Quality of Master’s Education: A Concern for Counseling Psychology?

Margo A. Jackson¹ and Michael J. Scheel²

Abstract
The authors offer an analysis of current challenges and opportunities regarding the long-standing issue about the quality and status of master’s education relevant to training and practice in counseling psychology. Highlighted are historical context, controversies regarding licensure and accreditation (e.g., the 2009 Council for Accreditation of Counseling and Related Educational Programs standard that bans counseling psychology faculty as core), and data on counseling master’s programs in departments affiliated with American Psychological Association–accredited doctoral programs in counseling psychology. In an effort to constructively address issues of concern, the authors propose recommendations to differentiate and integrate master’s education with doctoral training by emphasizing the unique contributions of counseling psychology. Their recommendations build on the core values and synergistic potential of counseling psychology foundations both in counseling (e.g., in educational applications and service to multicultural communities) and in professional psychology (e.g., in extending benchmark competencies for training and using scientific research to inform value-added outcomes for effectively serving public mental health needs).

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Keywords
master’s education, counseling psychology, accreditation, competencies

As scientist–practitioners, we approach the question of whether or not the quality of master’s education should be of concern to counseling psychology by first considering the alternative hypothesis that the quality of master’s-level education and training is not an issue of concern for doctoral training and practice in the specialty of counseling psychology. Counseling psychologists are trained at the doctoral level, and most doctoral programs in counseling psychology are accredited by APA, the American Psychological Association (Society of Counseling Psychology, 2011). A high level of quality assurance can be claimed by APA-accredited doctoral programs in counseling psychology, including programs that admit students with master’s degrees and/or provide prerequisite master’s-level training en route to the doctorate. Therefore, one might conclude that the quality of master’s training is not an issue of concern.

Although this argument may have been supported in the past, in this article we offer an analysis of current challenges to this position, including controversies regarding accreditation and licensure. One key controversy is that, historically, entry to practice at the doctoral (not master’s) level was endorsed by APA, supported by APA accreditation, and predominant in licensure. Currently, however, master’s-level practitioners in counseling-related professions can be licensed in all 50 U.S. states, and approximately half of the states require accreditation by CACREP (Council for Accreditation of Counseling and Related Educational Programs) or equivalent master’s training for licensure (American Counseling Association [ACA], 2010b). Most APA-accredited doctoral programs in counseling psychology share faculty with affiliated counseling master’s degree programs, and approximately one third of these master’s programs are CACREP accredited (see Table 1). However, a new requirement in the 2009 CACREP standards effectively bans counseling psychology faculty as core faculty. In this article we present highlights of the historical context and review current data on counseling master’s programs in departments affiliated with APA-accredited doctoral programs in counseling psychology. Finally, we propose recommendations to constructively address issues of concern about the quality of master’s education for counseling psychology. Our perspectives are also informed by our experience on the board of the Council of Counseling Psychology Training Programs (CCPTP, 2011), an organization of training directors of APA-accredited doctoral programs in counseling psychology. CCPTP promotes
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Department affiliations (Dept) are indicated as ED = in a school or college of education or graduate professional studies, PSY = in a department of psychology in a school or college of arts and sciences or humanities, or PSY/ED = housed jointly in both a psychology department in a school or college of arts and sciences or humanities and in a school or college of education. Bulleted programs are those currently undergoing phaseout. Counseling master’s programs are categorized as C/MHC = community and/or mental health counseling, SC = school counseling, PRO = professional counseling generalist and/or dual MHC and SC, MCF = marriage, couple, family counseling/therapy, COLLG = college counseling, CPY = counseling psychology, REHAB = rehabilitation counseling, OTHER = other specified. Counseling master’s programs housed in a different school or college than the departmental affiliation of the doctoral program are denoted by category with an asterisk.

a. These are combined doctoral programs (counseling with school and/or clinical psychology).
b. This doctoral program is in the Graduate School of Professional Psychology.
c. This doctoral program is in the Psychology Department in the School of Professional Studies.
d. These programs are accredited by the Council on Rehabilitation Education.
e. These programs are accredited by the Commission on Accreditation for Marriage and Family Therapy Education.
f. These programs are accredited by the Council for Accreditation of Counseling and Related Educational Programs.
counseling psychology education and training through supportive communication, informational resource sharing, advocacy efforts, and liaison relationships with other key stakeholders in the training of professional psychologists.

**Highlights of Historical Context**

The discipline of counseling psychology has historical roots in both counseling and professional psychology, based in both learning foundations and scientific applications (Meara & Myers, 1999; Whiteley, 1984). Although we propose recommendations for building on the synergistic potential of the strengths of both foundations, counseling psychology training has to date been caught in the rift between counseling and psychology guilds regarding the role of prerequisite master’s training.

The ambivalence of psychology toward master’s counseling programs and master’s degree practitioners has been a long-standing and unresolved professional training issue (McPherson, Pisecco, Elman, Crosbie-Burnett, & Sayger, 2000). In 1971, Woods reviewed “APA’s concern over the master’s issue” (p. 696) from 1947 to 1970 addressed through seven training conferences (Boulder Conference, 1949; Thayer Conference, 1954; Stanford Conference, 1955; Miami Conference, 1959; Greyston Conference, 1964; Chicago Conference, 1965; Atlanta Conference, 1970), at least 10 committees on the “subdoctoral training” issue, and 14 published reports (Arnhoff & Jenkins, 1969; Clark, 1954, 1957; Committee on Subdoctoral Education, 1955; Cutts, 1955; E & T Board Committee, 1954; Hoch, Ross, & Winder, 1966; McTeer, 1952; Moore, 1954; Raimy, 1950; Roe, Gustad, Moore, Ross, & Skodak, 1959; Ryckman, 1962; Strother, 1956; Thompson & Super, 1964; all cited in Woods, 1971). For more than 60 years the predominant stance of APA was that master’s-level counselors should practice under the supervision of psychologists trained at the doctoral level, leaving independent practice of psychology as the sole domain of psychologists. With their dual foundations in counseling and psychology, however, many counseling psychology doctoral training programs were also committed and equipped to provide master’s counseling training as prerequisites and/or terminal degrees. In 1990, for example, a study reported 37 counseling psychology programs with terminal master’s degree programs (Watkins, Schneider, Manus, & Hunton-Shoup, 1990). At that time, 59 counseling psychology programs were APA accredited (Heppner, Casas, Carter, & Stone, 2000).

The history of counseling psychology includes its foundation in vocational and developmental issues, focusing on client strengths and psychoeducational interventions, as well as its alignment with what is now known as the
ACA (formerly the American Personnel and Guidance Association, APGA; Heppner et al., 2000). The emphasis on multicultural competency is another foundational strength of counseling psychology, one that has been promoted by the discipline’s alignment with both ACA (Arredondo et al., 1996) and APA (2003). In the early 1980s, as the provision of mental health services shifted to third-party insurance plans with greater emphasis on accreditation and licensure for entry into professional psychology, APA increasingly focused on credentialing psychologists, whereas ACA concentrated on credentialing counselors. At that time, APGA established the independent CACREP to promote quality in counselor education, particularly at the master’s level but also at the doctoral level. By that time, counseling psychology doctoral training had become aligned with APA accreditation, whereas counseling master’s training was more aligned with ACA and some master’s programs sought CACREP accreditation (Heppner et al., 2000).

In 2001, a Special Task Group of the Society of Counseling Psychology (SCP) reported its analysis of the dilemma of master’s education (Douce, Goodyear, Lichtenberg, McPherson, & Shullman, 2001). They identified three consequences for counseling psychology in continuing without an official stance on the master’s training issue: (a) a disservice is done to the graduates of our master’s programs; (b) no mechanism exists to enforce, impose, or influence standards of training in our master’s programs; and (c) an unwarranted special advantage is inadvertently provided to others (i.e., social workers) who operate at the master’s level in a competitive labor market. We suggest two additional consequences: (a) without quality controls for counseling master’s education more broadly, professional psychology may suffer a diminished status in the view of the public; and (b) current threats to the sustainability of counseling psychology programs are heightened by the lack of a proactive and constructive stance on master’s training.

Contributing to the ambivalent relationship of counseling psychology to master’s training, McPherson et al. (2000) noted that in 1947, APA recommended the discontinuation of master’s degrees for “lower level” psychological work. In contrast, however, in 1955 the APA Committee on Subdoctoral Education endorsed a two-year master’s curriculum to address the surge of need for psychological services following World War II. The committee’s recommendations included a role definition for master’s-level practitioners as psychological technicians who (a) administer and interpret psychological tests, (b) provide guidance counseling, (c) provide psychological instruction, and (d) perform basic statistics and administer tests (American Psychological Association, Committee on Subdoctoral Education, 1955). The intent of the committee’s recommendations was to place master’s training along a
sequence of education and training in psychology from high school to the doctorate (McPherson et al., 2000). This committee’s recommendations did not lead to unanimity in APA or in counseling psychology at the time. Currently, we propose that these recommendations be revisited toward promoting a new direction for counseling master’s education, one that is developmentally grounded in the strengths of counseling psychology’s foundations in both counseling and psychology and that may aptly respond to contemporary mental health needs in underserved areas.

**Controversies Regarding Licensure**

Accreditation and licensure have distinct purposes, although both share goals to effectively serve public mental health needs. As explained on the ACA website (2011b),

Professional education program accreditation is the process whereby a college or university professional program (e.g., counseling or psychology) voluntarily undergoes review by an accrediting body, such as . . . CACREP . . . or APA . . . . The purpose of these accreditation bodies is to ensure that the graduates of these programs meet the standards developed by these professions and by the Council on Higher Education Accreditation (CHEA) which oversees all academic accreditation bodies.

Governmentally sanctioned credentialing is usually called licensure and is based on the legal concept of the regulatory power of the state. This power holds that the state has the right and obligation to pass laws and take other such actions as it may deem necessary to protect the health, safety and welfare of its citizens. Passage of a state licensure or credentialing law for a given profession restricts or prohibits the practice of that profession by individuals not meeting state-determined qualification standards, and violators may be subject to legal sanctions such as fines, loss of license to practice, or imprisonment.

Thus, licensure, which defines a scope of practice for a profession and minimal qualifications for the practitioner, is one form of quality control in the public interest. On one hand, the history of APA and SCP has been to endorse doctoral training and the doctoral degree as the only appropriate training and entry level to independent practice in professional psychology. On the other hand, entry to independent practice at the master’s level is now a moot issue because all 50 U.S. states, the District of Columbia, and Puerto Rico now
license professional counselors trained at the master’s level (ACA, 2010b). Furthermore, a requirement for licensure in approximately half of the states is graduation from a CACREP-accredited program or equivalent master’s training (ACA, 2010b).

Therefore, since entry to independent practice at the master’s level is now a reality, it seems in the best interest of our students as well as the public that counseling psychology programs with master’s-level training should continue to ensure and provide high-quality and license-eligible master’s education and training. Our students deserve this, both those in terminal master’s degree counseling programs as well as those in doctoral programs in counseling psychology for whom master’s training is prerequisite and/or foundationally integrated en route to the doctorate. Public needs for counseling and psychological services remain unmet or underserved regarding access to primary and preventive health care in rural and inner-city areas and among the aging, the military, the poor, the unemployed, racially and ethnically diverse children and adults, and members of other groups vulnerable to discrimination or marginalization (APA Education Directorate, 2010; U.S. Department of Health and Human Services, 2011). Thus, it is in the public’s interest to have licensed counseling and psychological service providers who are well trained in breadth and depth at the master’s and doctoral levels.

Model Licensing Act

In 2006, the APA Board of Directors and the Council of Representatives funded a task force to update the Model Licensing Act (MLA) from the previous version of 1987. A goal of this endeavor was to accurately reflect the current state of psychological practice (APA, 2010). The purpose of the MLA is to serve as a prototype to state licensing boards. State licensing boards are encouraged to use the language and policies forwarded through the MLA even though individual states ultimately will draft versions that are deemed fitting for their states. APA’s 2010 MLA is relevant in the consideration of the master’s issue for both historical and substantive reasons. The MLA provides parameters for the scope of psychological practice and designates qualifications for the psychologist role. Each MLA (in 1955, 1967, 1987, and 2010) through the history of the APA has defined the role and scope of practice of those identifying themselves as psychologists. Examination of the current Model Licensing Act for State Licensure of Psychologists (APA, 2010) reveals that the practice of psychology by individuals representing themselves as psychologists includes (a) psychological assessment; (b) counseling, psychoanalysis, psychotherapy, hypnosis,
biofeedback, and behavior analysis and therapy; (c) diagnosis and treatment of mental and emotional disorders; (d) psychoeducation; (e) consultation; (f) services to enhance organizations through the implementation of psychological principles; and (g) supervision. Further study of the 2010 MLA discloses the minimal level of preparation to be the doctorate “to enter into professional practice as a psychologist” (p. 5). Psychological practice by other professions is not precluded through the MLA, as indicated by the following statement on page 10 of the document:

Nothing in this Act shall be construed to prevent members of other recognized professions that are licensed, certified, or regulated under the laws of this state from rendering services consistent with their professional training and code of ethics, provided that they do not represent themselves as psychologists.

Thus, the 2010 MLA does not oppose independent practice of psychology by master’s-level practitioners, nor does the MLA require or promote supervision of practicing master’s-level counselors by psychologists.

The current position of APA (2010) articulated through the MLA apparently acknowledges independent practice at the master’s level as professionally acceptable so long as practicing individuals do not represent themselves as psychologists. Moreover, in the General Guidelines for Providers of Psychological Services, APA’s (2011b) policy on the use of the title of professional psychologist is defined as designating those with a “doctoral degree in psychology from an organized, sequential program in a regionally accredited university or professional school” (p. 1). Furthermore, this APA policy notes that master’s-level practitioners are generally referred to as counselors but not as psychologists. Based on our interpretation of the 2010 MLA and from our perspective and professional identity as counseling psychologists, we believe an important role of psychologists should be to provide quality training of master’s-level counselors.

Controversies Regarding Accreditation of Counseling Master’s Programs

Historically, organized psychology (e.g., APA, SCP) has less clearly defined the distinctions between master’s-trained counselors and doctoral-trained psychologists in their scopes of practice. Recently, in contrast, the APA Board of Educational Affairs has developed, revised, and redistributed for public comment a Draft Statement on Master’s Level Education (as reported
by Catherine Grus, 2011 Business Meeting of CCPTP at the APA convention). This draft statement includes recognition in both master’s and doctoral education of the scientific foundations of psychology. Most states license master’s-trained practitioners under titles and statutes other than psychology (e.g., counseling, marriage and family therapy, social work; Hays-Thomas, Hanson, & Moseley, 2002). Yet we submit that foundational knowledge in psychology is essential to training and practice at the master’s level in counseling as well as the doctoral level in counseling psychology. Furthermore, we contend that this is an important point to make in addressing the controversies about master’s-level training in counseling and psychology that helps legitimize the master’s level along a continuum of psychological training from high school through the doctorate level.

The foundational knowledge base of psychology that informs good training and practice in counseling psychology at the doctoral level is grounded in scientific, evidence-based methods and includes emphasis on the biological, cognitive or affective, social, life span, and individual bases of behavior (APA, 2007; Joint Writing Committee of the Council of Counseling Psychology Training Programs and the Society of Counseling Psychology, 2005). Similarly, some shared psychological foundations are found in the education and training standards of the Council of Applied Master’s Programs in Psychology (CAMPP). CAMPP is an organization that advocates for psychology training at the master’s level in the professional psychology community. CAMPP standards include psychological foundations in individual, biological, learned, and socio/cultural/systemic bases of behavior (CAMPP, 1993). In conflict, however, with APA’s (2010) policy of restricting the use of the title of professional psychologist to graduates of accredited doctoral programs, the CAMPP mission statement posted on its website refers to promoting “the education and training of Applied Master’s Level Psychologists.”

The Master’s in Psychology Accreditation Council (MPAC) was established in the 1990s, and it is the accrediting body endorsed by CAMPP for master’s-level psychology training. MPAC accreditation standards have been consistent with the education and training standards of CAMPP in requiring curriculum that includes psychological foundations. MPAC has recently expanded to MPCAC, the Master’s in Psychology and Counseling Accreditation Council, adding a second route to accreditation through the newly formulated Masters in Counseling Accreditation Committee (MCAC). MCAC not only maintains the high professional training standards in psychological foundations of the original MPAC but also promotes counseling foundations and competency in multicultural and social justice applications, consistent with core values in counseling psychology. The expansion of
MPAC to include master’s in counseling programs now provides a mechanism by which counseling psychology programs can seek accreditation for their master’s training programs.

Duer and Hays-Thomas (2005) noted that the infusion of CACREP curriculum standards into counseling licensing laws has failed to include the foundational knowledge base of psychology. They called for psychology educators to join and advocate for including the foundational knowledge base of psychology in the educational requirements appropriate for licensing at the master’s level (e.g., by building on CAMPP training standards) and “to promote the adoption of these requirements by state legislatures and licensing boards” (p. 127). Furthermore, they noted that the MPAC standards could be viewed by licensing boards as an alternative to those of CACREP. We propose that the new MCAC accreditation standards may serve to promote a new direction for counseling master’s education that is developmentally grounded along the continuum of professional psychology training as well as consistent with core values and contributions of counseling psychology.

Current CACREP limitations. Program accreditation serves to evaluate a program through a process of self-study and external review to ensure that the content and quality of a program meet standards set by the profession. Aside from the issues outlined above, CACREP accreditation has served well since the early 1980s the quality assurance role for training and practice in counseling master’s programs. CACREP-accredited programs have contributed to the foundational training at the master’s level of many doctoral programs in counseling psychology. As noted in presentations at meetings of CCPTP (e.g., at the 2011 Midwinter Conference), counseling and counseling psychology share a long history of collaboration in master’s training. Many of our programs have established valuable working alliances across the two disciplines, with program faculty committed to and supported in providing high-quality training for master’s students they teach, advise, and supervise.

Nevertheless, this history of collaboration is now challenged by recent changes to CACREP accreditation guidelines. The 2009 CACREP standards were revised to restrict core faculty in CACREP-accredited programs by 2013 to those with doctoral degrees in counselor education and supervision, effectively banning faculty with doctoral degrees in counseling psychology. As a consequence, counseling psychology programs offering high-quality master’s-level training may no longer be able to maintain, or apply for, CACREP accreditation. This rule change also limits employment options for graduates of counseling psychology doctoral programs by banning them from eligibility for future academic positions in CACREP-accredited programs, including those affiliated with counseling psychology doctoral programs.
Furthermore, in 2010 the Department of Veterans Affairs announced a new job classification for licensed professional mental health counselors and restricted eligibility to counselors with master’s degrees from CACREP-accredited programs, despite political advocacy efforts against this restriction (e.g., by ACA, 2011a). Currently, for licensure at the counseling master’s level, approximately half of the states in the United States require accreditation by CACREP or equivalent master’s training (ACA, 2010b). Political advocacy efforts are under way by CACREP to make CACREP accreditation the sole basis for master’s licensure (e.g., Cashwell, Ritchie, Rapisarda, & Bobby, 2009). Counterefforts in political advocacy are also under way by collaborative cross-discipline groups, including counseling psychology (e.g., by CCPTP), to include high-quality master’s training alternatives as a basis for licensure.

The 2009 CACREP restrictions on faculty hiring may also have other consequences for the many counseling psychology training programs with master’s-level training, particularly for those housed in schools or colleges of education. To maintain CACREP accreditation when budget cuts are required, deans and other administrators of schools or colleges of education may prioritize master’s over doctoral programs since master’s training is less expensive than doctoral training (i.e., more tuition revenue from more master’s-level students who graduate in fewer years; greater student funding needed for full-time doctoral students and dissertation supervision; higher importance and cost of doctoral faculty scholarship). As a result, deans may give priority in hiring new faculty who graduated from CACREP-accredited doctoral programs in counselor education over APA-accredited programs in counseling psychology. Although such developments do threaten counseling psychology programs, we suggest that our response to these recent developments has the potential to strengthen our training and our profession’s contributions.

**MCAC option.** As noted above, Duer and Hays-Thomas (2005) suggested that the MPAC standards be considered as an alternative to those of CACREP because the MPAC standards include the foundational knowledge base of psychology in the educational requirements appropriate for the master’s level of training. Likewise, foundational psychology knowledge at the master’s level supports doctoral training in counseling psychology and is consistent with APA accreditation standards. To date, however, MPAC-accredited master’s programs in psychology and counseling have not included those affiliated with APA-accredited doctoral programs in counseling psychology (MPAC, 2011). Two likely explanations are that (a) most APA-accredited counseling psychology programs have adhered to the APA policy and state licensure statutes defining the title of professional psychologist as trained at
the doctoral level and (b) CACREP was historically more aligned than MPAC with the counseling roots of counseling psychology programs.

As one constructive effort to address current CACREP limitations, a multidisciplinary group of psychologists and counselor educators (including individuals from SCP, ACA, and CAMPP) collaborated with MPAC to establish a new option, the MCAC. The expansion of MPAC to MPCAC, announced publicly at the 2011 ACA convention, now provides two options for accreditation of master’s programs, MCAC or MPAC. This means programs can apply for accreditation as either a master’s in psychology program or a master’s in counseling program. Both options require foundational courses in psychology but have some variation in emphasis. Aptly consistent with the distinct areas of strengths of counseling psychology, the MCAC option offers an opportunity for counseling programs to demonstrate academic excellence, within a framework that emphasizes social justice, cultural competence, practice methods grounded in science, and competency based standards and outcome assessments. Rigor in program review is balanced with flexibility in faculty specialties and program design, which may make MCAC accreditation of particular interest to master’s programs that value the benefits of multidisciplinary departments. (MPAC, 2010, p. 33)

MCAC accreditation standards were established by August 2011, and programs can now apply for MCAC accreditation. CCPTP has committed to supporting development of the MCAC option. For example, at the 2011 CCPTP Midwinter Conference, 47 members representing their respective counseling psychology training programs attended a roundtable discussion of master’s training issues and the new MCAC option. One action step on which attendees agreed was the formation of a committee of counseling psychology programs that would seek MCAC accreditation, which to date includes 12 programs. MCAC accreditation of these programs would increase the number of MPCAC-accredited programs, making recognition more viable by the Council of Higher Education Accreditation, which oversees academic accreditation bodies.

**Current Data on Affiliated Counseling Master’s Programs**

Returning to our initial question about the relevance of the quality of master’s training for counseling psychology, we collected data to investigate
the current state (as of June 2011) of master’s counseling programs in departments affiliated with APA-accredited doctoral programs in counseling psychology in the United States. A summary of the data is presented in Table 1. Our sources are the websites of (a) the APA Commission on Accreditation and (b) each counseling psychology program at its respective institution of higher education.

We focused on counseling psychology programs in the United States (72 of 74), excluding those in Canada, where APA accreditation is being phased out (APA, 2011a). Among these 72 APA-accredited programs, 67 were in counseling psychology exclusively and 5 were combined programs with school and/or clinical psychology. One program was newly accredited (Cleveland State University), and 5 were currently undergoing phaseout. The first column of Table 1 lists the institution for each of the 72 counseling psychology programs. Departmental affiliations are indicated in the second column. Most programs (56 of 72; 77.8%) were housed in a school or college of education or graduate professional studies. Those not residing in a college of education were housed in a department of psychology in a school or college of arts and sciences or humanities (14 of 72; 19.4%) or jointly in both psychology and education schools or colleges (2 of 72; 2.8%).

We included only master’s programs in counseling that listed in their curriculum requirements supervised practicum training of counseling, psychotherapy, and mental health services, excluding, for example, master’s programs in educational psychology, industrial/organizational psychology, higher education administration, and human development or performance enhancement consultation. ACA (2010a) defines counseling as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.” This definition is consistent with the developmental and integrative focus of doctoral training in counseling psychology. Generally, counseling master’s programs include training in important psychoeducational and consultative functions. In addition to these functions, master’s training foundational to counseling psychology doctoral training for clinical health practice includes supervised practicum training in psychotherapy. Therefore, in Table 1, we included only counseling master’s programs with educational requirements of supervised practicum training in psychotherapy.

We included programs with terminal master’s degrees awarded as “pathway” or “en route” to the doctoral degree in counseling psychology for which admission was offered only to the doctoral program. Although we found only two APA-accredited counseling psychology programs specified this on their websites, we know that other counseling psychology programs (including the
programs of both coauthors) likewise offer terminal, license-eligible master’s degrees en route to the doctorate.

We excluded counseling programs granting advanced graduate degrees that were postmaster’s and predoctoral (e.g., EdS/education specialist; PD/professional diploma) unless the advanced degree was granted jointly with the master’s degree program (e.g., MA/EdS Counseling program at Seton Hall University; MS/EdS Career Counseling and Mental Health Counseling programs at Florida State University). We also excluded master’s programs in school psychology because the specialist-level degree (and not the master’s degree) is considered the minimum terminal degree (National Association of School Psychologists, 2011). Finally, we excluded master’s programs in clinical psychology (many of which we observed did not grant terminal degrees) because our focus was on counseling psychology.

Counseling master’s programs are categorized as community and/or mental health counseling (C/MHC), school counseling (SC), professional counseling generalist and/or dual MHC and SC (PRO), marriage, couple, family counseling/therapy (MCF), college counseling (COLLG), counseling psychology (per program title; CPY), rehabilitation counseling (REHAB), or other (specified). Counseling master’s programs housed in the same school or college as the departmental affiliation of the APA-accredited doctoral program in counseling psychology are indicated by category in the final eight columns of Table 1. Counseling master’s programs housed in a different school or college than the departmental affiliation of the doctoral program are denoted with an asterisk. We also indicated if the counseling master’s program was accredited by the Council on Rehabilitation Education (CORE), the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), or CACREP.

From further examination of Table 1, we found the following:

- 59 of 72 (81.9%) counseling psychology doctoral programs also housed in the same school or college at least one counseling master’s degree program (range = 1–5; $M = 2.20$, $SD = 1.06$)
- 9 of 72 (12.5%) had at least one counseling master’s program housed in a different school or college
- 7 of 13 (53.8%) with no counseling master’s program in the same school or college had at least one counseling master’s program in a different school or college (range = 2–3)
- Among the 59 counseling psychology doctoral programs with departmentally affiliated counseling master’s programs:
  - 41 of 59 (69.5%) had master’s programs in school counseling
• 36 of 59 (61.0%) had master’s programs in community/mental health counseling
• 5 of 59 (8.5%) had master’s programs in professional counseling
• 8 of 59 (13.6%) had master’s programs in marriage, couple, family counseling/therapy
• 5 of 59 (8.5%) had master’s programs in college counseling
• 11 of 59 (18.6%) had master’s programs in counseling psychology
• 13 of 59 (22.0%) had master’s programs in rehabilitation counseling
• 11 of 59 (18.6%) had master’s programs otherwise specified (i.e., career counseling, dual rehabilitation and mental health counseling, community counseling in addition to the community/mental health counseling program in the same school or college, online rehabilitation counseling, gerontological, addiction, international, dual social psychology and mental health counseling, and dual career and sport psychology)

• Among the 59 counseling psychology programs with a total of 130 departmentally affiliated counseling master’s programs:
  • 40 of 130 (30.8%) are CACREP accredited
  • 2 of 8 (25%) of departmentally affiliated programs in marriage, couple, and family counseling/therapy are COAMFTE accredited (including one with dual accreditation by CACREP)
  • 14 of 15 (93.3%) of departmentally affiliated programs in rehabilitation counseling are CORE accredited (including one dual accreditation with CACREP of a program in rehabilitation and mental health counseling)
  • Excluding programs in rehabilitation counseling, 40 of 115 (34.8%) departmentally affiliated counseling master’s programs are CACREP accredited

In summary, most U.S. APA-accredited doctoral programs in counseling psychology share faculty with affiliated counseling master’s degree programs, and approximately one third of these master’s programs are CACREP accredited (Table 1). The majority of affiliated master’s degree programs are in school counseling or community/mental health counseling. About 80% of counseling psychology programs are in a school or college of education or graduate professional studies or jointly in both psychology and education schools or colleges.

Implications and Recommendations

We found that a large majority of APA-accredited counseling psychology doctoral programs (81.9%; 59 of 72) shared departmental affiliations with at
least one counseling master’s program (see Table 1). Almost one third of these master’s programs (30.8%; 40 of 130) were accredited by CACREP. Excluding programs in rehabilitation counseling, 34.8% (40 of 115) of departmentally affiliated counseling master’s programs were CACREP accredited. This total of counseling master’s programs affiliated with counseling psychology, 40, is a significant number of programs in jeopardy of losing accreditation under CACREP. Some APA-accredited programs in counseling psychology have used CACREP standards to develop prerequisite counseling master’s curricula that were foundational to and integrated with their doctoral curricula (L. Palmer, personal communication, August 13, 2010). We found that many APA-accredited programs in counseling psychology, whether or not affiliated with CACREP-accredited counseling master’s programs, had core faculty members teaching in both the doctoral and master’s programs, particularly for programs sharing departmental affiliations. Thus, numerous advantages can be seen for counseling psychology programs that share faculty. For example, advantages may include shared departmental resources and curricula developmentally integrated across master’s and doctoral levels. Disadvantages as a consequence of current CACREP limitations are further discussed below.

The finding that a large proportion of APA-accredited counseling psychology doctoral programs (58 of 72; 80.6%) were in a school or college of education or graduate professional studies or jointly in both psychology and education schools or colleges is consistent with the shift from psychology departments to schools or colleges of education as the predominant institutional homes for counseling psychology programs noted in 2005 by Blustein, Goodyear, Perry, and Cypers. Furthermore, we found that the largest proportions of departmentally affiliated counseling master’s programs were in community and/or mental health counseling (61%) and school counseling (69.5%), consistent with a mission of community service shared by many counseling psychology programs as well as schools or colleges of education.

From our perspective, deans of schools or colleges of education and others who decide budget allocations have several reasons to value master’s counseling programs as components of relatively expensive counseling psychology doctoral programs. In some cases, master’s programs help pay the bills for doctoral education. Students in master’s programs graduate sooner than their doctoral counterparts. Typically, more students can be admitted to a master’s track than a doctoral track because of fewer faculty advising responsibilities such as mentoring research inherent in doctoral training. High enrollments of master’s students contribute to credit hour production, an index often guiding university budgetary decisions. In difficult economic times, counseling psychology doctoral programs without master’s programs
may be easier to cut. Although doctoral training may fit well with the research mission of a university, master’s training may be more congruent with the service mission of universities. Service is also provided through school counseling master’s programs that often go hand in hand with community-based mental health counseling programs. Directors of training of counseling psychology programs have become increasingly aware of the need to align with the overall priorities and missions of schools or colleges of education. To do so, a wide diversity of counseling training that includes master’s in community and school counseling as well as doctoral training may help in meeting the priorities and service missions of schools or colleges of education. We offer the following recommendation to counter the current press to trim budgets during this difficult economic time. A well-run and seamlessly organized counseling psychology program with an identity defined by strength-based practice and prevention, cultural competence, and social justice using sound research to support and validate competence and effectiveness embodied at both the master’s and doctoral stages of training presents a very attractive and compelling package to deans of schools or colleges of education as a good use of funds allocated to them. The values supported by counseling psychology are values shared within academia, and counseling psychology faculty should work to make sure university decision makers understand how our discipline aligns with the overall mission of the educational institution.

To protect and effectively serve public mental health needs. One goal of shared interest among professional counseling and psychology educators and practitioners, as well as accrediting and licensing bodies, is to protect and competently serve public mental health needs. Professional codes of ethics for counselors (e.g., ACA, 2005) and for psychologists (e.g., APA, 2002) provide foundational ethical guidelines for competent practice, thus contributing to the shared goals to do no harm and also to benefit the public by effectively serving public mental health needs. The competency movement in psychology and counseling training offers a bridge to the ethical guidelines of our professions that can also contribute to ensuring the welfare of the public seeking mental health services. Sperry (2010) comprehensively documents the competency movement in counseling and psychotherapy, noting the five disciplines of psychiatry, psychology, marital and family therapy, counseling, and social work all making progress in the development of competencies. He states that training in counseling and psychotherapy is moving beyond curriculum-based and standards-based training models to competency-based training that makes possible measurement of competency progress. Specifically relevant to counseling psychology doctoral training, a model of competency benchmarks in professional psychology has been developed as a basis for defining and
measuring trainee learning outcomes to facilitate effective practice (Fouad et al., 2009). At the master’s level of counselor training, Engels, Minton, Ray, and Associates (2010), in conjunction with the CACREP standards, developed competencies related to psychotherapy for relationship development, intervention planning, and ethical and cultural considerations (as reported by Sperry, 2010).

Also at the master’s level of counselor training, including proposed links with MCAC standards, is the recent development of a competency grid for master’s-level training of counselors to practice in professional counseling and related human services. This master’s competency grid has been drafted by the Master’s Competency Work Group, which was convened by CCPTP, was cosponsored by SCP, and is composed of James Lichtenberg, Michael Scheel, Margo Jackson, and Nadya Fouad. The grid serves two major purposes for the field of counseling psychology. First, it provides counseling psychology programs guidance and direction for master’s-level training efforts that allow for the integration of the identity and philosophy of the field of counseling psychology. Second, the master’s competency grid is an articulation of master’s-level training within the continuum of psychology training and thus formally fills a void previously existing at that level of training. In so doing, the grid also can be a guide to master’s-level training in counseling psychology programs that aspire to apply for accreditation through MPCAC. The competencies identified through the grid are intended for master’s-level training that will prepare students either for entry into doctoral-level training or for postmaster’s supervised professional counselor practice. The master’s competency benchmarks are organized developmentally in the grid with

the first level to be assessed early in the program and the second level at the point of degree conferral. This was done for two reasons: (a) to provide mechanisms for annual evaluation and (b) to provide a timely means to intervene in any identified competency problem. (Scheel, Lichtenberg, Jackson, & Fouad, 2011, p. 2)

The ratings for each competency are lacking, emerging, or proficient. The Table of Contents for the Competency Benchmark Grid is provided in Table 2.

In the current context in which all 50 U.S. states now license professional counselors trained at the master’s level (ACA, 2010b), the public may view mental health practice as a profession encompassing both counselors and psychologists. Public perceptions of the need for and quality of counseling and psychological services are likely influenced by whether practitioners trained at both the master’s and doctoral levels provide competent or
Table 2. Table of Contents: Competencies in Professional Counseling and Related Human Services

I. Professionalism
   A. Professional Values and Attitudes
      1. Integrity
      2. Deportment
      3. Accountability
      4. Concern for the Welfare of Others
      5. Professional Identity
   B. Individual and Cultural Diversity
      1. Self as Shaped by Individual and Cultural Diversity and Context
      2. Others as Shaped by Individual and Cultural Diversity and Context
      3. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context
      4. Applications based on Individual and Cultural Context
   C. Ethical/Legal Standards and Policy
      1. Knowledge of Ethical, Legal and Professional Standards and Guidelines
      2. Awareness and Application of Ethical Decision Making
      3. Ethical Conduct
   D. Reflective Practice/Self-Assessment/Self-Care
      1. Reflective Practice
      2. Self-Assessment
      3. Self-Care
      4. Participation in Supervision Process

II. Relational
   A. Relationships
      1. Interpersonal Relationships
      2. Affective Skills
      3. Expressive Skills

III. Science
   A. Scientific Knowledge and Methods
      1. Scientific Mindedness
      2. Scientific Foundation of Professional Counseling
      3. Scientific Foundation of Professional Practice

IV. Application
   A. Evidence-Based Practice
      1. Knowledge and Application of Evidence-Based Practice
   B. Assessment
      1. Knowledge of Measurement and Psychometrics
      2. Knowledge of Assessment Methods
      3. Application of Assessment Methods

(continued)
incompetent service. Competency guidelines for training at the master’s level, connecting developmentally with doctoral-level competency benchmarks, address the ethical imperatives to do no harm and to provide effective mental health services that promote public trust. Thus, an active role by counseling psychology in shaping competency benchmarks at the master’s level and corresponding training to empower students to realize these competencies benefits the profession of mental health practice, whether at the master’s level or the doctoral level.

Master’s-level competency guidelines extend the developmental and incremental foundation of the competency benchmarks model for doctoral training in professional psychology (Fouad et al., 2009). Furthermore, we suggest that competency guidelines across both the master’s and doctoral levels of training build on the core values and distinct areas of strength of counseling psychology: science–practice integration, developmental, strength-based, psychoeducational, preventative, vocational/work/career, multicultural/diversity, relationships, holism, social justice, and collaborative multidisciplinary practice (areas outlined in the Model Training Program in Counseling Psychology, Joint Writing Committee of the Council of Counseling Psychology Training Programs and the Society of Counseling Psychology, 2005, and expanded by Packard, 2009). The renewed emphasis in counseling and counseling psychology on social justice and advocacy competence (e.g., Toporek, Lewis, & Ratts, 2010) is incorporated within the competency grid established through the CCPTP Master’s Competency Work Group, including proposed links for each MCAC standard to one or
more of the competencies. Thus, establishing master’s training competencies not only may provide further grounding for the MCAC accreditation option but also may further contribute to the distinct value added by counseling psychology in serving public mental health needs.

**Combining a career lattice framework and benchmark competencies.** At the Vail Training Conference of 1973, a fresh perspective regarding the career path of master’s practitioners was borne with Korman’s (1976) proposal of a career lattice rather than a single career ladder of master’s and doctoral levels joined in a linear progression. The career lattice was depicted as more inclusive through an occupational structure encouraging broader skill acquisition at any given level in addition to upward professional movement. Despite the inclusiveness of Korman’s argument, the career lattice proposal to recognize master’s education was rejected by APA, and the career ladder structure excluding master’s education was reaffirmed through the 1987 Salt Lake City graduate education conference (Bickman, 1987). The concept of a career lattice with more recognition for master’s practitioners was controversial three decades ago. At that time, the potential remained unrealized for the integration of master’s education and training in the developmental spectrum of psychology training from high school through the doctoral level. Today, however, that potential might be realized by revisiting Korman’s proposal of a career lattice in combination with the development of competency benchmarks models that differentiate between master’s and doctoral-level training relevant to counseling psychology.

The benchmark competencies in professional psychology at the doctoral level of training (Fouad et al., 2009) are organized by the Competency Cube (Rodolfá et al., 2005), which categorizes competencies along three dimensions: (a) foundational domains, (b) functional domains, and (c) stages of professional development. The doctoral-level benchmark competencies document includes the developmental stages of readiness for practicum, readiness for internship, and readiness for entry to practice. The master’s-level competency grid (Scheel et al., 2011) includes the developmental stages of early and exit levels of training and prepares students either for entry into doctoral-level training or for post-master’s degree practice as professional counselors under supervision.

Using a career lattice framework, master’s practitioners have the options of either moving to the doctoral levels of competence by entry into a doctoral program or pursuing a separate career path within the career lattice that would include increasingly higher levels of competency as master’s-level practitioners. From our perspective in considering competency benchmarks, after completion of their respective degrees, master’s-trained individuals differ
from those with a doctorate in both the foundational competency domain and
the functional competency domain. We view the level of development as
introductory for master’s-level training in the foundational competency
domains of professionalism, reflective practice, scientific knowledge and
methods, relationships, individual and cultural diversity, ethical and legal
standards and policy, and interdisciplinary systems. In the functional compe-
tency domain, doctoral training includes extensive attention to all eight
functional domains (i.e., assessment, intervention, consultation, research/
evaluation, supervision, teaching, management–administration, and advo-
cacy), whereas master’s training more narrowly emphasizes intervention
applications, and only the early stages are achieved of readiness in assess-
ment, research, and advocacy. The functional domains of consultation, super-
vision, teaching, and management–administration are not well developed in
master’s education, whereas doctoral training offers opportunities for an exten-
sive concentration of both didactic and experiential training in each area.

Pragmatically, master’s education models must prioritize the development
of counseling intervention skills because of the brevity of the 2-year curricu-
lar program primarily in existence today. In comparison, doctoral training
averages 5 years to completion, usually employs a scientist–practitioner or
scholar–practitioner training model, and requires not only didactic and expe-
riental training in therapy but also extensive attention to research, supervi-
sion, consultation, assessment, and teaching. In comparison, master’s-level
education includes only an introduction to research, assessment, and cultural
competence, whereas doctoral training provides more in-depth preparation
and a broader and denser foundation. It can be surmised that master’s-level
practitioner competence is more narrowly centered on counseling practice
without the benefits of more in-depth treatment of the functional areas. Some
would argue that without the more in-depth foundations, the level of compe-
tence that can be achieved by master’s practitioners is limited. Within a
career lattice framework, the master’s-level practitioner could conceivably
receive training and more in-depth treatment through independent study,
workshops, trainings, concentrated experiences, and professional meetings in
specialized areas such as cultural competence or advocacy. One path after
completion of the master’s degree toward higher levels of competence might
be less prescribed through formal education and more dependent on the ini-
tiative and ambition of the master’s-level learner. In sum, a career lattice
framework might offer a structure for both breadth and depth across a
range of training and practice for master’s-level counselors and doctoral-
level counseling psychologists.
Conclusion

In this article, we offer an analysis of how and why the quality of master’s-level education and training is an issue of concern for doctoral training and practice in the specialty of counseling psychology. We also make recommendations for how master’s-level training can fit developmentally in psychology training. We see that the current master’s training controversies can be an opportunity for what Bingham (2005) referred to as the need for counseling psychology to reexamine and update its agenda as a discipline and to conduct analyses that balance principled commitments to our core values with current market realities to “determine where, when, and how training programs will fit into the culture of any given college or department” (p. 676).

We have shown that our history in addressing controversies about master’s-level training and practice relevant to counseling psychology has fallen short of constructive resolutions. From our current contexts, in contrast, we discussed opportunities and presented recommendations to integrate master’s-level training developmentally within the full spectrum of psychology training. Moreover, we note the potential for using the unique contributions of counseling psychology core values to shape master’s-level training consistent with our emphases on cultural competence, social justice, and human strengths through contextually congruent interventions and change processes. Ironically, the CACREP attempt to ban counseling psychology from master’s-level training has provided an opportunity for us to reshape master’s training to fit our values more closely within our psychology specialty. The new MCAC accreditation guidelines show promise of a process that allows flexibility to design master’s training to fit well with doctoral training and to represent more closely counseling psychology’s identity. We have several other tools we can utilize to guide master’s-level training. The development of benchmark competencies at the master’s level helps differentiate master’s from doctoral training. We also can assume leadership to shape training in ways that ensure the public’s positive perception of mental health practice and the public’s welfare when seeking mental health services. Independent practice at the master’s level is a reality as a licensed entity. We can realize a greater influence by more actively designing training guidelines at the master’s level instead of conforming to those dictated through the currently limited CACREP standards. In particular, we can more clearly articulate master’s-level counselor training guidelines that build on the core values and synergistic potential of counseling psychology foundations both in counseling (e.g., in educational applications and service to multicultural communities) and in professional psychology (e.g., in...
extending benchmark competencies for training and using scientific research to inform value-added outcomes for effectively serving public mental health needs).

The data we have collected from our counseling psychology programs support the argument that it is crucial to the existence of our discipline that we actively engage in the integration of master’s training into psychology education. We have shown that most APA-accredited counseling psychology programs have master’s programs. Most of these programs are in colleges or schools of education. We must update to stay current with the economics of our time by fully integrating master’s training with doctoral training. It makes good sense to offer master’s training within counseling psychology programs that either allows our students to smoothly transition to doctoral levels or provides a foundation to independently practice at the master’s level.

Finally, our next recommended collaborative efforts toward integrating master’s-level counselor training foundational to doctoral-level training of counseling psychologists include (a) refining the benchmark competencies for master’s training that have now been drafted, (b) supporting the evolving MCAC option for accrediting counseling master’s programs, and (c) advocating with state licensure boards to include the range of high-quality master’s training provided by affiliated counseling psychology programs. Furthermore, needed future research might focus on investigations of “value-added” dimensions of training at master’s and doctoral levels (Lichtenberg & McPherson, 2000) in our counseling psychology programs based on benchmark competency outcomes in counseling and professional psychology, generally, and in counseling and counseling psychology, specifically.

Acknowledgments

The authors contributed equally to this article and are listed in alphabetical order. Portions of this article were presented by Michael J. Scheel at the Annual Midwinter Conference of the Council of Counseling Psychology Training Programs, at Santa Ana Pueblo, New Mexico, February 2011. We thank Yolanda J. Holland, Fordham University graduate assistant, for her contributions to data collection.

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.
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