# Report of the BEA Task Force to Develop a Blueprint for APA Accreditation of Master's Programs in Health Service Psychology

## January 2019

**Council received this report during its February 15-17, 2019 meeting.**

Please note the following report legend which is required by APA Rule 30-60.2: "APA reports synthesize current psychological knowledge in a given area and may offer recommendations for future action. They do not constitute APA policy nor commit APA to the activities described therein. This particular report originated with the APA BEA Task Force to Develop a Blueprint for APA Accreditation of Master's Programs in Health Service Psychology." Notwithstanding this required legend, please also be aware that, in March 2018, Council did approve a motion to pursue "accreditation of master's level programs in psychology in areas where APA already accredits."

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## Executive Summary

At its March 2018 meeting, Council voted to support pursuing accreditation of master's level programs in psychology in areas where APA already accredits. Following Council's action, the Board of Educational Affairs (BEA) appointed a Task Force charged with developing a blueprint for APA to pursue for accreditation of master's programs in health service psychology (HSP; which currently includes the practice areas of clinical, counseling and school psychology). That Task Force was specifically asked to:

- Develop a statement that broadly delineates the scope of accreditation for training at the master's level as contrasted with the current scope at the doctoral level
- Prioritize possible pathways for APA to establish accreditation of master's programs in psychology, and
- Identify the necessary expertise to comprise the accreditation decision making body.

The Task Force was convened in the summer of 2018. Subsequent to a series of calls and a meeting that included other relevant stakeholders (including senior staff from the National Association of School Psychologists [NASP], the Masters in Psychology and Counseling Accreditation Council [MPCAC], APA Office of Program Consultation and Accreditation [OPCA], and the Association of State and Provincial Psychology Boards [ASPPB]), the Task Force now recommends:

1. That there be an expansion of the APA's current accreditation of doctoral programs in HSP, the APA Commission on Accreditation, to include accreditation of HSP master's programs within the United States and its territories,
2. That this expansion of the APA Commission on Accreditation (CoA) to include master's programs in HSP be undertaken as part of the continuum of education and training in HSP recommended by the Health Service Psychology Education Cooperative in 2013,
3. That the purpose of accreditation remains fundamentally unchanged: "to promote consistent quality and excellence in education and training in health service psychology" and to provide "tangible benefits for prospective students; the local, national, and international publics that are consumers of psychological services; and the discipline of psychology itself" (APA, CoA, 2015, p.3),
4. That accreditation in HSP programs at the master's level be conceptualized as focusing on core aspects of HSP (represented by the knowledge and competencies common to HSP—rather than accreditation specific to the practice areas of clinical, counseling or school psychology at the master's level, and
5. That HSP, regardless of accreditation at the master's or doctoral level remain defined as "the integration of psychological science and practice in order to facilitate human development and functioning" (APA CoA, 2015, p.1).

To implement such accreditation, the Task Force further recommends that the APA CoA also consider the following in order to implement accreditation at the master's level:

6. That master's programs providing education and training in the practice of health service psychology, regardless of program title, be considered for accreditation,
7. That pathways to recognize programs already accredited/approved by the Masters in Psychology and Counseling Accreditation Council (MPCAC) and the National Association of School Psychologists (NASP) be explored, and
8. That efficient processes for accredited master's programs, that are either imbedded within or affiliated with doctoral HSP programs and undergoing periodic review for re-accreditation be examined.

Finally, to ensure the fair and informed accreditation review of master's HSP programs, and to address the increased workload and expertise demands of reviewing master's HSP programs, the Task Force recommends an expansion in the membership of the Commission on Accreditation (CoA) to include:

- Two faculty members from terminal HSP master's degree programs,
- One faculty member from a program for whom master's training in HSP is prerequisite and/or foundationally integrated *en route* to the doctorate" (Jackson & Scheel, 2013, p. 10),
- Three seats nominated from appropriate master's training councils, such as the Council of Master's Counseling Training Programs (CMCTP), Trainers of School Psychologists (TSP), and the Council of Applied Master's Programs in Psychology (CAMPP)
- Two additional members to those appointed by BPA *Representing Practitioners of the Profession*—to include master's level practitioners in HSP in the areas of clinical psychology, counseling psychology, or school psychology, and representing independent/ institutional practice.
- One student nominated by the American Psychological Association of Graduate Students (APAGS) from a terminal master's program or an integrated master's program, and
- A sufficient number of public members to assure quality from a public perspective and to meet the requirements of external accrediting agency recognition.

The report concludes with additional recommendations and considerations moving forward. These recommendations are intended to facilitate implementation of the proposed blueprint and address issues identified in the development of this report. These issues include clarification and differentiation of the competencies of successful graduates of accredited master's programs in HSP, identification of scope of practice and title, collaboration with existing accrediting organizations, and implications for APA membership of graduates from these programs.

## Introduction

### Background

In 2003, while writing on the future of accreditation, Beidel, Phillips and Zlotlow argued that, "The most contentious issue in accreditation is accreditation of programs that train students at the master's level" (Beidel, Phillips & Zlotlow; in Altmaier, 2003, p. 119). Indeed, although the APA has discussed the role of master's training in psychology through numerous initiatives dating as far back as 70 years (Woods, 1971), there has been a decided lack of consensus on this matter. Prior to its last reauthorization, APA's 1987 Model Act for Licensure of Psychologists recognized non-doctoral practice via section J Exemptions # 3, for appropriately credentialed school psychologists, however, other non-doctoral psychology practitioners were not recognized. In the absence of such consensus, the profession has continued to affirm the doctoral degree as the entry degree for independent practice—the position instantiated in the APA's most recent iteration of its model licensing act (APA, 2011). Relevant to this point, the Health Service Psychology Education Collaborative's most recent blueprint proposed a "seamless transition across levels (undergraduate through postdoctoral)" for education and training in HSP, while at the same time making no reference to training at the master's level — despite there being master's program representation within the collaborative (Health Service Psychology Education Collaborative, 2013).

In March 2018, the APA Council of Representatives took a historic step and approved (with 92% of those voting in favor) a motion to pursue "accreditation of master's level programs in psychology in areas where APA already accredits." In doing so, Council established that the general scope of APA's accreditation efforts be expanded from the accreditation of doctoral, internship, and postdoctoral programs in HSP to include master's level programs.

Following Council's action, the Board of Educational Affairs (BEA) appointed a Task Force charged with developing a blueprint for APA to pursue for accreditation of master's programs in health service psychology (HSP; which currently includes the practice areas of clinical, counseling and school psychology).

The decision to pursue accreditation of master's programs in HSP, which includes programs in clinical psychology, counseling psychology, school psychology, stemmed from a discussion at the August 2017 Council meeting. Council participated in small and large group discussions related to master's level training and practice in psychology. Drs. Jim Diaz-Granados and Katherine Nordal provided a presentation to Council on the history and current considerations related to master's education and practice, and the report of a 2016 summit convened by the APA Minority Fellowship Program on master's training in psychological practice. At the end of the discussion by Council in August 2017, the following statement was approved:

> "Current issues and developments have risen to the level that APA should consider options related to master's level training and/or practice and that staff and governance should identify and explore options for APA to consider."

In late 2017, a survey and series of webinars were conducted to gather information from key stakeholders about considerations for APA to pursue different options related to master's level training in practice. Prior to the March 2018 Council meeting, webinars were offered to members of council about the possible options to inform the discussion that occurred during the face-to-face meeting.

After the March 2018 Council meeting, the Board of Educational Affairs (BEA) developed and disseminated a call for nominations (Appendix A) for a Task Force that would be charged with

developing a blueprint for APA to pursue accreditation of master's programs in health service psychology. Specifically, the charge of the Task Force included:

- Developing a statement that broadly delineates the scope of accreditation for training at the master's level as contrasted with the current scope at the doctoral level.
- Prioritizing possible pathways for APA to establish accreditation of master's programs in psychology. For example, what are the advantages and disadvantages of creating an entirely new accreditation system vs. expanding the scope of APA's current accrediting body. Included would be a review of how the accreditation body would (or would not) overlap with existing accreditation systems for individuals trained at the master's level in health service areas of psychology.
- Identifying the necessary expertise to comprise the accreditation decision making body.

The call for nominations was widely disseminated on April 20, 2018, with a deadline date of May 11, 2018. Approximately 66 nominations were received that represented a broad range of expertise and diversity across many dimensions. In June, BEA approved an 8-person Task Force, including a chair, Dr. James Lichtenberg. BEA also appointed Dr. Celeste Malone as the BEA liaison to the group. The Task Force roster is included in Appendix B.

**Work of the Task Force**

The Task Force held monthly conference calls starting in July and met in-person November 30 – December 2, 2018. Initial discussions of the Task Force focused on understanding the current landscape of accreditation at the master's level with the intention that APA's efforts to undertake accreditation be collaborative to the extent possible.

To do so, the Task Force invited other relevant stakeholders to provide input to their discussions. Eric Rossen, PhD, NCSP and Director, Professional Development and Standards at the National Association of School Psychologists (NASP), participated in a Task Force conference call and provided Task Force members information about the NASP approval process and perhaps most importantly advised Task Force members about considerations of the potential impacts of APA accreditation of master's programs in school psychology. There has also been ongoing dialog with Patricia O'Connor, PhD, the Executive Director of the Masters in Psychology and Counseling Accreditation Council (MPCAC) via Task Force conference calls, email exchanges, and telephone calls with the Task Force chair and Education Directorate staff. An invitation to attend the face to face meeting of the Task Force was extended and accepted. Unfortunately, the executive director was ultimately unable to participate in person due to health reasons. Dr. O'Connor did participate in part of the face to face meeting via video conference. In addition, the Task Force sought input from the director of the APA Office of Program Consultation and Accreditation, Jacqueline Remondet Wall, PhD and Jacqueline Horn, PhD, representing the Association of State and Provincial Psychology Boards. Both Drs. Wall and Horn were present at the face to face meeting of the Task Force. Dr. Lynn Bufka served as a liaison to the Task Force from the APA Practice Directorate and attended the meeting.

The Task Force undertook its work by dividing into three small groups, each focused on one aspect of the charge. Each subgroup developed options related to their piece of the charge, formulated considerations both positive and negative associated with each option, and ultimately made a recommendation as to the best course of action. Subgroup work was presented to the larger group for discussion and feedback on conference calls and at the face to face meeting where final decisions were made.

Recommendations and rational for such are now presented. Please refer to the glossary of terms in Appendix C for definitions of common terms used below.

## Task Force Recommendations and Rationale

### Proposed Scope of Accreditation

**Task:** Developing a statement that broadly delineates the scope of accreditation for training at the master's level as contrasted with the current scope at the doctoral level

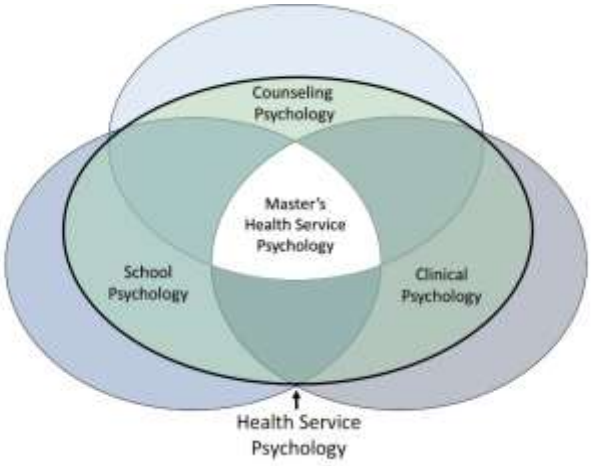
The Task Force began the process by reviewing the following documents: Standards of Accreditation (SoA), the current accreditation standards for Health Service Psychology (HSP) and the Blueprint for Education and Training in Professional Psychology in Health Care Services (Health Service Psychology Education Cooperative, 2013). Following consideration of these documents, the Task Force focused on master's programs in HSP (i.e., Clinical, Counseling and Psychology practice areas). The Task Force also reviewed the First Street Accord (https://www.apa.org/ed/accreditation/signed-accord-cpa.pdf) and the Quality Assurance in International Education and Training (https://www.apa.org/about/policy/quality-assurance-resolution.pdf), and concluded that the scope of accreditation only applies to HSP master's programs within the United States and its territories.

The Task Force recognizes that there are different routes through which master's degrees are achieved. Some master's programs stand as distinct and separate programs ending with the master's degree (i.e., "terminal" programs), while others are part of an HSP doctoral program (i.e., "integrated" programs). In regard to type of program or route through which a degree is earned, *accredited* master's programs in HSP must meet a set of standards leading to a specific set of professional competencies and outcomes. Consistent with doctoral-level accreditation, master's programs in HSP may also choose to have additional program-specific education and training, above and beyond the standards for accreditation at the master's level. The Task Force conceptualizes accreditation in HSP at the master's level as a core HSP—rather than accreditation specific to the practice areas of clinical, counseling or school psychology.

The Task Force recommends pursuing accreditation of programs in HSP at the master's level as part of the continuum of education and training in HSP, following the recommendations of this group.

### Master's Level HSP

The Task Force conceptualizes health service psychology at the master's level to be represented by the knowledge and competencies common to clinical, counseling, and school psychology as noted in the figure below. This would include minimum levels of achievement (MLA) as defined by the core HSP competencies.




**APA's scope for *Doctoral* programs**

As a reference point for the expansion of accreditation to include the accreditation of master's programs in HSP, the scope of accreditation as stated in the current Standards of Accreditation for doctoral programs in HSP is provided: *Standards of Accreditation for Programs in Health Service Psychology I. Scope of Accreditation*:

> The accreditation process is intended to promote consistent quality and excellence in education and training in HSP. Education and training provides tangible benefits for prospective students; the local, national, and international publics that are consumers of psychological services; and the discipline of psychology itself.
>
> For the purposes of accreditation by the APA Commission on Accreditation (CoA), HSP is defined as the integration of psychological science and practice to facilitate human development and functioning. HSP includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, advocacy, assessment, and treatment for psychological and other health-related disorders.
>
> Programs that are accredited to provide training in HSP prepare individuals to work in diverse settings with diverse populations. Individuals who engage in HSP have been appropriately trained to be eligible for licensure as doctoral-level psychologists.
>
> The Commission reviews programs for accreditation at doctoral, internship, and postdoctoral levels.
>
> The CoA reviews doctoral programs in psychology that provide broad and general training in scientific psychology and in the foundations of practice in HSP. Practice areas within HSP include clinical psychology, counseling psychology, school psychology, and other developed practice areas. The CoA also reviews programs that combine two or three of the above-listed practice areas. (APA CoA, 2015, p. 1).

**Scope of accreditation as discussed by two other relevant HSP accrediting bodies:**

The table below provides a brief synopsis of the scope of accreditation of the two accrediting/approval bodies that accredit/approve psychology-based HSP master's programs: the Masters in Psychology and Counseling Accrediting Council (MPCAC) and the National Association of School Psychologists (NASP).

Both are accrediting organizations that would have at least some degree of overlap with proposed scope of accreditation proposed in this report.

| Component | MPCAC | NASP |
|---|---|---|
| Scope | Regionally accredited academic institutions in the United States that offer master's degrees in counseling and psychology and are based on the science-based practice of counseling and psychological services. | Doctoral and specialist level programs in school psychology in an institution that is regionally accredited by an accreditor recognized by the U.S. Department of Education. |

**Context for Scope of Accreditation for HSP Master's Programs:**

While expanding its scope of accreditation to include master's programs, the Task Force proposes that the purposes of accreditation remain fundamentally unchanged: "to promote consistent quality and excellence in education and training in health service psychology" and to provide "tangible benefits for prospective students, students; the local, national, and international publics that are consumers of psychological services; and the discipline of psychology itself" (APA CoA, 2015, p.1). Programs in the US that are accredited to provide training in HSP, irrespective of whether this is at the doctoral or master's level, will prepare individuals to deliver science-based psychological practices with diverse populations in multicultural settings.

The Task Force understands the scope of accreditation to be applied to the university or institutional context whereas the scope of *practice* is relevant to individual state requirements. It recognizes, however, an important relationship between the scope of accreditation and practice. In this regard, the Task Force expects that the scope of *practice* of master's level practitioners, while encompassing a range of professional activities relevant to health promotion, prevention, consultation, advocacy, assessment, and treatment for psychological and other health-related disorders, will be shaped by the *education* and *training* experiences provided in university or institutional programs. By definition, and as noted in the figure above, master's education and training will be foundational in HSP, whereas doctoral training will be more extensive building on that common foundation within the specific practice areas of clinical, counseling, and school psychology.

The Task Force recognizes that master's programs in HSP may exist within academic departments in different ways and with different program labels (e.g., clinical, counseling and school psychology programs). Master's programs in HSP may exist in university or institutional departments as stand-alone programs, or they can be integrated within doctoral programs in HSP. Regardless of their independence from or association with doctoral programs, master's programs in HSP must be based on a formalized curriculum or curricular sequence for that terminal degree, not simply as a transitional degree that is obtained after accrual of a set number of course credits or as a consolation for having not quite completed the degree requirements for a doctorate. In other words, the scope of accreditation for master's programs in HSP applies only to programs meeting a set of standards leading to a specific set of professional competencies and outcomes.

**Recommendation: Proposed Scope of Accreditation for Master-level Programs in HSP**

Based on the above, the Task Force recommends the accreditation of master's programs in psychology that provide education and training in the practice of health service psychology (HSP). It further recommends that this accreditation be of general HSP programs, rather than those in the specific practice areas of clinical, counseling or school psychology. For purposes of master's level accreditation, HSP remains defined as "the integration of psychological science and practice in order to facilitate human development and functioning." Programs that are accredited to provide training in HSP, irrespective of whether this is at the doctoral or master's level, will prepare individuals to deliver science-based psychological practices with diverse populations in multicultural settings. These programs may stand alone or may be integrated within existing doctoral programs in HSP in institutions and universities that are consistent with current APA policies.

## Possible Pathways to Establish an Accreditation System

**Task:** Prioritizing possible pathways for APA to establish accreditation of master's programs in psychology. For example, what are the advantages and disadvantages of creating an entirely new accreditation system vs. expanding the scope of APA's current accrediting body? Included would be a review of how the accreditation body would (or would not) overlap with existing accreditation systems for individuals trained at the master's level in health service areas of psychology.

Establishing an accreditation system within the APA for master's programs in health service areas of psychology could be done either by expanding the scope of the current Commission on Accreditation (CoA) to include review of master's programs or a completely independent, new system within the APA. Each option has advantages and disadvantages that are detailed below.

**Option #1 – Expanding the Scope of the Commission on Accreditation**

- **Advantages**
    - Because the APA CoA is already recognized by the United States Department of Education (US ED) and the Council of Higher Education Accreditation (CHEA), expanding the scope of CoA to include accreditation of master's programs would likely allow for a quicker pathway to external recognition.
    - Including master's programs in CoA's scope is consistent with a perspective of a continuum of HSP training, as well as with the expertise of staff and commissioners.
    - Moreover, the APA's *Standards of Accreditation for Health Service Psychology* (2015) states that "education in health service psychology resides on a continuum: progressing from broad and general preparation for practice at the entry level at the doctoral and internship levels to advanced preparation at the postdoctoral level in a focus area and/or recognized specialties" (p. 4).
- **Disadvantages**
    - Given the profession's history of requiring the doctoral degree for entry to practice, the development of accreditation standards and areas of expertise for those who are serving as evaluators will be crucial for the success of master's program accreditation.
    - The workload for commissioners and staff has increased significantly in recent years such that it is not practical to simply add accreditation of master's programs to the current system. Additional resources including staff, space, and technology would be needed.

**Option #2 – Creating a New Accreditation System**

- **Advantages**
  - It may be easier to develop a new accreditation system as opposed to modifying the existing CoA to accredit master's programs. This new accreditation system can replicate the structure of the existing CoA (i.e., representation from groups involved in master's education and clinical practice), while also having the flexibility to add representation from other groups as appropriate.
  - The discussion around the resources needed for accreditation may be more meaningful or accurate with a separate accrediting system. APA may more clearly see what additional resources are needed to engage in master's level accreditation and how resources should be allocated.
  - Additionally, a separate accreditation system may provide opportunities for APA to accredit master's programs outside of health service psychology (e.g., behavior analysis, industrial-organizational) in the future.
- **Disadvantages**
  - Given requirements set by external recognition bodies for time in operation before an application can be made, there would be a delay in seeking external review as a specialized accreditor from the U.S. Department of Education [US ED] and Commission on Higher Education Accreditation (CHEA). This timing issue is a major consideration especially as the Council for Accreditation of Counseling and Related Educational Programs (CACREP) expands its reach to licensing and credentialing boards that have implications for individuals from master's level counseling psychology programs. Counseling psychology programs would likely by most impacted by the length of time it will take for a master's accreditation system to be operational.
  - Creating a new accreditation system will require additional resources, such as staff, space, and technology that may be redundant with existing accreditation system.

**Relationship between APA and Other Accreditor/Approval Systems in Health Service Psychology**

Currently, there are many accrediting or approval systems in behavioral and mental health (e.g. Council of Social Work Education (CSWE), Commission of Accreditation for Marriage and Family Therapy Education (CoAMFTE), Association for Behavior Analysis International Accreditation Board (ABAIAB), Association of Occupational Therapy Accreditation (AOTA), Masters in Psychology and Counseling Accreditation Council (MPCAC), the National Association of School Psychologists (NASP), and the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Of note, only MPCAC and NASP have overlap with training in psychology. However, neither of these accreditation bodies address the core overlap in all areas of HSP.

| MPCAC | NASP |
|---|---|
| - Accredits clinical psychology, counseling, and counseling psychology programs<br>- Requires a self-study from the applicant program and a site visit<br>- Utilizes a competency-based model in accreditation standards<br>- Program requirements: two years, full-time, or the equivalent with a minimum of 48 semester hours; minimum of 600 hours of supervised experience | - Offers an approval process for specialist (60+ graduate credits) and doctoral school psychology programs housed in CAEP accredited units and an accreditation process for programs outside of schools of education and/or in non-CAEP accredited units<br>- Requires a self-study and site visit<br>- Utilizes a competency-based model in accreditation standards<br>- Program requirements: minimum of three years of full-time study and 60 credit hours; minimum |

| | |
|---|---|
| | of 1200-hour internship along with practicum training |

Both MPCAC and NASP utilize a competency-based model in their accreditation standards; this is consistent with APA's accreditation standards for HSP, which are grounded in the competencies developed by the Health Service Psychology Education Collaborative (HSPEC; 2013). These competencies were based in part on the benchmarks competencies (Fouad, et al., 2009). Consistent with its focus on accrediting programs that educate students in the science-based practice of counseling and psychological services, the MPCAC accreditation standards are also aligned with the benchmarks competencies. While the NASP standards do not reference the HSP competencies, the curricular content required for NASP approval/accreditation overlaps significantly with the curricular content required for APA accredited HSP programs (Prus & Strein, 2011).

The APA should work collaboratively with MPCAC and NASP, acknowledging the important role that these organizations have played in accrediting/approving master's and specialist (e.g. EdS, CAS, CAGS) level training. As APA develops a method for accrediting master's programs, the Task Force encourages master's programs in HSP, including those already accredited by MPCAC or NASP, to pursue APA accreditation as well.

**Recommendation: Pathway to Develop an Accreditation System**

Based on a review of the advantages and disadvantages of the two options, the Task Force recommends Option #1, that APA expand the scope of the existing Commission on Accreditation to accredit master's programs that provide training in the practice of HSP, regardless of program title (i.e., programs which may not include "psychology" in their titles). Additionally, the Task Force recommends that APA CoA explore pathways to recognize programs already accredited/approved by MPCAC or NASP. Finally, that the APA CoA explore efficient processes for accredited master's programs, that are either imbedded within or affiliated with doctoral programs and undergoing periodic review for re-accreditation.

## Expertise Necessary

**Task:** Identifying the necessary expertise to comprise the accreditation decision making body.

The Task Force considered two major options as it related to the expertise needed to fulfill the accreditation process. First, the Task Force examined whether master's level accreditation should be done with an expansion of the Commission on Accreditation (CoA) or with a new, completely separate commission. The Task Force chose the expansion of CoA in order to integrate this new accreditation process within the current APA structure. Having an expansion of the CoA allows for overlapping areas of resources and expertise to be used efficiently in an aligned manner. Second, given this proposed expansion of the CoA, the Task Force examined the structure within an expanded CoA. The Task Force attempted to accommodate inclusion of master's accreditation within the refinement of existing structures and operations. This approach fully integrates master's accreditation as part of the standard process within APA accreditation. After considerable discussion, the Task Force believes that such integration is the only way to support fully master's accreditation within the APA.

In these deliberations, the Task Force considered the implications of different models for the expertise necessary for master's accreditation. Further, the Task Force reviewed both the current structure of the CoA and that of organizations that currently accredit/approve master's programs. In mental health The

Task Force considered representational models, competency-based models, and hybrid models. The Task Force recommend a hybrid model that involves inclusion of various groups, but which also allows for obtaining expertise for the unique constituencies related to master's accreditation. This allows for the CoA to obtain a broader range of expertise to better mobilize psychology's contributions to the healthcare workforce and to better meet the public's need for mental health services.

Given these assumptions, the CoA should expand its scope and numbers. CoA currently has 32 members. In the *Snowbird Summit Final Report* document, the Structure and Appointment of the Commission on Accreditation and the Domains of Representation on the CoA is outlined beginning on page 3 (APA BEA, 2005, p. 3). Various groups (e.g., Council of Graduate Departments of Psychology, Association of Psychology Postdoctoral and Internship Centers) already are represented on CoA. As the current effort to accredit master's programs is a new initiative, an effort would be made to obtain participation from individuals outside of the current CoA structure.

In considering this expanded accreditation structure, the Task Force reflected upon what knowledge, skills, and abilities would be needed in an expanded CoA structure, such as, general knowledge of the discipline and core knowledge of HSP. It is also important to understand the connection between the standards of accreditation and the requirements for practice in HSP at the master's level. Consistent with the *APA Policies of Accreditation Governance*, "representatives on the Commission should reflect individual and cultural diversity and the breadth of psychology as a discipline," and consistent with CoA requirements, public representation and graduate student representation (APA CoA, 2006). In addition, the group considered roles associated with master's level training, settings employing master's level graduates, and representation for individuals who come from non-traditional channels. Finally, the group considered the role of other professional bodies in nominating individuals to be involved with CoA.

**Recommendation: Expertise Needed**

Under the proposed structure, as with the current CoA, all appointments other than the student appointment, would be made for three-year terms, renewable one time. The number of appointments initially would be limited and could expand if and when demand increases. Appointments would come from the following domains:

A. Two faculty members from terminal master's degree programs. All are from HSP programs, such as clinical psychology, counseling psychology, and school psychology programs.
B. One faculty member from a program "for whom master's training is prerequisite and/or foundationally integrated en route to the doctorate" (Jackson & Scheel, 2013, p. 10; referred to here as an integrated master's program).
C. Three seats nominated from appropriate master's training councils, such as the Council of Master's Counseling Training Programs (CMCTP), Trainers of School Psychologists (TSP), and the Council for Applied Master's Programs in Psychology (CAMPP).
D. Add two additional members to those appointed by BPA *Representing Practitioners of the Profession.* These will be master's level practitioners in HSP in the areas of clinical psychology, counseling psychology, or school psychology. They can represent independent practice or institutional practice.
E. One student nominated by APAGS from a terminal master's program or an integrated master's program (one-year term with a reappointment for one-year).
F. A sufficient number of public members to assure quality from a public perspective and to meet the requirements of external accrediting agency recognition

The Task Force conceptualizes that the expertise needed to fulfill the Commission appointments A-E, must be stakeholders from master's HSP constituencies. This includes students, faculty who serve as core faculty in master's HSP programs, and practitioners at the master's level.

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**Appendix A: Call for Nominations**

**Call for Task Force Members**
**The Board of Educational Affairs (BEA) Task Force to Develop a Blueprint for APA Accreditation of Master's Programs in Health Service Psychology**

**Task Force Charge:**

The Task Force shall be charged to outline a plan by which APA could pursue development of an accreditation system for master's programs in health service areas (clinical, counseling, school) of psychology. Specifically, the charge of the Task Force would include:

- Developing a statement that broadly delineates the scope of accreditation for training at the master's level as contrasted with the current scope at the doctoral level
- Prioritizing possible pathways for APA to establish accreditation of master's programs in psychology. For example, what are the advantages and disadvantages of creating an entirely new accreditation system vs. expanding the scope of APA's current accrediting body. Included would be a review of how the accreditation body would (or would not) overlap with existing accreditation systems for individuals trained at the master's level in health service areas of psychology.
- Identifying the necessary expertise to comprise the accreditation decision making body.

Once the Task Force membership is approved, work is planned to begin immediately, in anticipation of a progress report due to the APA Council of Representatives in August 2018. The Task Force will conduct its initial work via conference call (at minimum monthly), and electronic mail. A face to face meeting of the Task Force may be scheduled to occur at APA headquarters in Washington DC in 2018. Task Force member expenses related to this meeting will be covered by the APA.

Background**:**

APA has discussed the role of master's training in psychology through numerous initiatives dating as far back as 70 years with no consensus. However, in August 2017 the APA Council of Representative voted that:

> "Current issues and developments have risen to the level that APA should consider options related to master's level training and/or practice and that staff and governance should identify and explore options for APA to consider."

In March 2018, the Council was provided this information and voted to approve pursuing accreditation of master's level programs in areas where APA already accredits (clinical, counseling, school). Following Council's action, the Board of Educational Affairs (BEA) appointed a Task Force charged with developing a blueprint for APA to pursue for accreditation of master's programs in health service psychology (HSP; which currently includes the practice areas of clinical, counseling and school psychology).

Proposed membership:

BEA will appoint 8 members (including a Chair), to the Task Force from those that apply. The Task Force shall represent individuals with the following areas of expertise:

- Graduate education, at the master's and/or doctoral level, in clinical, counseling, or school

psychology
- Accreditation of doctoral programs in health service psychology
- Accreditation of master's programs in clinical or counseling psychology
- Approval of master's programs in school psychology
- Leadership role(s) specific to the professional practice of psychology
- Academic leadership (department chair or higher) associated with a department, college, or school offering master's and doctoral degrees in psychology
- Current student in a doctoral program that obtained a terminal master's degree in psychology prior to admission into a doctoral program
- Department of Veteran's Affairs experience in training and employment of individuals with psychology degrees

Individuals with multiple areas of experience and expertise will receive precedence and are strongly encouraged to apply.

Those interested in serving on the Task Force should submit:
- A CV or resume documenting experience and knowledge related to the charge of this Task Force
- A one-page (maximum) letter specifically articulating how qualifications relate to the areas of expertise outlined above and any aspects of diversity that you represent and choose to make known.
- Matrix for the BEA Task Force to Develop a Blueprint for APA Accreditation of Master's programs in Health Service Psychology

Questions and nomination materials should be sent by **May 11, 2018** to:

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**Appendix B: Task Force Roster**

**Board of Educational Affairs Task Force to Develop a Blueprint for APA Accreditation of Master's Programs in Health Service Psychology**

**Task Force Members**

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**Appendix C: Glossary of Terms and Acronyms**

**Health service provider** – "Psychologists are certified as health service providers if they are duly trained and experienced in the delivery of preventive, assessment, diagnostic, therapeutic intervention and management services relative to the psychological and physical health of consumers based on: 1) having completed scientific and professional training resulting in a ***doctoral degree in psychology; 2) having completed an internship and supervised experience in health care settings; and 3) having been licensed as psychologists at the independent practice level***." (APA, 2010)

**Health service psychology** (HSP) - "the integration of psychological science and practice in order to facilitate human development and functioning" (APA CoA, 2015).

I**ntegrated master's program** - are part of a HSP doctoral program

**Terminal master's program** - stand as distinct and separate programs ending in with the master's degree

**Acronyms**

**APAGS** - American Psychological Association of Graduate Students

**CACREP -** Council for Accreditation of Counseling and Related Educational Programs

**CAMPP** – Council of Applied Master's Programs in Psychology

**CHEA** – Council for Higher Education Accreditation

**CMCTP** - Council of Master's in Counseling Training Programs

**MPCAC** – Masters in Psychology and Counseling Accreditation Council

**NASP** – National Association of School Psychologists

**OPCA** _ Office of Program Consultation and Accreditation

**SoA** – Standards of Accreditation

**US ED** - United States Department of Education

**Appendix D: Additional Recommendations and Considerations**

In conducting its work, the Task Force identified several items that related to their charge and that would ultimately impact the implementation of an accreditation system for master's programs in psychology that warrant timely consideration by the APA. These are articulated below:

1. It will be important going forward to clarify and distinguish between the competencies that are expected of those successfully completing an accredited master's program in HSP in contrast to the competencies of those completing an accredited doctoral program as well as, to clearly articulate the profession's support for a scope of practice of these graduates as they enter professional practice. The Task Force recommends a group be convened and charged with the task of differentiating and articulating a scope of practice. The group should include individuals from both the practice and education communities (including the Commission on Accreditation/CoA and representatives from master's constituency groups). The Task Force further recommends the inclusion of, (a) student perspectives and (b) representation from this Task Force in the group.

2. Although stated earlier in this report, the Task Force believes it important to reiterate and stress the purpose of accreditation. Irrespective of whether one is discussing the accreditation of master's or doctoral training programs, doctoral internships, or postdoctoral residencies, "accreditation is intended to protect the interests of students; benefit the public, and improve the quality of teaching, learning, research, and practice in health service psychology" (APA, Commission on Accreditation, Standards of Accreditation, p. 4). Although academic program accreditation has been recognized as an important factor in the determination of individuals' eligibility to attain licensure to practice, the fact of accreditation is significant in itself and a worthy and important effort of our professional association.

3. It has been and remains the case that with respect to accreditation in HSP that the education and training in graduate programs must demonstrate, (a) an integration of empirical evidence into one's practice, (b) should be sequential, cumulative, and graded in complexity, and prepare students for practice or further organized training, and (c) engage in actions that indicate respect for and understanding of cultural and individual differences and diversity. The Task Force does not waiver in its recommendation that these same principles to which accredited doctoral programs are held accountable must apply as well to accredited master's programs. With particular regard to (b), the Task Force recommends that not only should master's programs in HSP be the sequential, cumulative and graded in complexity, but that these programs be understood and valued as a part of the sequential, cumulative, increasingly complex nature of graduate training and professional practice in HSP. In this regard, master's training in HSP should not be viewed as HSP training "lite," but rather as the significant—indeed foundational--portion of training in HSP that it is.

4. The Task Force recognizes that society benefits from providers that are trained at multiple levels. At the same time, the Task Force understands that masters-level providers in particular are more likely than doctoral level providers to live and practice in rural areas and provide access to mental health services for those that are underserved as well as in urban areas in settings that are under-resourced. For these reasons, the Task Force recommends that the APA CoA consider attention to issues of social justice advocacy as a part of an accredited master's program's education and training sequence and expected competencies.

5. The Task Force recognizes that in each of the 50 states and territories, there are masters-level practitioners who are licensed for independent practice, and it believes that in tandem with a master's program accreditation effort, the APA must acknowledge and support the current status of these practitioners, rather than work to minimize or diminish their already achieved practice standing.

6. Although outside of the scope of the Task Force and of accreditation generally but consistent with the above, the Task Force presumes that graduates will have a professional practice identity, and it believes it's critical that a suitable practice title—one consistent with the program graduates' psychology-based training—be afforded and recommended to state regulators for purposes of licensing. The Task Force suggests that a survey of other health professions and how they handle the titling of their mid-level professionals, might be useful.

7. With respect to #5 and #6 above, the Task Force suggests that the APA collaborate with MPCAC (Master's in Psychology and Counseling Accreditation Council) on state-level advocacy on matters related to the licensing and scope of practice of master's level HSP practitioners and to the recognition of APA accreditation of master's programs.

8. The Task Force recognizes a long history of non-inclusion of masters-level practitioners and their graduate training programs in APA policy. As a master's program accreditation system moves forward, the Task Force recommends that APA undertake a comprehensive review of its current, standing policies to ensure alignment with and support of accredited masters-level training and of masters-level practitioners from accredited programs. Efforts should also include communications to current members about why the APA is developing an accreditation system for master's programs at this time.

9. The Task Force recognizes that APA's accreditation of master's HSP programs and its support of masters-level HSP practitioners, may have implications for membership of the association, including the role of those holding master's degrees. It believes that such implications need to be addressed, sooner than later.

10. The Task Force recognizes what may be a significant increase in the CoA's workload with the addition of the accreditation of master's programs (an estimate of 487 academic institutions offer a master's degree in HSP based on a recent APA workforce analysis; APA, 2017) and would note that in addition to the expansion of representation on the CoA (recommended earlier in this report), additional program review consultants (PRCs) may be necessary to assist with the work of the CoA. In addition, the OPCA will be impacted and additional association resources (e.g., staffing, space, financial, technology) will be needed.

11. The Task Force recognizes the significant role that CoA will play as these efforts move forward. Several particular issues relevant to master's program accreditation regarding the development of standards of accreditation are:

    a. The Task Force encourages consideration of whether a restructuring of the CoA (per its earlier recommendation) and having this restructured group undertake this task might be a fruitful way to proceed.

b. The Task Force recognizes the value of current master's level accreditors/approval systems (e.g., NASP, MPCAC), and encourages the exploration and development of alternative pathways to accreditation for those programs that are already accredited/approved—at least during initial years of APA's system. The Task Force does not recommend that such programs be "grandfathered in" as APA accredited programs, but rather that such programs be provided with a way to move expeditiously toward accreditation given their current accredited/approved status.
c. The Task Force also encourages the exploration of accreditation policies and procedures for streamlining the accreditation processes for academic units or departments with both a master's and doctoral program (e.g., single site visit for the two levels of programs).
d. Recognizing the significant role that technology (distance education) plays in the current offering of master's programs in the health service areas and considering how technology may be successfully deployed in masters-level HSP programs.
e. Ensuring that accreditation standards for master's programs ensure minimally acceptable levels of program quality and academic rigor but do not extend programs beyond two years of fulltime graduate study.
f. Including provisions for the transfer of credit into accredited doctoral programs for students who complete an accredited master's program within either a terminal master's or integrated master's program.

12. The Task Force recommends that there be efforts to help ensure that the classification of these programs (their CIP codes), reflect that these master's programs are "psychology programs" rather than as (e.g.) "education programs" --that their classification is 42.xxxx rather than 13.xxxx.