discussion on any program for which that person has a conflict of interest.

The Executive Director will recommend to MPCAC probationary accreditation status for programs not submitting the Interim Report within six (6) months of the due date. A recommendation for suspension of accreditation will be sent to MPCAC if a program fails to submit the Interim Report within twelve (12) months of due date. Programs may appeal these actions according to normal procedures.

Courtesy notice of Interim Report due dates will be sent to programs by the Executive Director six (6) months prior to the due date.

In addition to the regularly scheduled Interim Report, an accredited program must notify MPCAC within six (6) months of any substantive changes that might impact the quality or nature of the training. Examples of such events are significant loss in program faculty or of a faculty line, change

in Program Director or other key program staff, substantial loss of sites for supervised experience, etc. A review and response to this notice will be made following the procedures outlined for the regular Interim Report.

## **THE CONTINUATION REPORT: LESS THAN TEN-YEAR ACCREDITATION**

A program cannot be partially accredited. Programs that substantially meet the requirements, but which have minor deficiencies which must be addressed to ensure compliance with the Accreditation Standards, may be granted accreditation for a period of less than ten years.

These time periods are given to allow programs to address the deficiencies which are outlined as specific stipulations in the accreditation notification letter sent to the program's representative. Three (3) months prior to the end of the accreditation period, the program must submit an Accreditation Continuation Report that addresses, through narrative and documentation, how each stipulation has been met.

The Council will review the Accreditation Continuation Report and make one of three decisions: 1) removal of accreditation status, 2) continued accreditation for an additional period (with one or more stipulations remaining in effect), or 3) continued accreditation to the end of the initial ten year cycle with all deficiencies removed.

No Council member will be present for deliberation on any program for which that person has a conflict of interest.

Courtesy notice of Continuation Report due dates will be sent to programs by the Executive Director six (6) months prior to the expiration of accreditation.

In addition to the expected Continuation Report, an accredited program must notify MPCAC within six (6) months of any substantive changes that might impact the quality or nature of the training. Examples of such events are significant loss in program faculty or of a faculty line, change in Program Director or other key program staff, substantial loss of sites for supervised experience, etc. A review and response to this notice will be made following the procedures outlined for the regular Continuation Report.

## **DATA REPORTING**

Each year all accredited programs shall submit [program statistics](#) as required by the Council. Each program's data shall also be posted on its website. The aggregated data will be reported on the MPCAC website.

## **ADDING A PROGRAM ACCREDITATION MID-CYCLE**

Only institutions with two or more years remaining until their renewal deadlines for reapplication may apply to add new program areas. The academic unit must submit an addendum updating its materials and addressing the new program area(s).

The Accreditation Review Committee completing review of the new program area may choose to recommend waiver of the on-site visit. The remainder of the procedures will remain the same as for an initial application.

When the originally accredited program area's renewal application is due, the additional program area(s) must be reviewed as well to bring all programs into the same review cycle.

### **RE-ACCREDITATION AFTER TEN YEARS**

At least twelve (12) months prior to the expiration of its accreditation, the Executive Director will send a courtesy notification to programs of their status. Programs wishing to continue their accredited status must follow the accreditation process in effect at that time. The ensuing self-study must be received at least nine (9) months prior to the accreditation expiration date.

### **PUBLICATION OF ACCREDITATION STATUS AND CONFIDENTIALITY**

The Council regards the text of the self-study report, site visit report, institutional response, and accreditation notification letter to the program representative as confidential material. Upon request from the institution, however, this information may be made available where appropriate. Likewise the information may be disclosed only if it is legally required to do so, or as is required to maintain its status as an accrediting agency.

The Council publishes a list of its accredited programs on its website. This list includes the year of the next scheduled accreditation review. Programs that voluntarily withdraw their accreditation or programs which have their accreditation status placed on probation or rescinded by the Council will have such action published in the annual report.

MPCAC accredited programs should include notice of their program specific accreditation status on their websites and in any materials made available to the public. The following wording is appropriate:

The \_\_\_\_\_ program is accredited by the Master's in Psychology and Counseling Accreditation Council (MPCAC) for the period \_\_\_\_\_ (DATE OF INITIAL ACCREDITATION) through \_\_\_\_\_ (DATE OF ACCREDITATION EXPIRATION).



## SECTION III

All programs will be evaluated according to the **Accreditation Standards** specified in sections A-G. These standards should be dealt with in their entirety by a department's faculty undergoing a self-study in preparation for a site visit. The faculty should evaluate the program(s) against each standard as given in this Accreditation Manual.

**A list of [required documentation](#) for each standard is available on the MPCAC website. Note these are minimal expectations and programs should provide whatever documentation is needed to demonstrate compliance.**

### **A. PROGRAM MISSION AND OBJECTIVES**

1. The program must have a mission statement that guides the structure and content of the curriculum. The mission statement should reflect a commitment to practitioners who bring scholarship and reflection to their work; and an understanding of diversity in clientele, methodology, and application.
2. Coherence with the mission statement shall be reflected in each program's rationale for curriculum and graduation requirements, the epistemological perspective taught, and the systems for self-evaluation and self-improvement within each program.
3. The program's objectives shall flow from its mission statement. They should reflect current knowledge from lay and professional groups concerning the present and projected psychological and developmental needs of a multicultural society. Further, the objectives shall reflect consideration of concerns from all persons involved in the conduct of the program including program faculty, current and former students, and personnel in cooperating agencies. The objectives shall be directly related to program activities and written so that they can be evaluated objectively. Finally, each program's objectives shall promote innovation and continuous improvement that emanates from a scientific base which culminates in the application of psychological and/or counseling practice.

### **B. PROGRAM ORIENTATION AND CORE CURRICULUM**

1. The program should be identifiable as educating counseling and psychological service practitioners, using evidence-based counseling and psychological principles and theories as they apply to specific populations and settings. This is defined primarily through the coursework, field work, and disciplinary affiliations of those who teach in and administer the program.

2. The program should be the equivalent of at least two academic years of full-time study. This would normally include a *minimum* of 48 semester hours, or the equivalent quarter hours, which must include the supervised experience described in #3 below.

3. The program must include significant supervised experiences, a *minimum* of 600 hours across at least two semesters. At least 240 of the supervised experiences should be direct contact hours. Supervisors must be appropriately credentialed (commensurate with program goals and relevant state requirements). Faculty supervisor to student ratio must allow for sufficient oversight and therefore should generally be about 1:8.

4. The coursework in the program should emphasize the scientist-practitioner model, which includes the use of current scholarly and research literature to inform practice. The aim is to produce graduates who are scientifically-minded and who remain current in their fields, translating current scholarship and multicultural/diversity knowledge and awareness into practice. The program must reflect a commitment to recognizing varying degrees of applicability of such knowledge and skills to specific populations and settings.

5. The program must demonstrate evidence of students' professional competence, in the standards described A to K below. Competence must be gained by completion of the program through academic and applied experiences.

A. Professional identity; and ethical and professional standards

1. *Ethical/Legal Standards and Policy*: Demonstrates knowledge and application of ethical concepts, and awareness of legal issues regarding professional activities with individuals, groups, and organizations

a. Knowledge of ethical, legal and professional standards and guidelines: Demonstrates knowledge and understanding of relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations

b. Awareness and application of ethical decision making: Recognizes situations that challenge adherence to professional values and demonstrates the application of an ethical decision-making model by applying it to ethical dilemmas

c. Ethical Conduct: Demonstrates integration of ethical values in professional conduct

2. *Professional Values and Attitudes*: Exhibits behavior and comportment that reflect the values and attitudes of counseling and psychology

a. Evidences adherence to professional values throughout professional work

b. Demonstrates understanding of counseling and psychological practice as an applied behavioral science

- c. Maintains professionally appropriate communication and conduct across different settings
- d. Demonstrates personal accountability and accepts responsibility for own actions
- e. Demonstrates concern for the welfare of others
- f. Displays an appropriately defined professional identity

B. Evidence-based theories and practice of counseling and psychotherapy

1. *Knowledge*: Demonstrates knowledge of individual and group theories of counseling and psychotherapy consistent with program orientation and goals
2. *Relationships*: Relates effectively with individuals, groups, and communities
  - a. Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and professionals from within and across disciplines
  - b. Negotiates differences and handles conflict satisfactorily
  - c. Provides effective feedback to others, receives feedback non-defensively, and integrates feedback appropriately
  - d. Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language
3. *Intervention*: Applies evidence-based intervention and prevention strategies designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations (e.g., career, group, family, and/or systems-level interventions)
  - a. Formulates and conceptualizes cases; plans and implements interventions utilizing at least one consistent theoretical orientation
  - b. Displays skills in developing the therapeutic alliance
  - c. Evaluates intervention progress and modifies intervention or prevention strategies on the basis of evaluation of clients' or groups' progress and/or client feedback

C. Multiculturalism and diversity

Demonstrates knowledge, self-awareness, and skills in working with individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics

1. *Knowledge and Self-Awareness:*

- a. Demonstrates knowledge and awareness of self, as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context.
- b. Demonstrates knowledge and awareness of others, as shaped by individual and cultural diversity and context.

2. *Skills:* Applies knowledge of self and others as cultural beings in assessment, treatment, consultation, and all other professional interactions; is able to work effectively with diverse individuals in assessment, treatment, and consultation.

D. Theories of psychopathology and relevant classification systems

1. *Knowledge:*

- a. Demonstrates knowledge of theories of psychopathology, including but not limited to, biological and sociocultural theories
- b. Demonstrates knowledge of classification systems of behavior and limitations of those systems

2. *Skills:* Applies concepts of normal/abnormal behavior to case formulation, diagnosis, and treatment planning in the context of stages of human development and diversity

E. Tests, measurements, and other assessments of behavior

1. *Knowledge:*

- a. Demonstrates knowledge of content, reliability and validity, and purposes of assessment measures frequently used by counselors and psychological practitioners.
- b. Demonstrates awareness of strengths and limitations (including cultural limitations) of administration, scoring, and interpretation of assessment measures.

2. *Skills:* Selects and utilizes appropriate assessment measures across domains of functioning, practice settings, and cultural groups.

F. Research methods and program evaluation

1. *Knowledge:*

- a. Demonstrates knowledge of scientific methods commonly used by counselors and psychology practitioners in their clinical work
- b. Demonstrates knowledge of use of scientific methods to add to the knowledge base of counseling and psychology
- c. Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs

2. *Skills*: Critiques published research effectively

G. Career development and/or the role of work in peoples' lives

- 1. Demonstrates knowledge of the role of work in peoples' lives
- 2. Demonstrates understanding of the development of work and career choices across the life span

H. Biological basis of behavior

Demonstrates knowledge and understanding of the relationship between biological factors and human functioning

I. Developmental basis of behavior

Demonstrates knowledge and understanding of human development, wellness, and learned bases of behavior across the lifespan.

J. Social/organizational/community basis of behavior

Demonstrates knowledge of individuals in the context of their environment and how the environment (e.g., geographical, ideological, demographic, familial, institutional) affects functioning. Demonstrates understanding of the use of systems changes (whether by prevention or intervention) to enhance the functioning of individuals, families, groups, organizations, and/or institutions.

K. Understanding and use of supervision during applied experiences

- 1. *Knowledge*: Demonstrates understanding of the role and practice of supervision.
- 2. *Skills*:
  - a. Responds appropriately to supervision
  - b. Engages in reflective practices

c. Engages in appropriate self-care strategies

## **C. RESEARCH AND CLINICAL INSTRUCTION**

1. The scientist-practitioner-based program provides training in both research methods and delivery of professional services. These programs are intended for individuals pursuing careers in which they will integrate and apply the results of research to professional practice and/or be active producers of research. The levels of research and clinical instruction shall be commensurate with the scientist-practitioner model and the goals and objectives of each program which may include academic and research training, laboratory experiences, practicum, and internships which are taken throughout a student's program. Internships shall include practice in assessment procedures, where appropriate.

2. Evidence of the use and production of research data and/or scholarship among program faculty (and students, as appropriate) shall exist and minimally include frequent use of and reference to relevant research findings in instructional experiences, supervision of student research activities by program faculty, and students having the opportunity for collaborative involvement in the research activities of program faculty.

## **D. THE INSTITUTION**

1. The current institutional catalogue or bulletin shall accurately describe the program, including admission criteria, minimum program requirements, and matriculation requirements (e.g. examinations, academic-standing policies, and financial policies).

2. The program for which accreditation is sought shall clearly be identified as part of the institution's graduate program and shall have a minimum of four (4) graduates within the prior two years.

3. The institution shall provide a budget sufficient to ensure the operation of the program, including sufficient equipment and materials, etc. The institution shall also provide encouragement and support for program faculty to participate in professional organizations and activities (e.g., professional travel, research, and offices held).

4. Library, training, and computer facilities and their resources shall be appropriate for scholarly inquiry, study, and research by program faculty and students.

5. Research support, stipend levels, and departmental support shall be adequate for program faculty and students.

6. Evidence shall exist of cooperative relationships between the program and other institutional academic units and off-campus professional and community resources that contribute to the professional preparation of students in the program.

## **E. FACULTY AND STAFF**

1. One faculty member shall be clearly designated as the program director for each program in which accreditation is sought, and is responsible for the coordination of the entire program and is the one to whom inquiries regarding the program are addressed. The program director shall hold a graduate degree in psychology, counseling or a closely related field, have professional experience in the program area, hold membership(s) in appropriate professional organizations, be employed by the institution and be regularly involved in the instructional activities of the program (e.g., teach courses, supervise students, etc.).
2. In addition to the program director(s), the other full-time, adjunct, and/or affiliate program faculty members shall hold graduate degrees in psychology, counseling or closely related fields, hold membership(s) in professional organizations, and have had professional experience in the program area. Program faculty members shall be assigned to provide classroom, research, and clinical instruction and supervision only in areas for which they have demonstrated competence. The program will have a sufficient number of appropriately trained faculty to accommodate the labor-intensive nature of teaching the skills of applied psychology and counseling.
3. During the three-year period preceding the date of application for accreditation of the program, the program faculty shall have engaged in activities for professional development/renewal (e.g., attended appropriate program area meetings, conventions, workshops, and seminars), research (e.g., publications and grants), and service (e.g., program presentations, workshops, consultations, speeches, and direct services).
4. Regular, adjunct, and affiliate program faculty who provide on-campus or off-campus instruction and/or supervision shall have relevant professional experience and degrees and have demonstrated competence in the program area at levels appropriate for the students' program.
5. Each program shall have appropriate secretarial and other support staff relative to the needs and objectives of the program.
6. The teaching loads of program faculty shall be consistent with the goals and objectives of the program and are an integral part of professional preparation, and incorporate allocated time for advisement for, and supervision of, student research, professional research, and, if applicable, administrative responsibilities.
7. There shall be evidence that the institution has sought to recruit and/or retain program faculty members representative of the diversity among people in society.

## **F. PROGRAM ORGANIZATION AND ADMINISTRATION**

1. The program and its curriculum should have a coherent organization and structure that reflects its mission statement. Policies and practices within the program are developed and implemented by

program faculty, and shall recognize the role of the institution in setting institutional priorities and ensuring that the program fits appropriately within the institutional structure and operating policies.

2. Entrance requirements should reflect the responsibility that the program has to the public. Efforts should be made to ensure that students have the intellectual and personal capabilities required to perform as competent professionals. The level of students matriculating in the program shall comprise a level of preparedness deemed appropriate by each program within the guidelines of the program's mission.

3. The program admissions criteria and selection procedures into the program shall be distributed to prospective students. The criteria and procedures shall include consideration of the goals and objectives commensurate with each individual program. A written policy of commitment to recruitment of students representing a variety of societal subgroups and subcultures shall be developed and implemented by the program faculty. Personnel in various areas of the program and relevant job settings shall be available to discuss pertinent areas of interest with prospective students.

4. Published, planned program of studies, plus appropriate supplemental materials (e.g., institutional catalogues or bulletins and student handbooks) shall be available for use by prospective students, students, and program faculty advisors. The planned programs identify prerequisite curricular experiences, core curriculum requirements, research studies requirements, specialized studies requirements, supervised practicum and internship requirements (if applicable), and appropriate elective curricular experience.

5. Available information should include a formal, written student retention policy, explaining procedures for possible student remediation and/or dismissal from the program for other than academic (i.e., grade point average) reasons, personal and professional expectations held by program faculty for students enrolled in the program, information about professional organizations, involvement, activities potentially appropriate to students in the program, and written program objectives.

6. Flexibility shall be provided within the program's curriculum to accommodate individual differences in student competencies and understandings acquired before entering the program. Course (or other curricular experience) syllabi shall be available for review by all students enrolled in the program which shall include objectives, content areas, required texts and/or readings, student performance evaluation criteria and procedures.

7. Where assistantships are provided for students in the program, the program faculty shall clearly define the policies for selection, assignment, and continued employment of program students who receive graduate and/or other assistantships.

8. All students shall have an approved faculty advisor at all times. Faculty advisors shall hold an appointment recognized by the institution in the institutional academic unit in which the program is housed.

9. Students shall have the opportunity to participate in workshops, seminars, or similar professional



activities that enhance program requirements and facilitate students' personal and professional development (e.g., attendance at regional meetings, webinars, outside speakers, etc.).

## **G. EVALUATIONS IN THE PROGRAM**

1. Outcome evaluation shall be conducted in reference to each individual program's purposes, goals, and objectives and is essential in the self-study process. Student and graduate achievements, faculty development, and/or program change may be used to measure the evaluation. Through the self-study process, program objectives shall be reviewed and/or revised on a regularly scheduled basis with input from program faculty, current and former students, and personnel in cooperating agencies, and shall be developed in accord with pertinent professional organization positions and perspectives.
2. Continuing evaluation of the program and its outcome shall follow a formal procedure that includes regularly scheduled review by program faculty of program emphases, curricular offerings, current professional trends in the program area, and types of students seeking admission into the program. Evaluation shall also include follow-up studies of graduates of the program, employers of program graduates, field placement supervisors, and personnel in cooperating and associated agencies regarding the assessment of their perceptions and evaluations of the major aspects of the program.
3. The results of program evaluations shall be made available on a systematic basis to students currently enrolled in the program, program faculty, institutional administrators and personnel in cooperating and associated agencies. Students shall have regular and systematic opportunities to evaluate formally the curricular experiences in which they participate.
4. The program will provide evidence describing procedures used for an annual review of student performance, assessment of students' skills development, and progress in the program with clearly described procedures for feedback to the student, and appeal processes.
5. Students will demonstrate competence and professional behavior consistent with each program's mission statement and goals prior to the completion of the program.

## GLOSSARY

**Conflict of Interest:** Any relationship which could lead to a biased evaluation of a given program (e.g. current or former program faculty or student; research collaborator, co-author, spouse, parent child, or sibling of program personnel).

**Counseling and Psychological Services:** Providing counseling and psychological services involves using science-based principles of psychology and counseling to establish effective and culturally responsive helping relationships. Providers of counseling and psychological services are skilled in the application of assessment and interventions to facilitate behavioral change and enhance functioning.

**Culturally Responsive:** Emphasis on the application of theories and scientific principles that are relevant and pertinent of specific populations and/or specific socio-cultural contexts, where the uniqueness of each individual is accounted for and each person's well-being is maximized.

**Direct Contact:** Therapeutic interaction with actual clients, which may occur in single therapist or co-therapist contexts. Audio and video interactions are permitted and are generally expected to be at least 15 minutes in length.

**Evidence-Based:** "The integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (American Psychological Association, 2005).

**Faculty Supervisor to Student Ratio:** This ratio is to be computed based on the number of students who are under a faculty member's direct supervision in either an individual or group format. Thus, the number of faculty in the ratio will generally be 1 and the number of students will be the number under that individual's direct supervision. It is **not** to be calculated based on the total number of program faculty compared with total number of program students.

**Public Good:** The public good means "in the best interest of the people" and is demonstrated by the exhibition of professional ethics and a social justice perspective.

**Public Member:** An individual who is not and has never been employed in the provision of counseling and psychological services, or the training of such practitioners; and who is not connected with the practice of this profession.

**Science-Based:** The systematic understanding and application of scientific theory, empirical research, and general scientific principles through observation and experiment (e.g., objective thinking, repeated assessment for progress monitoring, delivering intervention sequentially). It includes understanding the clinical applications of research; research methodology; techniques of data collection and analysis; biological and cognitive-affective

bases of behavior; development across the lifespan; and respect for scientifically derived knowledge.

**Scientist-Practitioner Model:** The use of current scholarly and research literature to inform practice, which includes the ability to objectively critique the quality of published materials, to identify valid research conclusions, and to apply such scholarship to clinical work.

**Social Justice:** “The promotion of equity for all people and groups for the purpose of ending oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems” (American Counseling Association, 2014).

**Supervised Experience:** Therapeutic-related professional work conducted under the oversight of a professional supervisor. Experience may include observation, case conferences, documentation, and other activities directly related to the provision of counseling and psychological services.