



**Demonstrating knowledge: reflective practice (Standard B.5.a.iii.1) and self-care (Standard B.5.a.iii.2) (3/4/2025)**

Standard B. Program Orientation and Core Curriculum

5. Adequate coverage of each of the standards

a. Ethical and professional standards

iii. Understanding and use of supervision during applied experiences

Knowledge on the topics in Standard B.5.a.iii.1 and Standard B.5.a.iii.2 or any other topics in the Standards is demonstrated, first, by its inclusion in the appropriate syllabi. For MPCAC a map of the curriculum (course by Standard) can illustrate the location of the topics in various courses. The topics, whether reflective practice or self-care, should be sufficiently detailed in the syllabi with at least some assessments built into the expectations of the course(s).

Reflective practice (B.5.a.iii.1) is a process of thinking about and examining counseling and psychological theories and decision-making in relation to the issues clients raise; it means reflecting on the work of counseling such that the most appropriate decisions and strategies with clients can emerge out of that thinking/reflecting process. Similarly, self-care (B.5.a.iii.2) is the process of ensuring that personal and/or client-based stressors do not interfere with the ability of the practitioner to perform work-related or personal tasks as optimal as possible. Thus, inclusion of these concepts in the work of required courses can demonstrate that students have acquired the expected level of knowledge.

Second, and particularly relevant to the overall demonstration, are the supervisors' ongoing and final evaluations of interns. They can provide feedback and a final summary of the extent to which their interns engage in reflective practice and self-care.

### **Online Synchronous Courses (Standard C. 2) (11/27/24)**

Field placement and skills courses offered online must be synchronous.

### **Required for internship: Video/audio recording or supervisor observation (Standard C.2.d) (11/25/24)**

MPCAC reflects the critical importance of this observation of students in Standard C.2.d.:  
Evaluation of students completing field placement regularly includes

- i. Direct observation and/or review of audio/video recordings, with feedback
- ii. Supervisor's formal written feedback, provided to the students and the program.

Competent training for the practice of counseling and psychological services requires that students completing their field placements be observed and provided with written feedback to ensure that they are developing effective and appropriate skills. This feedback may be through direct observation, or observation through a video recording or through an audio recording, and is typically conducted by the field placement site supervisor. Under some special circumstances the faculty field placement supervisor may conduct the direct observation or review a video or audio recording and provide the student with written feedback. If neither the site supervisor nor the faculty supervisor is able to complete the review and provide the requisite feedback, then the student must have a different site.

### **Core Faculty Teaching Requirements (Standard E. 6) (11/27/24)**

The program has a sufficient number of appropriately trained faculty to accommodate the labor-intensive nature of teaching the skills of applied psychology and counseling. The total number of course credits taught by other contributing faculty may not exceed the total number of course credits taught by core faculty over any two-year period.

The program director and the core faculty have the primary responsibility for ensuring a quality program. To optimize that sufficient faculty are available for the program and to ensure that students have sufficient access to those faculty, MPCAC requires that the majority (51%) of required (not including electives) or total (including electives) course credits be taught by core faculty. Those required course credits would include all the content necessary to meet MPCAC 2024 Standards B and C with a minimum of 45 credits. For any course in which multiple sections are taught, each section is part of the calculation of course credit percentage.

Link to Calculation Tool

<https://mpcacaccreditation.org/calculation-tool/>

## **The Definition of term “Link” (4/15/25)**

### **Required Supporting Documentation boxes (Underneath Standards E and F)**

Standard E: Link to the statement regarding the program’s concerns for diversity among its core and contributing faculty and its staff, including a description of that diversity

Standard F: Link to the statement regarding the program’s concern for diversity among students, including efforts to recruit students who reflect the diversity of the population, descriptions of diversity among students, and diversity statements in program materials

The 2024 Accreditation Standards includes a box with a list of Required Documentation for four of the Standards (D, E, F, and H). In Standards E and F, the Required Documentation includes specific language regarding links to statements of diversity efforts among the faculty (Standard E) and the students (Standard F). Two aspects of these links/statements seem to need clarification.

First, the simple use of the word ‘link’, in this digital age, has typically referred to a direct connection to an internet site. This clearly reflects the initial expectation of MPCAC when the Standards were revised in 2023. To address the current situation, MPCAC would expand that ‘link’ to include any method that a program might use to provide MPCAC with the appropriate and relevant evidence in support of the 2024 Standards. This could include, for example, an Institutional or Faculty Handbook or a Student Handbook as appendices with the relevant pages referenced in the text of the self-study.

Second, these Required Documentation statements in Standards E and F may be more limited than MPCAC intended in the Standards revision process. MPCAC’s emphasis is that master’s students in quality programs aiming to become licensed counselors must develop multiple competencies that will facilitate their expected work with a variety of populations. Their clients may differ from themselves and from each other in multiple ways, including culture, age, experiences, and others. ASPA (Association for Specialized and Professional Accreditors) recently developed a clarifying statement (available on our landing page), which stresses the need for cultural competence among other requisite competencies. The breadth of the term cultural competency reflects the dual goals of MPCAC is promoting both quality master’s programs training students in counseling psychological services and the public good. Having faculty and fellow students who reflect that breadth of experience, expertise, training, backgrounds, and other relevant aspects will facilitate the students’ understanding of cultural competency and their recognition of its importance in their training.

## **Understanding ongoing and one-time program assessments to identify potential program modifications (Standard G.2) (4/30/2025)**

The aim of Standard G.2, essentially the ongoing evaluation of the program, is to ensure that the program director and core faculty are consistently monitoring the program's implementation processes and outcomes to determine whether modifications are needed. This monitoring is likely to occur through:

- Regularly scheduled (monthly? each semester? annual retreat?) meetings of the program director and core faculty with agenda items which encourage systematic programmatic reviews.
- Through regular data collection strategies (by semester? annually? bi-annually?) which provide markers to track overall program implementation and outcome (e.g., acceptance and enrollment rates, retention rates from year one to year two; five-year graduation rates, licensure rates, etc.).
- Through planned, formal evaluations, soliciting feedback from current students, graduates (within 5 years), internship supervisors, contributing faculty, and, as appropriate, personnel in cooperating agencies. For example, the plan might include every spring semester for current students with exit interviews for graduating students, every two or three years for graduates, every other year for supervisors, every three years for contributing faculty, and, as appropriate, every three or four years for personnel in cooperating agencies.
- Through attention to informal feedback from those involved with the program (students, contributing faculty, supervisors, administrators, etc.), for example,
  - Core faculty report to the program director that a couple of students are concerned about the limited or overly expansive content of a particular course or the inadequate skill of a contributing faculty member.
    - Potential initial evaluation strategy: Ask all faculty advisors to discuss the course with any students enrolled in the course as a starting point, followed by the program director meeting with at least some of the students for a discussion.
  - Admissions staff members mention that there seem to be fewer applications for the program from current undergraduate students.
    - Potential initial evaluation strategy: Identify situations and times when the program director could meet with students to describe the program, in a specific class (a junior-level course?), or at a psych club gathering, etc., and then track to determine if the contacts result in increased application rates.
  - One or two internship supervisors note that one or two of their interns do not seem to understand the importance of self-care.

- Potential initial evaluation strategy: Core faculty intern supervisor informally interviews several supervisors, at least three, to determine if this is a student-specific or programmatic issue. If the former, the core faculty and program director follow potential remediation for the student; if the latter, the program director, and core faculty begin a review of the core curriculum to determine where modifications need to occur.

Generally, evaluation questions and strategies are part of an ongoing review process in that virtually every aspect of a program can come under review. And, generally, data collection strategies are limited to seeking information and feedback from those who are relevant to the situation. For example, it might be appropriate to ask current students who graduated from the institution's undergraduate program what encouraged them to apply to the graduate program, but it would not be relevant to ask supervisors why they think that undergraduates from the institution are not choosing the graduate program.

Finally, data collection strategies are meant to provide useful and meaningful information. Thus, program directors need to implement such strategies in ways that will provide that information. Sometimes that may mean that anonymity will be critical, other times efforts to ensure anonymity may not be relevant. It might be more useful to have focus groups, or to conduct interviews in a systematic way. In developing and implementing program evaluations, there are not fixed strategies; the focus should be two-fold: identify methods to produce information which will lead to decisions about program modifications, and collect consistent information to ensure regular, ongoing reviews of program implementation and outcomes with the potential for program modifications.

### **Demonstrating student competence (Standard G.5): measurement and requisite data (1/27/25)**

Students will have demonstrated competence in the practice of counseling and psychology upon completion of the program. Programs clearly explain how the following competencies are measured and provide data regarding student performance from the last three years.

- Communication and therapeutic relationship-building
- Conceptualization and intervention
- Diversity
- Ethics
- Integration of research and evidence-based practice
- Methods of evaluation and assessment

The questions about the G.5 Standard which is the demonstration of student competence are twofold: first is related to the measurement and second is related to the requisite data demonstrating competence.

1. Competence can be measured using various strategies, such as the evaluation of the intern by the supervisor in each term of the internship, scores on the CPCE, annual evaluation of the student by core faculty, and other strategies as developed by the program (e.g., comprehensive examination, case study, review of session recordings or observations, specific course assessments). Such measurement strategies may be across the six areas listed in the Standard, or the areas may be assessed individually. It is unlikely that programs will have one comprehensive assessment method to determine competence in all areas, but rather multiple methods and/or sources will be used to evaluate student competence. For example, ethics may have a separate exam; communication and therapeutic relationship-building may be linked in an assessment; integration of research and evidence-based practice may be combined with diversity in the assessment process. The supervisor may be asked to include each of the areas in their evaluation of the student, representing a single, integrated measure. The aim is to ensure that students are adequately assessed for competence to practice counseling and psychology upon completion of the program.
2. Programs document competence by providing summary data and/or examples of the data collected to demonstrate competence. These may include the CPCE scores for each of the requisite three years, mean scores on the faculty evaluation forms, pass rates on individual assessments, e.g., ethics or comprehensive exams, and rates of acceptable supervisor evaluations.

The aim of this MPCAC Standard is to ensure that graduates of MPCAC accredited programs are competent to practice, likely with a license, counseling and psychology, within a context of the MPCAC emphasis on flexibility.

### **Demonstrating “compliance” with Accreditation Standards (Standard H.2) (2/10/2025)**

Accredited programs are responsible for maintaining continued compliance with all standards and policies and procedures.

MPCAC requires multiple levels of record-keeping and documentation to ensure compliance with MPCAC Standards. These are identified in the above-listed *Accreditation* and *Policies and Procedures Manuals*. We review these systematically.

1. Annual data reporting: The submission of the annual data to MPCAC and the requirement that those annual data be posted (*Policies & Procedures Manual*, p. 14) accomplishes two specific aims for MPCAC.

First, it enables MPCAC to track the ongoing success of the program in the context of MPCAC's aim to identify and provide support to programs which are under-performing. Under-performing programs are those which are experiencing decreasing rates of retention from year one to year two (<75%) and/or decreasing five-year graduation rates (<70%) across two or more years (*Policies & Procedures Manual*, p. 16). Such decreases may reflect programmatic issues which require attention, ranging from increasing needs for institutional support, professional development for faculty, training for program directors, review of admissions policies and decisions, assessment of student advisement strategies, curricular review, etc.

Second, one of the expectations for CHEA-recognized accreditation bodies is that the public will be informed about the programs, including admissions policies and requirements, and student success in the program through graduation information (Standard G.3).

The form for the annual data is available on the MPCAC website ([www.mpcacaccreditation.org](http://www.mpcacaccreditation.org)).

2. Ongoing use of annual data

Programs seeking re-accreditation (*Policies & Procedures Manual*, p. 16) will be required to provide evidence of *ongoing* evaluations of their programs (Standards G.1 & G.2), and of *using the results* of those evaluations to identify potential program modifications. MPCAC's expectation is that accredited programs engage in program evaluation as a continuous process (evaluate, analyze, modify) that is done regularly and systematically. (Standard G.3).

3. Notification of Substantive Changes

The accreditation process that results in a program being awarded accreditation is the recognition of the existing organization of the program, including the curriculum, students' field placement experiences, faculty load and responsibilities, institutional commitments, etc. Any modifications in the accredited program may alter the program such that it is no longer the program that was accredited. Such modifications need to be reported to MPCAC as Substantive Changes (*Policies & Procedures Manual*, p. 15).

Ongoing collection of evaluative data may serve as the basis for identifying substantive changes. For example, increases or decreases in the number of enrolled students might lead to an institutional decision to add or eliminate faculty. Changing the curriculum to ensure that the program can be completed in two rather than three years might modify the experiences of students in relation to their faculty advisors.

#### 4. Programs' Compliance with MPCAC Standards

Overall, the data collection processes will represent the programs' efforts to comply with MPCAC Standards. Standard H.2 provides overall clarity about MPCAC's commitment to its Standards as evidence of continued quality. Essentially, MPCAC communicates its expectation that accredited programs must work to provide consistent compliance with the Standards, and therefore, consistent evidence of quality.

#### ***MPCAC 2024 Policies & Procedures Manual***

##### **Maintenance of Accredited Status** (p. 14)

Annual Data Reporting (p. 14)

Notification of Substance Changes (p. 15)

Under-Performing Programs (p. 16)

##### **Re-Accreditation after Eight Years** (p. 16)

[Availability of regularly collected Standard G. data]

#### **Demonstrating compliance with the MPCAC 2024 Standards for September 2, 2025 (3/25/25)**

The 2024 Standards were approved by the MPCAC Board in December 2023 and disseminated to MPCAC-accredited programs and to those in the process of seeking accreditation. The MPCAC Board elected to provide programs with time to review the revised Standards and to develop strategies to achieve compliance, thereby requiring compliance by a September 1, 2025, deadline. Some programs, particularly those more recently becoming accredited or re-accredited, were and are closer to meeting the 2024 Standards. Others had or have a more substantial reach to meet the Standards.

Last spring accredited programs were asked to complete a Substantive Changes document which laid out the changed Standards. Completion meant indicating which of the changed Standards were already in place and which were not. This process allowed both the programs and the Board to identify areas of most concern, that is, Standards which required the most changes to ensure compliance.

The Board is finalizing the appropriate measures of compliance, at this point there are two: a slightly revised Substantive Changes (SC) document and the Core Faculty Evaluation (CFE)



tool. For the SC document, the changes in the Standards are in bold and programs will be expected to explain how they meet each modification. Programs must be in full compliance; this is non-negotiable. The enclosed SC document provides the means for programs to demonstrate compliance, for example, by sharing a link to their admissions information on their website. Standards that were not changed or only changed minimally are not in the SC document.

For the second, programs will be asked to complete the CFE tool which will provide them and MPCAC with a sense as to how close they are to meeting the 51% of courses taught by core faculty requirement over the previous two years. Please note that the two years prior to September 1, 2025, will essentially provide a baseline, illustrating that the extent to which the specific program meets, is close to meeting, or does not meet, the 51% requirement. At this point, programs will not be penalized if they have not achieved the desired level of program involvement by core faculty. Programs will be accountable for the previous two years starting in September 1, 2027. If a program does not achieve that marker, MPCAC will request an explanation which might be that a faculty member was on sabbatical or medical leave, or a faculty member left the institution unexpectedly, or a faculty search failed.

Please review both the SC and CFE documents prior to the scheduled Town Hall meetings: 4/3-noon, 4/4-3 p.m., 4/9-4 p.m., and 4/15-1 p.m. which will be discussed at these times along with the opportunity to raise other questions and/or seek additional information.

MPCAC is committed to understanding how to help programs achieve the MPCAC 2024 Standards. In that spirit, MPCAC is interested in identifying difficulties and assisting programs in addressing difficulties while also encouraging and supporting quality master's level programs.