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An empirical study of outcomes and quality indicators between accredited and non-accredited clinical mental health counseling programs

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AN EMPIRICAL STUDY OF PROGRAM OUTCOMES AND QUALITY INDICATORS 
BETWEEN ACCREDITED AND NON-ACCREDITED CLINICAL MENTAL HEALTH 
COUNSELING PROGRAMS

by

William P. Murphy

Dissertation

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ABSTRACT

Quality assurance of academic programs that lead to licensure or certification in a profession traditionally has been through the industry-recognized accreditation body. There have been a limited number of studies on whether accreditation is associated with better program quality and outcomes; the purpose of this study was to add to that body of literature by comparing accredited and non-accredited programs. The quality dimensions associated with the study are standards-related program inputs such as admissions criteria, faculty resources and qualifications, and outcomes, as reflected by clinical examination results and program completion rates.

The study compared standards areas for a specialized counseling accreditation agency versus institutional and regulatory accrediting agencies. Quantitative analysis of examination scores and annual program reports related to New York State graduates of mental health programs were then analyzed to compare accredited and non-accredited programs. Findings revealed unique approaches to certain standards between the specialized and regional accreditation agencies, as well as overlap in a number of areas. Unlike recent studies which suggested that accredited programs are associated with higher program quality indicators, the findings of this study indicated that there were no significant differences between Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited and non-accredited programs in New York State on both input-oriented and performance-related measures. While graduates of specialized accredited programs performed slightly higher on licensing exams than those in non-accredited programs, statistical analysis did not establish significant differences.

Based on these findings, recommendations include performing more in-depth analysis of how specialized accreditation bodies intersect and interact with the regional and state level
higher education and professional regulatory agencies. Certain specialized accreditation bodies’
effect (such as CACREP) may vary depending on the standards and structure of the regulatory
environment in which they operate. In addition, the findings indicate that analysis of examination
data may need to focus more narrowly on the specific exam performance sections to determine
the relationship between accreditation and student and programmatic performance in various
aspects of counseling efficacy and knowledge.
CHAPTER ONE

INTRODUCTION

Quality assurance in higher education is a complex enterprise, which involves regional and programmatic accreditation agencies, state and federal government agencies, and a broad mix of public and private stakeholders. This complexity is even more pronounced for college programs which are designed to prepare students for licensure and certification in a profession, due to multiple layers of foundational academic standards, discipline-specific content and clinical standards, and state and national certification requirements (Volkwein, 2010). Specialized accreditation agencies, dedicated to approving and monitoring professional licensure college programs, continue to expand along with the number of licensed professions nationwide. In the United States there are now over 60 programmatic accreditation bodies in various health care, law, design and engineering, and technical professions (Glenn, 2011). This growth and complexity has prompted federal and state government agencies, employers, and the public, to rely on specialized accreditation bodies to ensure programmatic quality and positive student performance (Eaton, 2011; Gaston, 2014a).

Much like the higher education system itself, programmatic accreditation is peer-driven and autonomous, largely governed by those within the academy and professional discipline (Eaton, 2009). This longstanding, largely non-governmental, approach to academic quality assurance is intended to respect the unique missions, traditions, and governance structures of the schools and colleges, while maintaining the proper internal and external checks and balances. Most accreditation bodies require that institutions engage in a cyclical review process that begins with a self-study, followed by a peer review site visit, and then a final determination of accreditation status by a commission or board (Eaton, 2009; Gaston, 2014b). This formal model
of continuous improvement based on a prescribed cycle of internal and external review varies somewhat in detail between accreditation entities, but has a consistently familiar foundational framework.

In recent years, however, this predictability and consensus model has faced a number of challenges from within and outside the academy, especially as it relates to determining educational effectiveness and quality (Council for Higher Education Accreditation, 2011; Glenn, 2011; Kamenetz, 2013). Federal and state governments are re-examining the rigor and controls associated with educational quality assurance systems, and demanding accountability associated with the skyrocketing costs of tuition and financial aid (Hernon, 2013; Lewin, 2013). In addition, colleges seeking to expand more non-traditional technology and competency based programs are advocating for more innovative ways to evaluate and measure programmatic and student success, with some schools choosing to forego accreditation altogether (Kamenetz, 2013; Dill, 1998).

Accreditation bodies are responding to this new set of challenges and scrutiny by reexamining their standards, criteria, and evaluation processes, and ultimately, their ability to accurately measure the quality of the programs and graduates (Gaston, 2014b). This is especially true for the specialized, programmatic accreditation bodies which are not only charged with assuring the foundational academic standards and outcomes, but also the professional clinical or practice related skills which graduates must perform upon employment and professional licensure in the discipline (Fox-Garrity & Finney, 2007).

Evaluating programmatic and student performance related to accredited professional programs begins with setting standards and program criteria that are relevant to the type of institution or program that is the subject of the accreditation review (Dill, 2014). These
standards are typically updated every three to ten years and include the benchmarks, performance measures, and outcomes that determine if a program is meeting quality expectations (Eaton, 2011). Input-oriented standards address broad institutional and programmatic resources and structures such as faculty, admissions requirements, administration and governance, financial commitment and stability, facilities and classrooms, technology, curriculum, and student services (Gaston, 2014b). Output or outcomes-oriented standards target student performance and observation-based demonstration of knowledge and expertise (Tam, 2014). Most programmatic accreditation bodies have shifted toward this outcomes or competency-based standards model, and require that schools and programs develop complex evaluation systems to determine whether graduates are adequately demonstrating knowledge acquisition and practical skills (Ewell, 2014). Evaluative measures of quality might include periodic supervisory observation in clinical or workplace settings, self-evaluation exercises, formative and summative assessments, and performance on professional licensure or certification exams (Kelly, 2011).

The predominant movement in higher education, particularly for competency-based professional programs, is to measure student performance outcomes such as clinical or practice-based exam performance and employment-related measures (Dreschler Sharp, Komives & Fincher, 2011; Kelly, 2011). This approach is intended to strike a balance between respecting the school and faculty’s unique approach to curricula and program delivery, while demanding demonstrable progress related to student performance and knowledge. The Council for Higher Education Accreditation (CHEA) now requires recognized accreditation agencies to demonstrate accountability by having “accreditation standards or policies that require institutions or programs routinely to provide reliable information to the public on their performance, including student
achievement as determined by the institution or program” (Council on Higher Education Accreditation, 2010, p. 5).

The focus presented in the document is on educational quality indicators and program outcomes of clinical mental health counseling programs in the field of mental health counseling. Similar to most professions in the United States which involve multiple layers of unique licensure and academic requirements, mental health counseling is particularly complex and splintered, and has sought a more unified professional identity for many years (Bobby, 2013). A review of the landscape of licensed and certified counseling professions across all 50 states reveals major differences including five distinct professional counseling license titles; varying levels of academic content, program length, and clinical internship requirements; multiple state-specific scopes of practice; and a number of local and national advocacy and trade organizations (American Counseling Association, 2010). To address this complexity, mental health counseling professionals advocated for one primary accreditation entity to codify and condense educational standards and sub-disciplines, and subsequently in 1981 established the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (Bobby, 2013).

Over the past three decades, CACREP has developed and revised the educational and discipline related criteria a number of times, and has witnessed steady growth in programmatic accreditation. As of 2016, there are over 600 CACREP accredited counseling programs at more than 270 institutions of higher education. As noted in Table 1 and Figure 1, according to the CACREP 2013 Annual Report there were 12 distinct counseling program areas which range from Addiction, Career, and Gerontological Counseling to School, Community, and Clinical Mental Health Counseling. Under the most recent standards, these 12 areas will be collapsed into 6 major counseling areas: Addictions Counseling; Career Counseling; Clinical Mental Health
Counseling; Marriage, Couples, and Family Counseling; School Counseling; and Student Affairs. Once the transition to the more narrowly defined disciplinary areas is complete, the Clinical Mental Health Counseling area will subsume the existing Community Counseling and generic Mental Health Counseling programmatic areas and will represent the largest CACREP discipline with approximately 253 Masters level programs (Council for Accreditation of Counseling and Related Programs, 2013d).

Table 1

2013 Nationwide CACREP Programs and Student Enrollment

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Number of Programs</th>
<th>Student Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Career</td>
<td>8</td>
<td>168</td>
</tr>
<tr>
<td>Clinical Mental Health Counseling*</td>
<td>253</td>
<td>23,705</td>
</tr>
<tr>
<td>Counselor Education &amp; Supervision</td>
<td>62</td>
<td>2,122</td>
</tr>
<tr>
<td>Gerontology</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Marriage, Couples and Family Counseling</td>
<td>39</td>
<td>2595</td>
</tr>
<tr>
<td>School Counseling</td>
<td>224</td>
<td>10,221</td>
</tr>
<tr>
<td>Student Affairs**</td>
<td>33</td>
<td>670</td>
</tr>
</tbody>
</table>

*Clinical MHC figures include three separate disciplinary areas: Clinical MHC, Community, and general MHC areas.

**Students Affairs figures include three separate disciplinary areas: Student Affairs; Student Affairs & College Counseling; and College Counseling.

Source: Council for Accreditation of Counseling and Related Programs, (2013d).
As mentioned previously, this study focuses specifically on the Clinical Mental Health programmatic area, which typically requires students to complete a 60 credit hour graduate level program, and a number of examination and clinical experience requirements before being eligible for licensure and related employment. Programmatic accreditation representation of Clinical Mental Health programs has nearly doubled across campuses since 2012, and now includes over 23,700 enrolled students across campuses nationwide (Council for Accreditation of Counseling and Related Programs, 2013d). Each program within the identified CACREP disciplinary area must meet the most recent programmatic standards. Clinical mental health counseling programs include all of the latest industry-agreed-upon standards and content, and
specifically mandates the following standardized curricular components: 1) professional orientation and ethical practice; 2) social and cultural diversity; 3) human growth and development; 4) career development; 5) helping relationships; 6) group work; 7) assessment; 8) research and program evaluation; and a minimum 600 hour clinical internship.

There are still a number of schools and programs, however, which have chosen not to engage in the CACREP accreditation process, as it is not explicitly required for licensure or program registration in any of the fifty states (Urofsky, 2013). Some schools have chosen not to engage in any specialized accreditation, while others have chosen less recognized specialized accreditation bodies such as the Masters in Psychology and Counseling Accreditation Council (MPCAC) (Jackson & Scheel, 2013). Industry advocates assert that this gap can lead to a bifurcated system where unaccredited programs are characterized by inconsistent curricula, faculty resources, and learning standards and outcomes, ultimately prompting quality assurance concerns for these graduate programs and students (Mascari & Webber, 2013).

**Statement of Problem**

Graduate programs which lead to licensure or certification in a profession are often subject to multiple layers of accreditation and program oversight, which has prompted college and governmental stakeholders to question the impact of the relevant accreditation agencies and systems on students and programs (Bakeman, 2015; Gaston, 2014b). The challenges associated with certain professions such as Mental Health Counseling are further amplified as the landscape of accreditation and program oversight is even more varied and multi-faceted due to inherent differences and professional identity issues associated with this relatively young profession (Bobby, 2013). A number of studies which have specifically explored CACREP accreditation’s effect on graduate level mental health counseling programs, and some have suggested that
research has failed to yield empirical evidence of CACREP graduates demonstrating greater knowledge or skills than graduates of non-accredited programs (Adams, 2000; Schmidt, 1999; Vacc, 1992). Other more recent studies suggest that there are positive correlations between accreditation status and the student and programmatic outcomes related to exams and professional certifications (Adams, 2006; McDuff, 2001; Milsom & Akos, 2007; Scott, 2001).

None of the studies, however, have considered the accreditation agency’s impact on the relevant program quality indicators in the context of the multiple accreditation agency environment which includes the regional and state accreditation oversight bodies and standards. This contextual analysis presented in phase one of this study allows for a descriptive, comparative review of CACREP accredited and non-accredited graduates and programs on the program quality indicators related to student admissions, faculty resources, and exam and programmatic outcomes.

The study also investigates exam performance results in a unique context. Past studies have focused on the more theory- and didactic-based National Counselor Examination (NCE), but they did not explore accreditation’s effectiveness in the context of a predominantly competency and outcomes based standards movement. This study utilizes the more clinically-focused mental health counseling exam (National Clinical Mental Health Counseling Exam-NCMHCE) as a proxy for program and student performance, and considers CACREP accredited versus non-CACREP results in the context of the updated competency and outcomes based standards environment.
Significance of Study

Programmatic accreditation and quality assurance related to professional licensure programs reflect perspectives and contexts that vary from one profession to another; some professions such as medicine and nursing have long established and universally recognized standards and accreditation protocols, while others, such as the counseling professions, are less mature and more varied. In the absence of a clear national mandate for explicitly required accreditation status among mental health counseling educators, it is important to explore the effects and effectiveness of programmatic accreditation, and to offer insights into the factors that inhibit or contribute to preparing students to become competent mental health counseling practitioners.

A broad base of Mental Health Counseling advocacy groups has recently issued the recommendation that all states begin to require that graduate counseling programs attain CACREP accreditation to ensure consistency in standards and quality program assurance (Kaplan & Gladding, 2011). In addition, the National Board for Certified Counselors (NBCC) has announced that, by January 2022, only students graduating from CACREP accredited programs will qualify to sit for the NBCC Counseling exams and certifications. At present, however, no states explicitly require CACREP accreditation, and there is evidence that challenges exist within the higher education and professional community when states attempt to finalize similar initiatives (Mascari & Webber, 2013; Johnson, Epp, Culp, Williams & McAllister, 2013).

This study attempts to address a gap in knowledge of counseling accreditation effectiveness by exploring student performance on the more clinically based NCMHCE exam for
clinical mental health counseling graduates and programs, and which reflects the competency-based accreditation standards implemented in 2009. Previous related studies have offered fairly linear, discrete connections between the accreditation body and its effect on graduate programs and students, but there are often many unexplored dimensions and criteria associated with the standards in a professional discipline such as mental health counseling. It is important to consider the most recent accreditation standards and criteria, and how effective these standards might be at assuring student knowledge and programmatic quality outcomes.

The effectiveness of professional accreditation bodies to address many of these challenges and complexities has been widely studied and documented, with more specialized studies focusing on the various elements of quality assurance such as student and programmatic performance and outcomes (Adams, 2000; Morgan, 2011; Schmidt, 1999; Scott, 2001; van Zanten, McKinley, Durante, Montiel, & Pijano, 2012). In addition to a direct comparison of outcome measures, this study includes a comparative analysis of elements associated with program quality and effectiveness, such as faculty resources and admissions requirements, to determine if there are significant differences between accredited and non-accredited mental health counseling programs.

**Theoretical Framework**

Quality assurance of programs which involve professional licensure and certification are typically based on two main evaluation theories and methodologies: objectives-oriented and expertise-oriented evaluation. Objectives-oriented evaluation begins with specifying goals and objectives and then gauges the extent to which those goals and objectives have been attained by the program in question (Tyler, 1942; Smith & Tyler, 1942). Before an objectives-oriented review is implemented, however, both the goals and objectives are broadly defined and
classified, and then are transformed into measurable, behavioral objectives. Evaluators, faculty, and students then use appropriate tools and processes to measure performance based on the previously identified behavioral and knowledge objectives. This methodology encourages a continuous cycle of improvement which involves identifying gaps in knowledge or clinical practice skills, and addressing the deficiencies until the competency or objective is met (Brittingham, 2009).

Programmatic accreditation involves many of the foundational principles and steps associated with objectives and goal-oriented evaluations, but always stresses “subjective professional expertise as the primary evaluation strategy” (Fitzpatrick, Sanders, Worthen, 2004, p.113). Objectives-oriented reviews include many of the hallmarks of peer-oriented, professional licensure-centric evaluations typically implemented by specialized accrediting agencies: (1) peer-produced, published standards; (2) a self-study by the program or institution; (3) a team of external peer assessors; (4) a site visit; (5) a site-team report on the institution or program, including recommendations; (6) a review of the report by a panel; and (7) a final report and decision (Scriven, 1984; McDavid & Huse, 2015). Building upon the foundational elements of the objectives-based model, counseling accreditation agencies employ the expertise of peer professionals in the discipline to ensure that the graduate counseling programs are subject to a cycle of continuous improvement that respects the college’s and counseling departments’ vision and autonomy, but at the same time, is grounded in the mutually agreed upon education principles and best practices within the profession (Even, 2012; Milsom, Nassar-McMillan, Pope, Thompson, & Williams, 2012).

Higher level institutional accreditation reviews also typically involve a peer-oriented approach, but specialized programmatic accreditation reviews include a more focused,
prescriptive notion of what peer and expertise-oriented evaluation is, as the competence of future licensed professional depends on this. Alkin, Christie, and Rose (2006) note that expertise-oriented evaluators must relate their specialized knowledge and experience not only content and process, but also to outcomes and the standards that drive the outcome in order to ensure that the standards are promoting a cycle of continuous improvement:

The expertise-oriented evaluation approach is concerned with making value judgments about the quality of a situation based on the evaluator’s knowledge and experience. While expertise-oriented evaluation is concerned with outcomes, there is also a focus on what creates or contributes to outcomes so they can be enhanced. (p. 400).

CACREP asserts that this form of expertise-oriented, peer review is the centerpiece of counseling accreditation oversight because faculty, students, practitioners, and administrators understand that each step in the accreditation process is linked to the most updated clinical scope of practice of the counseling profession and the practitioners in the field (Bobby, 2013; Bobby & Kandor, 1992).

Detractors of the proliferation of accreditation and the constant cycle of education review and evaluation assert that multiple agency demands can be duplicative and inconsistent, stifling innovation and discounting an institution’s unique goals and market mission (Dill, 1998; Glenn, 2011). Others note that many specialized accreditation agencies have indeed made the necessary adjustments to measure the most important aspects of licensure related programs, and are more amenable to modern higher education practices and quality assurance approaches (Bobby, 2013; CHEA, 2011; Gaston, 2014a).
**Research Questions and Hypotheses**

There are two overarching research questions associated with the study, which starts with the contextual comparison between the applicable programmatic and institutional accreditation agencies and standards, and then progresses to the quantitative research question comparing CACREP accredited programs to non-accredited counseling programs. As noted below, there are six sub hypotheses related to the second research question which considers input-oriented, dependent variables associated with admissions criteria and student:faculty ratios, and then analyzes the outcomes-oriented, dependent variables: exam performance and program completion rates.

**Research Question 1:** What are the similarities and differences between the applicable institutional and programmatic accreditation agencies and standards as they relate to input and outcomes variables under study.

**Research Question 2:** Are there differences between CACREP accredited and non-CACREP accredited programs related to input-oriented criteria (admissions requirements and faculty resources) and outcomes-oriented criteria (examinee performance and program completion rates)

- **H₀₁:** There is no statistically significant difference in admissions grade requirements, as measured by *minimum GPA*, for accredited and non-accredited programs.
- **H₀₂:** There is no statistically significant difference in faculty resources, as measured by *faculty:student ratio*, for accredited and non-accredited programs.
- **H₀₃:** There is no statistically significant difference in faculty with professional qualifications, as measured by *professionally licensed* *faculty:student ratio*, for accredited and non-accredited programs.
H04: There is no statistically significant difference in faculty with mental health licensure qualifications, as measured by Licensed Mental Health Counseling (LMHC) faculty:student ratio, for accredited and non-accredited programs.

H05: There is no statistically significant difference in clinical counseling exam performance, as measured by the NCMHCE, for examinees who graduated from accredited and non-accredited programs.

H06: There is no statistically significant difference in student completion outcomes, as measured by program completion rates, for accredited and non-accredited programs.

*Professionally licensed faculty includes those licensed in a broad range of counseling related professions such as psychology, social work, and professional counseling.

Delimitations

The basic delimitations associated with the study include the following:

- The examination and program profile data in the study is limited to a convenience sampling of New York programs and examinees, thus caution is advised related to generalizability and transferability of results.
- The outcomes analysis in the study is not longitudinal, designed to capture progress over time, but rather limited to a seven-year snapshot of performance in a given timeframe.
- Concomitant student variables were not available for future refinement of data.

Limitations

The basic limitations associated with this study include the following:

- Due to the nature of examination reporting protocol, the examination data in the study is limited to a sample of examinees who voluntarily identified the school from which they graduated; therefore, the complete student cohort may not be captured in the final calculations.
• The study did not attempt an exhaustive, quantitative curricula content differential analysis for accredited and non-accredited programs, thus caution is advised making any connections between specific areas of curricula and outcomes.

• Subscores were not available to offer more detailed comparison of sub-content knowledge and skills.

Assumptions

• This study operated under the assumption that faculty responding to the Annual Report Survey responded as accurately and honestly as possible; that participants of the mental health counselor licensing exam identified as accurately and honestly as possible the school they attended prior to sitting for the licensing exam.

Definition of Key Terms

The most relevant terms associated with this study are a combination of more generic quality assurance dimensions and variables, and terms more specific to specialized accreditation agencies.

Accreditation: A collegial process of institutional and programmatic self-assessment and critical peer evaluation based upon established criteria designed to ensure that the institution or program meets minimum standards of quality. A process which assures the educational community, the general public, and other agencies or organizations that an institution or program has clearly defined and educationally appropriate objectives, maintains conditions under which their achievement can reasonably be expected, and, is in fact accomplishing them substantially, and can be expected to continue to do so (Baker, 2002; Chernay, 1990).

Assessment: The process of gathering and discussing information from multiple and diverse sources in order to develop a deep understanding of what students know, understand, and
can do with their knowledge as a result of their educational experiences; the process culminates when assessment results are used to improve subsequent learning (Huba & Freed, 2000).

**Competencies:** The result of integrative learning experiences in which skills, abilities, and knowledge interact to form bundles that have currency in relation to the task for which they are assembled (U.S. Department of Education, NCES, 2002, p. 7).

**Counseling:** A professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals (American Counseling Association, 2015).

**Inputs:** Any resource, curricula, entrance criteria, or element of a program that is intended to facilitate successful implementation of a program or offering (Stufflebeam, 2003).

**Outcomes:** What a learner or participant knows or can demonstrate as a result of instruction, engagement, or class participation. Outcomes can be associated with content knowledge, and behavioral and skill changes (Allan, 1996; Tam, 2014).

**Quality Assurance:** A comprehensive set of procedures and standards which examines the inputs, processes, and outputs associated with educational success and performance; efforts and processes designed to ensure that programmatic and institutional objectives are achieved (Barnett, 1997; Church, 1988; Harcleroad, 2011).

**Specialized and Professional Accrediting Bodies:** Organizations that operate to ensure that students in educational programs receive an education consistent with standards for entry to practice or advanced practice in each of their respective fields or disciplines (Association of Specialized and Professional Accreditors-ASPA, 2015).

**Standards:** For the purpose of this study, standards are the criteria upon which graduate level mental health counseling programs are modeled upon. They are a set of mutually crafted
and agreed-upon rules, targets, and guidelines related to curricula, program resources, and measureable objectives that are iterative and adaptable.

Summary

There are many reasons why colleges, professional societies, and governmental agencies advocate for professional accreditation programmatic oversight. This chapter provides the background and dynamics associated with accreditation and a specific profession’s approach to quality assurance oversight, and the educational and measurement dimensions that must be considered to determine whether accreditation is associated with student and programmatic differences. The study explores the input and outcomes-oriented variables that are associated accredited and non-accredited counseling programs, and attempts to provide useful insights into the new competency-based education model associated with clinical, mental health-oriented profession in a multi-agency, quality assurance environment.
CHAPTER TWO

REVIEW OF LITERATURE

The purpose of this chapter is to explore the literature on specialized accreditation and quality assurance in higher education as it relates to programmatic and student performance. In order to amplify and illuminate the variables in the study, it is important to examine existing literature and research associated with the foundations of programmatic accreditation; processes associated with accreditation and program oversight; counseling education standards; and the measureable components of accreditation such as inputs, outcomes, and performance based criteria.

Foundations of Programmatic Accreditation

There has been much written on quality assurance of educational institutions and programs as it relates to accreditation and preparing students for employment in a licensed profession. Indeed the history of institutional and programmatic accreditation in the United States is unique in its emphasis on voluntary, self-regulated principles, with minimal direct federal government oversight and review (Brittingham, 2009). This dynamic of a peer-monitored, voluntary quality assurance system is especially evident across the spectrum of specialized, programmatic accreditation bodies; there are many more variables, entities, and layers associated with these profession-centric organizations (Volkwein, 2009). The typical specialized accreditation body is concerned not only with many of the traditional mission, facility, curricular, faculty, and resource-oriented criteria, but also with making connections between scope of practice requirements, state licensing boards, certification examinations, clinical affiliations and entities, industry/trade associations, and many other complex variables
that affect the changing landscape of professional education and licensure within the specific discipline.

**Objectives and Expertise-Oriented Evaluation Models**

Many of the theoretical foundations for modern specialized accreditation can be found in the objectives-oriented and expertise-oriented evaluation models (Alkin, Christie, Rose, 2006). Although variations of the objectives-oriented evaluation model contributed to the evolution of today’s programmatic accreditation bodies, the most common themes include involving stakeholders to establish goals or objectives; classifying the goals and objectives; selecting and constructing instruments to measure program effectiveness; carrying out periodic observations; analyzing the data against standards; and developing recommendations for implementation, modification and continuous reflection and improvement (Smith & Tyler, 1942; Metfessel & Michael, 1967; Fitzpatrick, Sanders & Worthen, 2004). Stufflebeam, et. al. (1971, 1983, 2000) and other evaluators also have contributed tangentially to evaluation strategies for accreditors by offering more systematic ways to approach the most basic elements of program reviews: context, inputs, processes, and product (CIPP). The CIPP evaluation model offered a framework for the contextual issues such as mission, standards and stakeholder and institutional commitment, and for defining and quantifying the necessary inputs, processes, and products or outcomes (Stufflebeam, 1983; Fitzpatrick, Sanders, & Worthen, 2004).

The expertise-oriented evaluation model incorporates many of the objectives-oriented tenets, but emphasizes the importance of including the specific, unique qualifications and professional background of the evaluator (Eisner, 1975, 1991). Although programmatic accreditation bodies consistently incorporate the most fundamental elements of objectives-oriented and expertise-oriented evaluations, differences can be found in how these entities
approach and weigh contextual objectives, inputs and resources related to faculty, curricula, and facilities, processes for program evaluation and peer review, and outcomes and performance measurements.

Millard (1984) and Kelly (2011) assert that specialized accreditation is a more complex, higher stakes proposition as it often involves ensuring that new licensees are adequately prepared and equipped to enter the clinical, design, or fiduciary profession in their particular state or locality. The key to understanding how various models of higher education quality assurance begin to affect professional licensure programs such as mental health counseling is to survey the current and changing landscape of standards and accountability systems. Fundamental shifts related to technology, recent federal education and health care mandates, and accountability expectations, are forcing many to re-think the most identifiable concepts of accreditation that are relevant to program inputs, review processes, and performance benchmarks.

Since specialized accreditation is such a complex enterprise, with numerous professions, societies, and educational entities, there has not been a complete consensus on what constitutes educational or programmatic effectiveness or excellence. The three major models or methodologies of targeted program evaluation and accreditation include a resource/representation model; a consumer-centered model; and a strategic investment model (Volkwein, 2010). The first two models focus on ensuring that schools have the appropriate resources to carry out their missions, in addition to directing as much attention as possible to the needs of the students- the consumer. The third model portrays higher education as a result-oriented, cost-benefit venture which should closely monitor and produce high performance and outcomes, such as superior knowledge, desirable exam pass rates, and employability (Burke & Minassians, 2002; Volkwein, 2007).
There is evidence that the most recent CACREP standards reflect the concepts in each of these models by explicitly requiring schools to invest in a certain amount of professionally licensed faculty, in addition to requiring schools to track and report on outcomes data related employment and examination pass rates (Council for Accreditation of Counseling and Related Programs, 2013a).

The Intersection of Multiple Accreditation and Oversight Agencies

Graduate level counseling programs often are subject to multiple layers of accreditation and program oversight. Harcleroad (2011) and Dill (2010) describe a quality assurance system with both public and private market influences, with ultimate regulatory authority residing at the state level. Dill (2010) further delineates a dual system of higher education oversight which involves an internal and external quality assurance dynamic; colleges are adopting internal quality assurances policies and practices associated with voluntary accreditation, while also submitting to external standards and regulations typically enforced by the state.

As noted in Figure 2 below, programs which participate in CACREP accreditation typically have three layers of agency oversight at the state, programmatic, and regional accreditation level, while programs which have not engaged in CACREP accreditation have two layers of agency oversight at the state and regional accreditation level. Since each of the three oversight agencies share many of the same functions and standards areas, there is a unique challenge determining where there are important areas of divergence or beneficial overlap.
Figure 2

Pictorial Representation of Oversight Agencies for Accredited vs. Non-Accredited Programs

State Regulation of Higher Education Programs

The most basic form of program oversight typically starts at an appointed state agency. Nearly every state has a commission, government agency, or appointed college board which regulates postsecondary school and program approval, with varying levels of standards and quality control requirements (Harnisch, 2012; State Higher Education Executive Officers Association, 2015). In New York State, for example, higher education program oversight dates back to 1784, with the creation of a Board of Regents, which ultimately was charged with regulatory authority over public education and the University system within the state (Steck, 2012). Today the New York State Education Department serves as the administrative arm of the Board of Regents higher education regulatory body, and administers the policies, standards, and college program registration procedures that all colleges must adhere to. In addition to being one of the first states to assume a primary role in higher education approval and oversight, New York State also adopted a very proactive and prescriptive approach to professional education and
licensure standards, by incorporating professional education requirements into state Education Law and Education Department Commissioner’s Regulations (NYS Education Department Title VIII Laws, 2015). For example, the New York State Education Department is one of only five state agencies in the U.S. that is recognized as an approved federal accrediting body for professional Nursing education programs (U.S. Department of Education, 2015).

**Regional Accreditation**

In addition to state regulation, colleges also typically seek regional accreditation from one of the six recognized accreditors, as well as programmatic accreditation for the various disciplinary and professional licensure majors. Today there are six regional accrediting agencies: Middle States Association of Colleges and Schools; New England Association of Schools and Colleges; North Central Association of Colleges and Schools; Northwest Commission on Colleges and Universities; Southern Association of Colleges and Schools; and Western Association of Schools and Colleges (Gaston, 2014b). The most distinguishing feature of regional accreditation bodies is their focus on broader, institutional standards criteria and analysis, leaving the more narrowly focused programmatic oversight to individual state and specialized accreditation agencies (Bogue & Hall, 2003; Gaston, 2014b). Regardless of the level of accreditation review, evaluation criteria are typically categorized into a number of broadly recognized areas: Mission/Goals; Administration; Admissions/Student Selection; Physical and Financial Resources; Faculty; Student Services; Curricula/Educational Program; and Assessment and Evaluation (Baker, 2002).

Multiple accreditation and regulatory agencies often means that the typical college with a graduate level Mental Health Counseling program is subject to the New York State Education Department program registration standards and process; the Middle States regional institutional
standards; and potentially CACREP’s programmatic standards and processes. Many college presidents and program officials have begun to challenge the effectiveness and efficiency of such a multi-layered higher education oversight system, questioning whether there are unnecessary, duplicative standards and approval requirements (Bakeman, 2015; Tokasz, 2015).

Some higher education researchers acknowledge the need for the regulatory role of state agencies, while other college leaders assert that regional accreditation is adequate proof of quality control (Dill, 2010; Tokasz, 2015). Since regional accreditation is the most commonly shared oversight mechanism for institutions of higher education, and plays the main federal gatekeeper role or access to federal financial aid, it is often cited as the premiere quality assurance entity.

**Distinguishing Approaches to Accreditation**

Dill and Beerkens (2013) assert that while the majority of accreditation criteria and standards are important for public consideration of quality, the most important quality indicators are often determined at the education program level with emphasis on curriculum design, instruction, and student assessment of important outcomes. Regional accreditations bodies employ a top down approach to assuring quality in these important areas by performing comprehensive, cyclical reviews that are designed to audit each broad area for assurances that they are producing the desired student outcomes according to the school’s mission and objectives (Chalmers & Johnston, 2012). State agencies and specialized accreditation agencies often consider the same standards areas, but focus more narrowly and intensely on programmatic details by discipline area. The state and professional agencies also typically require more time-sensitive, prescriptive protocols and standards related to curricula or program level changes or expansion.
The state agencies often distinguish themselves even further from regional and programmatic accreditation bodies with more regulatory and benchmark driven processes and timelines (Heller, 2011). As the specialized and regional accreditation bodies have moved to a more outcomes based model which puts more emphasis on program performance, and less on initial inputs, such as specific financial and resource figures, the states must typically safeguard against more basic quality control issues before, during, and after new programs and degrees are introduced (Gaston, 2014b). Some accreditation bodies will not even consider an initial program review until the program has graduated its first cohort of students, while the states often must ensure that the program launches appropriately.

The regional accreditation agencies often cede the more detailed programmatic regulatory and audit functions to both state and specialized agencies as they are typically charged with these functions through state statutes or professional accreditation agency standards and bylaws. The Middle States Commission on Higher Education, for example, requires that member colleges accurately represent the scope of the accreditation, clearly making distinctions between institutional and programmatic accreditation where applicable (Middle States Commission on Higher Education, 2014b). Complicating the quality oversight system further is the fact that multiple regional, state, and professional accreditation agencies are officially approved by the U.S. Department of Education as qualifying agencies for access to Title IV student financial aid.

As noted earlier, while the American higher education system is relatively autonomous, with limited federal oversight, schools must still meet the federal accreditation standards if they want access to federal financial aid programs. The current standards require that colleges have appropriate state authorization and accreditation oversight that meets specific federal standards.
related to institutional and programmatic operation and quality control (Institutional Eligibility Under the Higher Education Act, 2011).

**Specialized, Programmatic Accreditation**

Specialized accrediting bodies such as CACREP recruit a very inclusive, but targeted, group of stakeholders to help design and modify programmatic standards within their respective professions. In addition to educators in the discipline, counseling and clinical health related accreditors typically include practitioners, employers, regulatory agencies, membership associations, and certification and examination entities (Urofsky, 2013). Some professions have a single entity which marshals all of its resources and brings the relevant parties to the table when it is time to develop or revamp the standards. The American Psychological Association (APA), American Medical Association (AMA), and the National Association of Social Workers have one accrediting body and speak with one voice for their respective disciplines. The American Association of State Counseling Boards (AASCB) and the American Counseling Association, meanwhile, are attempting to unify and codify the various sub specialties and ethical standards within the counseling profession. The most visible manifestation of this is the initiative entitled “20/20: A Vision for the Future of Counseling”, which dates back to 2005 and continues to build on the principles which define competent modern counselors with a more unified professional identity. This initiative involves 31 organizations which reflect various academic, professional, and counseling advocacy groups, and is aimed at ensuring that schools, employers, and agencies use a consistent and contemporary set of standards for competent and safe clinical counseling care (Mascari & Webber, 2013).
A panel of graduate level mental health counseling students offered their perspective on the 20/20 initiative to shape and streamline the standards for the profession (Ostvik-de Wilde, et. al., 2012):

As emerging counselor educators we are empowered to shape new directions for the future of counseling…although this mission should be fluid to adapt to the growing and changing needs of clinical work, presentation of ourselves as one profession should become more solidified. Because counseling is becoming increasingly international in scope, a need exists to create a unified curriculum for the education of counselors that will promote a singular identity. (p. 46)

Weinrach (1991) and Remley (1991) had cautioned that a potential downside of a singular counseling accreditation body could result in reduced faculty and programmatic creativity and innovation. Counseling professionals and advocates have also expressed concerns about the unintended, harmful professional licensing and insurance reimbursement consequences of narrowly mandating one accrediting agency as the only acceptable indicator of quality (Johnson, et. al. 2013). McGlothlin & Davis (2004) assert, however, that many now perceive that CACREP accreditation can actually enhance counseling content knowledge, clinical competence, and professional identity.

Counseling Education Standards

A review of CACREP’s 2009 standards reveals a framework that is aimed at ensuring fundamental foundational skills, but one that leaves room for customized programmatic performance objectives which respect the focus of each school, discipline, and faculty governance system. The standards are organized under the three major structural components: The Learning Environment: structure and evaluation; Professional Identity; and Professional
Practice. The Learning environment section is a prescriptive set of criteria that outlines minimum requirements related to institutional and programmatic faculty, facilities, policies and student resources, and comprehensive evaluation plans. The Professional Identity section includes the core curriculum requirements and mission-specific objectives, and the Professional Practice section defines the requirements and characteristics of required clinical practica and internships. The final portion of the standards includes each of the discipline specific standards related to the sub-specialties within counseling.

CACREP’s standards may be characterized as a combination of both outcomes-oriented, clinically focused standards, and 160 specific core and specialization-related criteria with some quantitative measures related to faculty resources (Urofsky, 2013). Since standards in all counseling professions have made pronounced shifts toward more performance and outcomes-based criteria, there are very few quantitative requirements, and more emphasis on developing and documenting student performance and skill acquisition (Bobby & Urofsky, 2012). While there is evidence, however, that CACREP standards have become more performance-oriented with each new standards revision, they appear more prescriptive than their peer counseling-related accreditation entities, and include more detailed standards related to admissions and faculty when compared to psychology, social work, and psychoanalysis.

Counseling Program Admissions Criteria

The CACREP standards require programs to adopt a student selection process that is consistent with the mission, goals, and performance objectives of the program, and one that ensures that only students with the appropriate educational background, character, and counseling aptitude are admitted (Council for Accreditation of Counseling and Related Programs. (2013a). In the 2009 CACREP standards, student selection is included in the
Learning Environment: Structure and Evaluation section, and states that admission decision recommendations are governed by the academic unit’s selection committee and include consideration of: 1) each applicant’s potential success in forming effective and culturally relevant interpersonal relationships in individual and small-group contexts; 2) each applicant’s aptitude for graduate-level study; and 3) each applicant’s career goals and their relevance to the program.

A number of studies have explored whether the more narrowly focused, input-oriented admissions requirements such as good grades or undergraduate grade point average are strong indicators of future college program success. Some of these studies found positive associations between undergraduate GPA and graduate school outcomes (Halberstam & Redstone, 2005; Leavitt et al., 2011), while others expressed cautions related to grade inflation (Smith, 1992), measurement error (Warren, 1971), and special populations (Darolia, Potochnick, & Menifield, 2014) for GPA linked studies.

The Darolia, et. al. (2104) study is especially useful for considering the relevance of undergraduate GPA admissions policies for professional counselor preparation programs, as it suggests that the variable may be a predictor of graduate level success depending on early or mid-career student status. Because graduate level counseling students are often a mix of early and mid-career professionals, it may be helpful to gauge the importance or weight factor of undergraduate level GPA depending on whether the student is a newly graduated college student or a mid-professional level applicant.

**Faculty Resources and Professional Counseling Identity**

The different approaches and standards related to admissions, curricula, faculty, and student assessment offer clues to where, on the continuum of inputs, outcomes, and performance
measures, a specific accreditation body might exist. These variables and dynamics are typically
driven by the professional licensure landscape within the discipline. CACREP’s more
prescriptive approach might relate to the fact that not only the number of sub-disciplines within
the counseling profession, such as school, addiction, college student affairs and clinical
counseling, but also foundational overlap with other counseling professions (Bobby, 2013). This
is likely why CACREP’s standards include the unique Professional Identity criterion, as there is
a long history of overlap, scope of practice variations, and misunderstanding associated with the
related clinical counseling professions such as social work, psychology, marriage and family
therapy, creative arts therapy, and psychoanalysis (Spruill & Fong, 1990).

The emphasis on professional counseling identity in CACREP’s 2009 standards has
resulted in faculty requirements that are particularly prescriptive, compelling accredited schools
to have a minimum amount of doctorally-prepared, experienced faculty within the specific
discipline of counseling (Council for Accreditation of Counseling and Related Programs, 2013a).
Inclusion of such quantitative standards contrasts with the Commission on Accreditation for
Marriage and Family Therapy (COAMFTE) whose latest version of the standards for graduate
level marriage and family therapy programs is a streamlined framework which requires programs
to define their program’s mission and objectives and then show evidence of outcomes related to
the program, faculty, students. The Council on Social Work Education (CSWE) has adopted
perhaps the most aggressive outcomes-oriented approach, requiring that all standards are tied to
specific performance indicators reflecting clinical practices and observations (Petracchi &
Zastrow, 2010).

Existing research on faculty considerations related to certain professional licensure
programs asserts the need to consider the practical experience and currency of this experience as
a quality indicator, in addition to the typical publishing and research accomplishments (Uziak, et. al., 2014).

**Counseling Accreditation Process**

Although each profession’s unique issues and practices are reflected in the processes, standards, and components of their accreditation framework, there are many common themes which drive the process. CACREP requires a thorough, front-end readiness review which includes: 1) extensive deliberation and buy-in from the key administrative staff and faculty; 2) a comprehensive self-study, an initial review by accreditation staff; 3) a site visit review and report with peer representation; 4) an institutional response; and 5) a determination decision for approval. CACREP’s final determination can be either full accreditation for an eight year period, two year accreditation with conditions, or denial.

The central feature of all accreditation systems, especially specialized professional accreditation, is the self study and the subsequent peer analysis of the self study (Alstete, 2004). Areen (2011) notes that this system of voluntary peer review is the foundation of U.S. accreditation, differentiating accredited schools from schools which have chosen not to engage in a similar comprehensive internal analysis sanctioned by fellow experts in the field.

Bryant (2012) offered a unique student perspective on the accreditation process and its effect on their experiences during the process. The students noted that the transitional process to accreditation included many challenges related to faculty and curricula adjustments, but ultimately led to personal growth. The study highlighted the transformational aspects of program delivery; changes in rigor and structure of curricula; faculty challenges; and competency expectations associated with the accreditation process.
Components of Accreditation: Inputs to Outcomes

Since accreditation agencies need to make both initial and continuing accreditation status determinations, they typically must consider the broad range of inputs, resources, processes, and outcomes associated with each programmatic or institutional accreditation determination (Harvey, 2004). Volkwein (2010) and Fox-Garrity & Finney (2007) assert that one of the most universal, fundamental shifts related to programmatic accreditation is the movement away from front-end, input criteria to a more competency-based, outcomes-oriented model. While traditional program inputs such as faculty, resources, credit hours, and curricula represent more identifiable and measureable constructs, outcomes, outputs, and performance benchmarks tend to be more malleable and dynamic concepts that change according to the unique educational mission or professional discipline involved. Some accreditation bodies, for example, offer a broad outline of required performance standards and allow the faculty and program administrators to identify the tools, processes, exercises and assessment techniques that would capture how the student met the standardized performance objective. Other accreditation agencies stress more concrete, quantifiable outcomes standards, such as student retention, graduation, and examination pass rates (Hernon, 2013).

The federal government recently adopted a more simplistic approach by proposing a national report-card-like, database system which offers institutional profiles including student outcomes such as graduation rates, student debt, and other identifiable outcomes statistics (Zhou, 2015). Kamenetz (2013) suggests that while outcomes-based models in different formats have been around for decades, the recent emphasis on accountability and personalized, technology-driven education initiatives, may begin to fundamentally shift the time-based learning system to a more competency-based model.
Ewell (2001) notes that the theoretical, foundational approach for specialized accreditation, while similar to general, institutional accreditation, is actually more amenable to measurable benchmarks as there are often more specific, standardized criteria and threshold expectations associated with the professions. The unique nature and foundational concerns of specialized accreditation can be traced back over 100 years to the famed Flexner Report which revolutionized medical education, and began to hold medical programs qualitatively and quantitatively accountable, with a strong emphasis on what graduates could do, as opposed to what they knew (Cooke, et. al., 2006). Today, the Liaison Committee for Medical Education (LCME), carries out the function of gatekeeper for medical education quality assurance and accreditation, and has only recently begun to entertain more innovative approaches to the typical four year Doctor of Medicine (M.D.) curricula (Hartocollis, 2012). Nearly all specialized, programmatic accreditation bodies have followed suit, and have undergone standards revisions which allow programs room for innovation in exchange for more emphasis on performance benchmarks.

The counseling related professions have taken different outcomes-oriented approaches depending on the local and national shifts in scopes of practice and peer feedback. For example, the latest standards for social work introduced by the Council on Social Work Education (CSWE), are heavily performance-based, and require individual program directors and deans to customize performance objectives and document progress at the individual and programmatic level (Drisko, 2014). CACREP also has incrementally emphasized performance objectives with each successive standards revision.

The roots of the outcomes and competency-based evaluation approach adopted by agencies such as CACREP can be traced to concepts in social constructivism, behaviorism, and
early objectives-oriented evaluation. Allan (1996) notes that more mature approaches to measuring outcomes transcended earlier notions of behaviorism and Tylerian objectives-oriented evaluations by focusing more on the learner’s progress and less on the instructor or instructional intervention. CACREP has instituted many of the social constructivist and more mature competency-based learning and evaluation approaches, by weighting the standards toward more competency and team-driven learning environments and measures. The programs and faculty are given autonomy to define and coordinate the clinical competency benchmarks, but demonstration of student progress in developing clinical counseling skills must be apparent and defensible. There is also evidence that the 2016 CACREP standards are moving even further toward outcomes-based standards, with an eye toward aligning with the clinical skills required to perform adequately on the required licensing exams and entry level counseling jobs (Council for Accreditation of Counseling and Related Programs, 2013c).

A number of studies have attempted to establish correlations or connections between CACREP accreditation status and various programs inputs and outcomes. Schmidt (1992) considered correlation of accreditation with employment outlook and hiring practices, while others attempted to measure the relationship between accreditation and counseling specialization credentials (Wilson, Conye, & Ward, 1994).

Assessment

The most visible and widely accepted evidence of outcomes measurement are associated with today’s educational assessment tools and techniques. Educational Assessment takes on many different forms, and is used for many different purposes. Assessments can range from the ubiquitous and recognizable standardized exams, to the more abstract, formative assessments of student or programmatic performance and progress. The purposes of assessment can include
diagnosing a student’s knowledge base; informing instructional intervention plans, certifying mastery of a subject or skill; and to ensure public accountability for educational effectiveness (Kornhaber, 2004).

Assessment related to program review and accreditation has emerged as one of the most diverse and important constructs in higher education, and typically involves summative and formative assessment techniques and instruments, and internal and external accountability measures (El-Khawas, 1998; Lubinescu, Ratcliff, & Gaffney, 2001; Kelly, 2011). Brittingham (2009) asserts that internal, formative accountability models are often preferable to external, government-mandated models, because self-regulation forces schools to develop a more metacognitive, personalized approach to student learning and outcomes. Most specialized accreditation bodies, including CACREP, have adopted this more formative, internally driven approach by allowing the individual programs and faculty to define and measure the most important performance indicators and competencies. Competency or mastery can be tracked and verified by students, internship supervisors, or clinical preceptors depending on the educational discipline or context, and can be translated into various levels of student or programmatic success.

Specialized accreditation and quality oversight agencies also may choose to supplement competency-based measures of progress with requirements for satisfactory performance on professional licensure or certification exams (Ross, Holzman, & Handal, & Gilner, 1991). Accreditation agencies often will cite assessment or exam performance deficiencies as reasons for placing programs in probationary or compliance review status. Researchers caution, however, that assessment should not simply focus on the test score, but ensure that the overall assessment plan and results ensure that students and graduates can perform the duties they have
learned, prepared, and trained for (Pellegrino, Chudowsky, & Glaser, 2002; Salomon & Perkins, 1989).

**Professional Certification and Licensure**

Two of the main objectives of creating new licensed professions relates to increasing the quality of the workforce and providing safeguards for the public, by ensuring that new professionals are properly prepared and educated (Simon, 2011). The number of professions, nationwide, which require state licensure and certification has increased steadily over the past fifty years, and now represents nearly 25% of the workforce (Simon, 2011). New York State currently regulates over fifty licensed professions which include health professions such as medicine, dentistry, and nursing; design professions such as architecture, engineering, and interior design; and mental health related professions such as psychology, social work, marriage and family therapy, and mental health counseling. This typically involves state legislative regulations and statutes to define the scope of practice for each profession, and involves input from local and national professional associations, academic and licensed practitioners, and government officials. The process not only defines and sets the direction of the professions within each state, but also dictates which type of educational degrees, curricula, and practicum experiences are acceptable within the licensure-related disciplines. For example, in 2005 New York State introduced the new mental health professions into legislation, which included Marriage and Family Therapy, Creative Arts Therapy, Mental Health Counseling, and Psychoanalysis (NY Codes, Rules, and Regulations). Education regulations for these professions soon followed and prompted Counseling and Psychology departments at colleges to reassess and revise their mental health related programs to ensure they were consistent with new regulations.
State licensure is the most fundamental requirement to practice within the professions, but national and industry-recognized certifications are also important components for many professions and disciplines. For example, in medicine the American Board of Medical Specialties (ABMS) oversee various board certifications in specialty areas such as radiology, pediatrics, and surgery, are designed to attest to a physician’s competence in a specialty area above and beyond the foundational competence associated with the general Doctor of Medicine (M.D.) education. In other professions, certifications might represent more entry or threshold level evidence of competence, conveying that the person has met certain exam or portfolio requirements associated with acceptable practice in the field. In the counseling profession, the National Board of Certified Counselors (NBCC) created the National Certified Counselor (NCC) certificate as its foundational certification, and added specialized certification for the Certified Clinical Mental Health Counselor (CCMHC), National Certified School Counselor (NCSC), and the Master Addictions Counselor (MAC).

**Certification and Licensure Examinations**

Nearly every profession requires that applicants pass an acceptable standardized exam before being permitted to practice (Carpenter, Knepper, Erickson, & Ross, 2012). Some professions, such as Interior Design, Occupational Therapy, and Professional Nursing require a singular exam for entry into the profession, while others require multi-part exams taken over a series of administrations (e.g., the Certified Public Accounting exam; the United States Medical Licensing Exam (USMLE) steps one through three; and the Fundamentals of Engineering (FE), and Principles and Practice of Engineering (PE) exams).

Exams related to counseling and mental health often are multi-part exams which include both theory-heavy content and clinical skills. Adams (2006), Milsom & Akos (2007), and Scott
(2001), note that there is evidence that graduates of CACREP accredited programs perform better on the standardized exams and exhibit better content knowledge than graduates of non-accredited programs.

**Summary**

This chapter included an overview of the intersecting accreditation agencies that oversee graduate counseling programs, including regional and programmatic accreditation, and state regulatory quality assurance agencies. It also surveyed the research that pertains to the theoretical framework underlying objectives and expertise oriented evaluation, and the literature associated with the dependent variables and associated concepts under study: admissions criteria, faculty resources and professional identity, and assessments and outcomes associated with professional certification and licensure. Chapter 3 presents the methodology and research design of the study.
CHAPTER THREE

METHODOLOGY

This study employed a non-experimental, ex post facto design which involves two phases of research to compare accredited and non-accredited professional counseling programs in New York State. The first phase includes an initial descriptive, comparative analysis of the higher education approval agencies and standards, followed by a review of qualitative and programmatic variables for clinical mental health counseling programs in New York State. This initial comparative analysis provides the higher education oversight system context for a quantitative, statistical analysis of programmatic quality indicators and outcomes for CACREP accredited versus non-accredited programs and graduates.

The important, quantitative research questions associated with this study consider whether there are any differences between CACREP accredited and non-CACREP accredited clinical mental health counseling graduate programs in the elements associated with program quality. To address this question and related hypotheses, the study explores the program quality indicators (i.e., standards, criteria, and inputs), and then measures the differences in inputs and outcomes between accredited and non-accredited programs. The ultimate, quantitative research questions and hypotheses consider student performance benchmarks to examine the extent to which CACREP accreditation is related to program outcomes and performance on the summative, certifying exam.

Population and Sample

The population under study represents New York State graduate level Mental Health Counseling students and programs. Programmatic data are collected by the New York State Education Department’s specialized professional program review unit in the form of an annual
program report for both accredited and non-accredited schools; examination data are collected by
the professional examination agency.

The quantitative phase of the study includes an analysis of quality indicator data from all
NYS graduate mental health programs and a comparison of exam outcomes for graduates of
accredited and non-accredited programs. This includes an initial analysis of program data from
Deans and Directors who had responded to an archived 2013 NYS Annual Program Survey. The
New York State Education Department’s Professional Education Program Review (PEPR) unit
requires that administrative staff of licensure-qualifying counseling programs submit annual data
on student enrollment, faculty ratios and qualifications, admissions criteria, program completion
rates and clinical affiliation information. The sample includes 37 surveys, completed and
submitted to the PEPR unit for consideration and analysis, including 8 CACREP accredited
programs, and 29 non-accredited programs.

The sample population for the main examination performance hypothesis includes
examinees who graduated from New York State Mental Health Counseling programs. Data were
analyzed at both the examinee and school program level in the context of accreditation status.
Specifically, the examination data includes all self-reported NBCC examinees graduating from
NYS clinical counseling programs for a recent seven year period (2007-2013). Examinees are
referred to as self-reporting as this is the test identification protocol to identify which college
program they graduated from.

As noted in Table 2, the samples for the included data identified at the individual
examinee level and the programmatic/school level. In New York State, there are currently a total
of 46 graduate level Mental Health Counseling programs; 9 are CACREP accredited, and 37 are
non-accredited. Since this study focused at both the individual examinee and programmatic
level, various parts of the study included different sample participation rates. All 9 CACREP accredited programs reported examinee data, and 34 out of the 37 non-accredited programs reported examinee data, as there was no data reported for three more recently approved schools with no examinees reflected; Individual CACREP Examinee N= 607; Non-CACREP Examinee N= 1645. For the voluntary NYS program survey, 8 out of 9 CACREP accredited schools responded, and 27 out of 37 non-accredited schools responded to the programmatic survey.

The sample population related to the faculty:student ratio research questions were derived from the reported numbers on the 2013 NYS Annual Program Survey, which reported total full time and part time faculty, and annual student enrollment. FTE faculty calculations were determined by dividing the reported part time faculty by 3 and then adding this to the number of reported full time faculty. Based on analysis of archival program data for graduate counseling programs in NYS, it was determined that part time faculty were typically allotted 1/3 credit load and work hours compared to full time faculty.

The study examined data at both the individual and program level to offer two different focal points of consideration. This approach was employed to guard against the possibility of one or two large sample schools skewing the data, and to offer two unique perspectives for considering program or student level performance vantages. For example, at present there are only nine CACREP accredited programs, and one of the schools with relatively large student enrollment represents over 30% of the CACREP examinees in the study.
Table 2

Profile of Accredited and Non-Accredited Programs- NYS 2007-2013

<table>
<thead>
<tr>
<th>Schools/Programs N*</th>
<th>Public School Programs</th>
<th>Private School Programs</th>
<th>Annual Student Enrollment M (SD)</th>
<th>Total Examinees 2007-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>CACREP Accredited</td>
<td>9</td>
<td>2</td>
<td>7</td>
<td>68.0 (44.7)</td>
</tr>
<tr>
<td>Non-CACREP Accredited</td>
<td>34</td>
<td>10</td>
<td>24</td>
<td>60.2 (55.6)</td>
</tr>
</tbody>
</table>

*Note: While all 9 CACREP accredited programs were included in examinee data, 8 of 9 CACREP programs responded to programmatic survey; 34 out of 37 non-accredited programs are represented in examinee data, while 29 programs responded to NYS programmatic survey.

Instruments

The first phase of the study utilized the most current standards documents and regulations reported by the three oversight agencies: Middle States Commission on Higher Education; NYS Education Department; CACREP counseling accreditation agency. The second phase of the study utilized archival NYS Annual Program Surveys which included questions related to admissions criteria, faculty qualifications and volume, program completion and job placement data between 2011 and 2013.

The study also utilized archival NBCC-NCMHCE examination data covering the 2007-2013 calendar years. The NCMHCE exam reports on three distinct constructs and includes an overall exam score, and pass/fail results.

Standards and regulations for three oversight agencies.

The author accessed the most recent standards documents used by the oversight and accrediting agencies for the colleges and departments with graduate level professional counseling programs. The Middle States Commission on Higher Education publishes its Standards for Accreditation and Requirements of Affiliation document, with the most recent
document in its thirteenth edition. The standards are divided into seven sections related to the
school’s governance, resources, faculty, and students, and are guided by four principles related to
mission, student learning experiences, assessment, and continuous institutional improvement
(Middle States Commission on Higher Education, 2014). Middle States standards and processes
must meet U.S. Department of Education federal regulations and timelines for periodic review in
order to maintain its status as an approved federal accreditation body.

The State of New York publishes Education Law and NYS Education Department
Commissioner’s Regulations which include institutional and programmatic standards and
processes for colleges and counseling programs. The laws and regulations include general
standards related to degrees, faculty, and curriculum, and specific content requirements for
certain professional licensure areas, such as Mental Health Counseling.

This study considered the 2009 CACREP standards as these standards were mandatory
for the accredited schools during the time period under study. The agency updates its standards
approximately every seven years, and is transitioning to a revised set of standards for 2016.
CACREP seeks the input of a diverse group of stakeholders within the professional counseling
workforce and education community in an effort to ensure the most valid, up-to-date standards
(Milsom, et. al., 2012). The new standards are an updated version of the 2009 standards, and
become effective in July 2016.

**NYS annual program survey.**

The Annual Survey document created and administered by the New York State Education
Department was developed according to best practices for surveys of professional licensure
related programs. Standards areas included in the Annual Survey were compared against the
established standards associated with the major, specialized accreditation oversight bodies such
as the Council For Higher Education Association (CHEA), and outcomes surveys required of the specialized accreditation body in the counseling field (Council for Higher Education Accreditation, 2002; Council for Accreditation of Counseling and Related Programs, 2015). The Annual Survey questions included basic programmatic details, admissions criteria, enrollment numbers, faculty resources and qualifications, program completion rates, job placement rates, student complaint information, and details related clinical affiliations and internships.

The instrument targets data related to both program inputs and outcomes related to professional counseling program objectives. To ensure validity, it was developed based on the insights of program directors and faculty of New York State counseling programs, and the leading counseling educational advocacy organization in the state- the New York State Mental Health Counselors Association (NYMHCA). The survey was designed to capture the most up-to-date programmatic information, based on the latest standards of practice and education in the discipline, as well as the most accurate measures of quality within the counseling profession and academy.

In addition to the content and criterion-related validity associated with aligning the survey to the latest counseling education program dimensions, the Department ensures that protocols associated with administering the survey and analyzing the data adhere to all ethical standards in program evaluation and statistical data analysis. Department staff attempted to ensure survey instrument reliability by ensuring that data input and transcription were properly monitored and verified by the appropriate college and Department personnel.

The New York State Education Department and Board of Regents also attempt to establish the necessary content and criterion related validity by ensuring that all general and professional education regulations and review functions are subject to rigorous public screening
which include all of the required stakeholders, and are consistent with the latest practice of the targeted disciplinary area. All new regulations related to adding or amending professional education requirements in a profession in New York include comprehensive reviews by Department staff, the professional licensing board, professional associations, college faculty and administrators, and is published in the State Register for public stakeholders commentary. For example, as reflected in a 2015 Regents item related to amending the Medical Physics education requirements for clinical internships, curricular changes were based on the most updated educational framework, and considered by all of the appropriate stakeholders (State Board for Medical Physics; faculty and deans of Medical Physics departments; Medical Physics societies) before being implemented (NYS Board of Regents, 2015). The implementation of the Mental Health Counseling professional education standards and regulations required the same rigorous content creation and review process before implementation in 2005 (NYS Board of Regents, 2005).

**NBCC examination.**

The National Board for Certified Counselors (NBCC) developed and administers four national examinations related to the counseling professions. Three of the exams are used for both national certification and state counselor licensure- the National Counselor Exam (NCE), National Clinical Mental Health Counseling Exam (NCMHCE), and the Examination for Masters Addiction Counselors (EMAC). The fourth exam—the National Certified School Counselor Examination (NCSCE)—is used exclusively for the National Certified School Counselor (NCSC) credential. This study focuses on the clinical counselor’s exam, the NCMHCE. This exam is required for national certification, and is required for state licensure in certain states in the discipline of clinical mental health counseling.
The NCMHCE consists of 10 simulated clinical mental health counseling cases that are designed to sample a broad area of counseling competencies, and not just recall of theories and facts. The cases are designed to assess clinical problem-solving ability, including identifying, analyzing, diagnosing and treating clinical issues. Each case is separated into approximately five to eight sections that are classified as either information gathering or decision-making. Specific content areas covered by the exam are: 1) assessment and diagnosis; 2) counseling and psychotherapy; and 3) administration, consultation, and supervision. NBCC conducts a job analysis intended to ensure that the content of the exam is valid, and that the exam results reflect the most recent skills and methodologies in graduate counseling programs, and in the workplace.

NBCC notes that its approach to establishing validity related to its counseling exams is based on Kane’s (1982) assertion that professional licensure exams need to go beyond the traditional criterion-related, predictive validity measurements to capture the specific discipline-related content. NBCC engages professionals on a periodic basis to participate in an exhaustive job analysis and counselor educators’ survey to create test maps and synchronizes the exam sections and case studies with authentic workplace scenarios and scopes of practice. NBCC establishes reliability by conducting internal consistency statistical analysis using the Kuder-Richardson Formula 20 (K-R 20) method. While NBCC asserts that reliability coefficient measurements have appeared relatively high for its exams, they caution that the samples associated with the counseling exams are often homogenous due to the narrowly defined academic and experiential exam admissions qualifications (National Board for Certified Counselors, 2012).
**Research Design**

The study was designed to consist of two phases to determine whether specialized accreditation is associated with differences in certain standards processes and outcomes, and to offer useful foundational context related to the quality oversight environment that each college and counseling department operates within a given state.

As noted in Figure 3, the two specific phases included an initial, comparative analysis, followed by a quantitative analysis of the hypotheses. The first phase involved an analysis of multiple archival and current data sources to examine and compare national, regional, state and programmatic accreditation approval standards and processes that applied to the schools, programs, and students under study. This initial phase involved a descriptive, comparative analysis of standards that applied to accredited and non-accredited programs in order to offer a contextual framework for the quantitative, comparative analysis in phase two of the study. The results of the phase are designed to identify relevant similarities, intersections, and potential differences between the various oversight and standards agencies as they apply to accredited and non-accredited counseling programs.
**Phase 1:** Comparative Analysis of Applicable Program Approval Standards

- **NYS Education Commissioner’s Standards**
- **Middle States Regional Accreditation Standards**
- **CACREP Counseling Program Standards**

**Phase 2a:** Input-oriented Measures

- **Accredited**
- **Non-Accredited**

- **GPA Admissions Requirements**
  - Faculty:Student Ratio
  - Licensed Faculty:Student Ratio
  - LMHC Faculty:Student Ratio

**Phase 2b:** Outcomes-oriented Measures

- **Accredited**
- **Non-Accredited**

- **NCMHCE Exam Performance**
  - Program Completion Rates

*Figure 3: Phases of Research*
The second phase of the study utilized archival data and surveys obtained from the pertinent state regulatory and licensing examination agencies to determine if there were statistically significant differences for certain quality indicators for accredited and non-accredited programs. This quantitative phase was broken into two distinct parts which included a) input-oriented constructs such as admissions GPA requirements and various measures of student:faculty ratios related to licensure and professional specialty certification, and b) outcomes-oriented measures such as program completion rates and examination performance. This phase of the study involved requesting and processing archival examination data for graduate mental health counseling programs and students. Graduate students’ examination performance is often used as a proxy indicator for program success and evidence of student competence (Davidson, 2002; Morgan, 2011), and this phase of the study compared graduates of accredited to non-accredited programs.

The second phase of the study also addressed the six hypotheses under study through a quantitative analysis of programmatic inputs and outcomes. Research hypotheses one through four are focused primarily on programmatic inputs, and are designed to see if there are differences for accredited and non-accredited programs for more traditional faculty and admissions related variables. The independent variable remains accreditation status (CACREP vs. Non-CACREP), and the dependent variables for each respective hypothesis relate to admissions criteria such as GPA and faculty resources related to number of faculty with professional qualifications. Data was analyzed using an independent samples t-test to determine if any significant differences exist.

The final two outcomes-related hypotheses explore whether there are significant differences in program completion rates and clinical exam performance between graduates of
accredited and non-accredited programs. The independent variable remains accreditation status, and the dependent variables are program completion rates and exam pass rates for programs and examinees. Statistical analysis included an independent samples t-test to determine if significant differences exist.

**Procedure**

The first phase of the study utilized narrative and descriptive information related to programmatic standards and quality indicators. The author of this study accessed all current program approval standards and procedures for each of the three higher education oversight entities under study: CACREP Accreditation Agency; Middle States Commission on Higher Education; and NYS Education Department higher and professional education review offices. The latest standards documents are publicly available and were accessed at each of the agencies’ websites. The author then performed a comparative analysis of regional, specialized, and governmental higher education standards agencies to determine the similarities, overlaps, and gaps between standards that apply to accredited and non-accredited graduate counseling programs and departments. The main focus of the comparative analysis was to illuminate and isolate the main differences associated with the specialized accreditation body under study—CACREP.

The second phase of the study was completed by requesting the Annual Program Surveys for Mental Health Counseling programs from the Professional Education Program Review Office (PEPR), in the New York State Education Department, and examination data from the national counseling exam agency (NBCC). The Program Survey data is stored in secure drives within the PEPR unit and include only the raw data included on surveys. Data were transcribed into tabular
formats and then analyzed using SPSS; variables were analyzed using central tendencies, ranges, mean differences, and significance.

The licensure examination data includes seven years of archival data (2007-2013) from NBCC and NYS Department archives. Data were transferred into spreadsheet form and collated for initial analysis, and then subject to statistical analysis with SPSS.

Summary

This chapter outlined the methodology, population, instrumentation, design, research variables, and procedures associated with the study, and offered insights into the validity and reliability associated with the instruments and research process. The following chapters present the findings, conclusions and implications of the study.
CHAPTER FOUR
RESULTS OF STUDY

The main goal of the comparative and quantitative analysis was to explore the differences between graduates of accredited programs versus non-accredited programs. This chapter presents the findings associated with each phase of the study, and analyzes the comparative results associated with the two main research questions, and the related hypotheses.

Differentiating Accreditation Standards

The first phase of the study addresses the first research question and compares the applicable program oversight and regional and specialized accreditation bodies and standards in order to offer the full contextual framework to consider the main quantitative hypotheses under study. This comparative analysis is designed to explore the regional, state, and counseling programmatic accreditation agencies, and to report on specific differentiation between standards as they relate to the CACREP accredited and non-CACREP variables, and to the dependent variables related to admissions, faculty resources, and program/exam outcomes.

Analysis of Program Inputs and Outcomes Related to Accreditation Status

The second phase of the study addresses the second research question comparing CACREP accredited to non-CACREP programs, and is broken into two categories associated with the initial four input-oriented hypotheses, and the final two outcomes-oriented variables. The initial hypotheses involve an analysis of input-oriented variables, such as admissions requirements and faculty resources and qualifications, and then consider outcomes-oriented variables, such as student completion rates and performance on the clinical mental health licensing exam.
Phase 1 Results: Quality Assurance Standards Comparison

As summarized in Table 3, the three main higher education oversight bodies for graduate counseling schools and programs in New York State impose standards that overlap, diverge, and intersect at various stages of the programmatic review and monitoring process. Although each agency identifies and organizes standards uniquely related to its mission and purpose, the main areas considered mission, resources, faculty, and educational program and evaluation. Each agency’s interpretation and approach to the standards identify important differences that show how effective each organization may be in ensuring quality control of counseling education in New York. The findings also reveal differences between how each accreditation body approaches standards related to the dependent variables, and begin to reveal how the counseling accreditation agency differentiates itself in areas related to the concepts under study.
<table>
<thead>
<tr>
<th>Table 3</th>
<th>Comparison of Applicable Quality Assurance Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NYS Education Department Standards</td>
</tr>
<tr>
<td></td>
<td>Institutional and Programmatic</td>
</tr>
<tr>
<td>Mission/Goals</td>
<td>Institutional goals and objectives of each curriculum and of all courses are required.</td>
</tr>
<tr>
<td>Resources</td>
<td>Standards relate to both adequate institutional and programmatic resources; Financial review is conducted at both levels.</td>
</tr>
<tr>
<td>Leadership &amp; Governance</td>
<td>Requires that overall educational policy and its implementation are the responsibility of the institution’s faculty and academic officers.</td>
</tr>
<tr>
<td>Student Admissions &amp; Retention</td>
<td>Admission criteria shall be clearly defined and be uniformly applied; only admit students who are capable of completing the study.</td>
</tr>
<tr>
<td>Student Support Services</td>
<td>Adequate academic support services shall be provided.</td>
</tr>
<tr>
<td>Faculty</td>
<td>Requires appropriately qualified faculty; does not have specific minimum FTE quantity requirements. However, sufficient full-time faculty members are required to assure stability and continuity.</td>
</tr>
<tr>
<td>Curriculum &amp; Educational Offerings</td>
<td>Programmatic content area and syllabi requirements. Clinical internships requirements.</td>
</tr>
<tr>
<td>Student Assessment</td>
<td>An advising system is required to assess the success of students.</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>A reviewing system is required to assess the success in achieving program objectives. Site visits may be required periodically.</td>
</tr>
</tbody>
</table>
Mission/Goals.

As noted in row 1 of Table 3 above, standards related to missions and goals for each of the accreditation bodies differ according to the internal and external nature of the quality oversight function and approach. Middle States, the regional accreditor, requires that colleges create a mission and purpose statement that is consistent with principles of higher education and the distinct institution and informs all programs. This global, top-down approach to mission and goals differs from the professional accrediting agency, CACREP, which requires a program level mission and purpose statement which is consistent with the individual counseling department’s focus or mission, and ensures that students can identify with a strong professional identity and purpose. The NYS Education Department combines both elements of internal focus and external regulatory review by requiring schools with counseling departments to ensure that all programs are consistent with the school’s Master Plan and mission, and by requiring schools to provide a coherent rationale and goal plan for the individual program.

Resources.

All three agencies require adequate resources. CACREP’s focus is at the programmatic level. Middle States Commission’s focus is at the institutional level. NYS Education Department’s focus is both at the institutional level and the programmatic level.

One of the first standards within the New York State Education Department’s Commissioner’s Regulations requires that institutions shall “possess the financial resources to accomplish its mission and the purposes of each registered curriculum” (NYS Education Department Regulations of the Commissioner, 2015). The Department enforces this institutional and programmatic level standard by requiring financial information at various stages of
institutional and program development. For example, every college in the state must submit audited financial statements, and may be targeted for review or corrective action if they experience a consistent pattern of poor financial statements. In addition, the Department requires every new college program proposal to include a three year budget plan that is acceptable, and provides evidence of adequate revenue and expenditures related to the resources outlined in regulation, such as facilities, faculty, library resources, and technology. There is also evidence that the Department requires evidence of proper resources at various intervals of program development, and well before a program launches.

CACREP’s references to resources are embedded in a number of the standards areas such as in the Learning Environment Structure and Evaluation section, which includes a broad requirement for “providing the program with sufficient financial support to ensure continuity, quality, and effectiveness in all of the program’s learning environments.” (Council for Accreditation of Counseling and Related Programs. 2013a, p. 2). The counseling standards also require the appropriate learning facilities, equipment, and technology to conduct a quality program, in addition to very specific counseling faculty resource commitments.

The regional and specialized accreditation bodies typically collect more detailed financial data related to the standards during the self study processes, and then verify the budgets at the site visits or during reaccreditation processes. The Middle States Commission standards include broad resource requirements language requiring institutions of higher education (IHE) to include the necessary human and space related resources to achieve its missions and goals, and to ensure that they are analyzed related to outcomes assessment.
Leadership and governance.

All three agencies require that faculty members be involved in the decision-making process. CACREP’s standards include requirements that College leadership commits to supporting the program, and requires a heavy emphasis on faculty control of the curriculum and program operations. Both Middle States and the State Education Department standards require that institutions will have a clear administrative structure to govern the programs and create policies for students, faculty, and campus stakeholders. Middle States standards include language that is more amenable to ongoing quality improvement, while the state agency includes less language and guidance related to leadership and administration standards and functions.

Student admissions and retention.

All three agencies require clear admission criteria. They all require that only those students who are capable of completing the program shall be admitted; however, the specialized accreditation agency focuses admissions more narrowly on the specific counseling program unit, and includes discipline specific considerations and career goals. Specifically, CACREP requires the selection committee include consideration of the following aspects for each applicant: interpersonal skills, aptitude for graduate-level study, and career goals and their relevance to the program (Council for Accreditation of Counseling and Related Programs, 2013a, p. 3).

The regional accreditor, Middle States, includes a more general reference to ensuring that admitted students have “interests, goals, and abilities that are congruent with its mission…” (Middle States Commission on Higher Education, 2014, p. 9). Middle States standards also require a clear plan and policy for ensuring that transfer students are admitted and situated appropriately.
**Student support services.**

All three agencies require adequate support services to ensure the success of students. The regional accreditation body begins its description of student support services by stressing that the school implement clear, ethical policies to ensure a positive learning experience. Middle States makes specific references to orientation, advisement, financial aid support, and policies related to extracurricular activities. The New York State Education regulations related to student support are not as lengthy and descriptive as the regional accreditor’s but still require that students are offered clear advice on all college policies, and that records, transcripts, and rights and privileges are clearly stated and broadcast to all stakeholders.

CACREP’s standards related to support services are more program oriented, and are most often found in clearly established policies within the student handbooks. The language related to student support are consistent with the professional identity and development standards and include information about professional organizations, student remediation, and policies on academic appeals. There is also a specific standard which requires the student and faculty advisor to develop a comprehensive program of study within the first year of the program.

**Faculty.**

All three agencies require qualified faculty members. NYS Education Department and Middle States include general requirements related to sufficient levels of qualified faculty for the degree and discipline involved, while CACREP includes more specific requirements on faculty qualifications and roles.

CACREP’s faculty standards are highly prescriptive and appear in multiple sections of the standards, and require that the academic unit shall have at least three persons whose full-time academic appointments are in counselor education (CACREP Standards, p.5). The current
standards require a maximum 10:1 student to FTE faculty ratio, and require that faculty “have earned doctoral degrees in counselor education and supervision, preferably from a CACREP-accredited program, or have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013” (CACREP Standards, p.5). The standards also require that course loads delivered by noncore faculty do not exceed core faculty courses, and that the teaching loads of faculty are closely aligned with other graduate level departments with similar supervisory responsibilities. There also must be ample evidence of faculty development, research activity, and evidence of ultimate faculty control of programmatic curricula and policies.

NYS Education Department requires sufficient full-time faculty members at the institution to maintain continuity and stability. Neither NYS Education Department nor Middle States have minimum quantity requirements; however, NYS has extensive standards related to sufficient numbers of full time faculty with appropriate degrees and backgrounds to establish and deliver the curricular objectives of each program. The standards also provide the adequate leeway to allow faculty with specific professional preparation and background to teach professional programs that may not require graduate or doctoral level degrees. For example, if a profession values a certain professional license or specific body of work, this may be acceptable in lieu of the typical advanced degree.

Neither Middle States nor NYS approaches the level of specificity that the specialized accreditation body CACREP directs toward specifically educated and prepared counseling faculty with distinct professional identities. This standard tends to draw a more clear distinction between the CACREP accredited programs and the non-accredited counseling programs, with
the expectation that faculty and counseling departments are more dedicated to professional counseling than any of the other mental health professions such as psychology or social work.

**Curriculum/Educational program.**

All three oversight agencies begin with broad standards related to ensuring that the colleges create and adapt curricula that are controlled by the faculty and are consistent with the mission of the college or appropriate department. The NYS Education Department and regional accreditation body define the foundational standards for degrees, credit hours, and appropriate level of instruction and intervention. The specialized accrediting body defines the profession specific content and supervisory experiences, and allows individual colleges and counseling departments freedom to create the specific curricula to meet the defined course area objectives.

Many states, NYS included, often create very specific professional education licensure laws and regulations which incorporate the national standards established by the recognized professional accreditation body (Council for Accreditation of Counseling and Related Educational Programs, 2013d). As a result, even schools which have chosen not to engage in the specialized CACREP accreditation process attempt to create curricula and syllabi consistent with the CACREP content objectives for graduate level counseling program. As noted in the NYS Commissioner’s Regulations related to mental health counseling, all registered programs must meet similar general curricular content objectives and clinical internship requirements found in CACREP standards (NYS Education Department Title VIII Laws, 2015; Council for Accreditation of Counseling and Related Programs, 2013a).

It is important to note, however, that CACREP’s educational content standards are more detailed and explicit and go beyond general content area guidelines. So while both accredited and non-accredited programs might follow the nationally accepted and published content
objectives, only CACREP programs are required to follow the content objectives and provide evidence that the curricula and clinical experiences are consistent with the more detailed, comprehensive content standards.

All of the higher education oversight entities also include very comprehensive requirements related to ensuring that educational programs are consistent with the IHE’s mission and resource structure, and are designed with the targeted student outcomes in mind. In addition, CACREP includes a number of foundational and ethical courses and program objectives that are specifically targeted at establishing a strong professional identity. This is unique to the field of Mental Health Counseling, and according to the accreditation body, should be incorporated into the didactic and active learning scenarios to ensure that the student is prepared for professional practice.

**Student assessment.**

NYS Education Department and Middle States have general requirements on student assessment. CACREP’s requirements on student assessment are more specific. Three domains of student assessment are included in CACREP standard on student assessment: professional identity, professional practice, and program area content. CACREP includes very strict language in its standards related to assessment, and requires that faculty conduct systematic and ongoing assessment of academic performance, and personal and professional development. The standards require that students are not allowed to continue in the program if they do not meet the school’s standards in these developmental areas.

**Program evaluation.**

Similar to the findings on student assessment, CACREP’s requirements on program evaluation are more specific. CACREP requires a program evaluation plan including: a review
by program faculty of programs, curricular offerings, and characteristics of program applicants; formal follow-up studies of program graduates to assess graduate perceptions and evaluations of major aspects of the program; formal studies of site supervisors and program graduate employers that assess their perceptions and evaluations of major aspects of the program (CACREP Standards, p.7). In addition, CACREP requires evidence of the use of findings to inform program modifications and distribution of an official report that documents outcomes of the program evaluation and descriptions of any program modifications (CACREP Standards, p.7). Program evaluation for CACREP accredited programs also occurs within the context of a targeted, cyclical peer review process, which emphasizes professional counseling identity, skills analysis, and clinical competence and benchmarking.

By contrast, the NYS Education Department and the Middle States Commission both require program evaluation, but they are more generally tied to larger program and institutional objectives, and do not specify specific counseling peer review teams.

**Differentiating between the accreditation standards and approaches.**

In summary, the findings indicate differences in the focus of each of the quality assurance agencies. Middle States Commission is primarily concerned with institutional level capacity. The NYS Education Department focuses on both the institutional and programmatic levels, and plays a more regulatory role related to quality assurance and professional practice. CACREP aims to galvanize the professional education movement for the counseling profession, by coordinating and overseeing the standards at the programmatic level. A descriptive, comparative analysis of the individual standards areas begins to reveal the nuances and differences between the specialized counseling programmatic accreditation agency and the state and regional agencies. These insights, in turn, offer the context and background for the quantitative analysis associated
with the second research question comparing CACREP accredited and non-CACREP accredited programs and graduates.

The findings on standards related to **student admissions and retention**, for example, offer color and context to the related hypotheses in the following quantitative phase of the study which considers student GPA admissions criteria and student completion outcomes. As noted previously in Table 3, while all three accreditation agencies require a holistic approach to admissions, CACREP standards include specific guidelines designed to ensure that the faculty and program unit set criteria that target applicants who possess the proper aptitude for potential counseling career success. This CACREP standards area is also designed to ensure that programs are admitting students who have a higher likelihood of completing the program, which is considered in hypothesis five relating to student completion rates and analysis.

Analysis of the standards related to **faculty resources** and qualifications also offer distinct contextual differences between CACREP and the regional and state accreditation agencies. CACREP’s more prescriptive, quantitative criteria aim to develop a more targeted, licensed faculty department with a dedication to the clinical mental health counseling discipline. The findings associated with the three accreditation agencies under study reveal various approaches to faculty qualifications, offering context for the second, third, and fourth hypotheses which compare faculty:student ratios from different perspectives.

The standards areas findings for student assessment and program evaluation offer context for to the final two outcomes-oriented hypotheses (**student completion rates and exam performance**), as the accreditation agencies require that programs consider the related student outcomes to evaluate programs and assess student readiness and progress. As noted in table 3, CACREP requires a more robust, clinically-related approach to student and program assessment
and evaluation, and also requires published annual reports on student outcomes related to program completion and exam performance. The outcomes related variables also are influenced by how the accreditation bodies approach many of the other standards areas under study such as mission, resources, leadership/governance, and curricula.

Program evaluation for CACREP accredited programs also occurs within a very specific and unique counseling peer review context, which prompts the accredited programs to consider targeted and comprehensive internal and external evaluation tools and benchmarks associated with the cyclical accreditation visits. The findings indicate that this context is very unique for CACREP programs when compared to the other oversight agencies, which do not have explicit, programmatic peer review requirements and cycles.

The differences in standards and approaches to quality assurance between the agencies begins to draw distinctions between CACREP accredited and non-CACREP accredited programs, and provides the lens for considering any potential differences in quality indicators as they relate to each level of the independent variable (accreditation status). The goal of specialized accreditation agencies, such as CACREP, is to attempt to capture the unique, peer recognized attributes of the profession, and build a set of standards and accreditation oversight model which stands apart from other more regulatory regional or state agencies. The contextual phase of the study explored these nuances between CACREP accredited and non-CACREP programs to offer a rationale and reason for these two levels of the independent variable.

Phase two of the study focused on quantitative variables and categorized as an input-oriented section followed by an outcomes-oriented section. This section attempted to bridge the gap between the contextual phase of the study and the related quality indicators associated with the hypotheses under study.
Phase 2a: Input-Oriented Quality Indicators

This phase of the quantitative study explores whether there are statistically significant differences related to the various input-oriented variables between accredited and non-accredited programs. The study considered admissions grade requirements, as measured by minimum GPA; faculty resources, as measured by faculty:student ratios for FTE faculty and licensed faculty.

Comparing admissions criteria: accredited vs. non-accredited.

An independent samples, equal variances t-test was used to analyze the admissions data. The fixed categorical independent variable was accreditation status of program, and the dependent variable was admissions criteria as measured by undergraduate Grade Point Average (GPA) admissions means. The results revealed no statistically significant difference in minimum GPA admissions requirements for CACREP accredited programs (M=2.96, SD=.089) and non-accredited programs (M=2.99, SD=.158); $t(29) = -.463, p > .05; d = -1.72$.

As presented in Table 4, the mean admissions requirements, as measured by minimum required GPA, was slightly higher for non-accredited programs (n= 26, M=2.99) than for accredited programs (n=5, M=2.96). Most programs, regardless of accreditation status, reported minimum GPA admissions requirements at 3.00, thus limiting variability for this construct. The range for this variable was between 2.80-3.00 for accredited programs, and 2.50-3.30 for non-accredited programs; a small number of schools reported no minimum GPA, utilizing a more holistic, portfolio style approach to admissions selection; these schools were not considered in the calculation.
Table 4

Independent Samples t-test Comparing GPA Admissions Requirements by Accreditation Status, NYS 2013

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>CACREP Programs</td>
<td>5</td>
<td>2.96</td>
<td>.089</td>
<td>29</td>
<td>-.463</td>
</tr>
<tr>
<td>Non-CACREP Programs</td>
<td>26</td>
<td>2.99</td>
<td>.158</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p > .05.

**Faculty:student ratios.**

The second hypothesis considered faculty:student ratios for the graduate level counseling programs and departments. Table 5 includes the overall data related to students and faculty for CACREP accredited and non-accredited programs.

Table 5

Overall Faculty, Student Enrollment Data NYS 2013

<table>
<thead>
<tr>
<th>Programs Measured</th>
<th>N</th>
<th>Total FTE</th>
<th>Annual Student Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Programs</td>
<td>N</td>
<td>Faculty</td>
</tr>
<tr>
<td></td>
<td>CACREP</td>
<td>8</td>
<td>73.33</td>
</tr>
<tr>
<td></td>
<td>Non-CACREP</td>
<td>29</td>
<td>306.33</td>
</tr>
</tbody>
</table>

As noted in Table 6, although statistical significance was not established, the overall full time equivalent (FTE) faculty:student ratio mean for non-accredited programs (M=.312, s=.257) was higher than the FTE faculty:student ratio for CACREP accredited programs at (M=.258, s=.312). An independent samples, equal variances t-test, t(35) = .504, p > .05; d = .17, failed to
reveal a significant difference in overall FTE faculty:student ratio for CACREP accredited programs when compared to non-accredited programs.

Table 6

*T-test Faculty:Student Ratio CACREP vs. Non-CACREP, NYS 2013*

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>CACREP Programs</td>
<td>8</td>
<td>.258</td>
<td>.312</td>
<td>35</td>
<td>.504</td>
</tr>
<tr>
<td>Non-CACREP Programs</td>
<td>29</td>
<td>.312</td>
<td>.257</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p >.05.

*Licensed faculty:student ratios.*

The second variable related to faculty focused on *licensed* faculty, and included all faculty who attained professional licensure or certification within one of the counseling, psychology, or related clinical mental health therapy professions. As noted in Table 7, the mean faculty:student ratios related to *licensed* faculty, and the ratio for faculty specifically licensed as Mental Health Counselors (LMHC).

An equal variances, independent samples *t*-test failed to reveal a significant difference in Licensed FTE faculty:student ratio for CACREP accredited programs (M=.152, SD=.135) when compared to non-accredited programs (M=.294, SD=.278), t(35) =1.387, p > .05; d = .469.
Table 7

**T-Test Licensed Faculty: Student Ratio CACREP vs. Non-CACREP, NYS 2013**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>CACREP Programs</td>
<td>8</td>
<td>.152</td>
<td>.14</td>
<td>35</td>
<td>1.387</td>
</tr>
<tr>
<td>Non-CACREP Programs</td>
<td>29</td>
<td>.294</td>
<td>.28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p > .05.

Note: Licensed faculty includes faculty licensed in broad range of counseling related professions such as psychology, social work, professional counseling.

The final faculty variable under study included all faculty who attained specific mental health counseling professional licensure within the narrow scope of professional counseling. To clarify the difference between the two variables, licensed mental health counseling (LMHC) faculty could include faculty with any professional licensure such as Psychologist, LMSW, Psychoanalyst, etc., while the measure now under consideration included only faculty specifically licensed in the narrow discipline of Mental Health Counseling. This measurement is particularly important for CACREP accredited programs, as having faculty with specific backgrounds in the counseling profession relates to a standard in the latest CACREP guidelines.

Table 8

**T-test LMHC Faculty: Student Ratio CACREP vs. Non-CACREP, NYS 2013**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>CACREP Programs</td>
<td>8</td>
<td>.112</td>
<td>.10</td>
<td>35</td>
<td>.978</td>
</tr>
<tr>
<td>Non-CACREP Programs</td>
<td>29</td>
<td>075</td>
<td>.09</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p > .05.

Note: Licensed Mental Health Counseling (LMHC) faculty have specific licensure in mental health counseling.
As noted in Table 8, an equal variances, independent samples \( t \)-test related to faculty with specific background and licensure in counseling also failed to reveal a significant difference in LMHC FTE faculty:student ratio for CACREP accredited programs (\( M = .112, \ SD = .104 \)) when compared to non-accredited programs (\( M = .075, \ SD = .091 \)), \( t(35) = .978, \ p > .05; \ d = 33. \)

**Phase 2b: Outcomes-Oriented Hypotheses**

The Outcomes-oriented hypotheses compared performance related variables for accredited and non-accredited programs as measured by exam pass rates and program completion rates. Analysis of program completion data included calculating the mean completion rates for each graduate counseling program under study, and then performing a \( t \)-test comparison and Cohen’s \( d \) effect size calculation. Exam performance analysis included statistical consideration of data at both the programmatic and individual examinee level.

**Program Completion Rate Comparison.**

An independent samples, equal variances \( t \)-test was used to analyze the program completion rates. The fixed categorical independent variable was accreditation status of program, and the dependent variable was program completion as measured by the ratio of students who completed the graduate counseling program compared to the number initially enrolled. As noted in Table 9, while the reported mean program completion rate for students in CACREP accredited programs (91%) is higher than the reported mean rate of program completion in non-accredited programs (78%), an equal variances, independent samples \( t \)-test did not indicate a significant difference between the program completion rate means, \( t(30) = 1.325, \ p > .05; \ d = .484. \)
Table 9

Independent Samples t-test Comparing Program Completion Rates by Accreditation Status, NYS 2011

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>N</th>
<th>Annual Enrollment</th>
<th>Program Completion Rate</th>
<th>Program Completion Rate M (SD)</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>CACREP Accredited</td>
<td>8</td>
<td>68</td>
<td>.67 -1.00</td>
<td>.906 (.113)</td>
<td>30</td>
<td>1.325</td>
</tr>
<tr>
<td>Non-CACREP</td>
<td>24</td>
<td>60.17</td>
<td>.46 – 1.00</td>
<td>.779 (.268)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p >.05.

Clinical Counseling Exam Comparison Results.

In addition to program completion rates, the second outcomes-related element of the study considered exam performance on the NCMHCE clinical counseling certification exam at both the individual examinee and programmatic performance level. The fixed, categorical independent variable was accreditation status (CACREP Accredited; Non-CACREP Accredited), while the dependent variable was the counseling exam pass rate for NYS examinees between the years 2007-2013.

As noted in Table 10, when measured at the individual examinee level, pass rate means for graduates of CACREP accredited programs were higher (M=.62, SD=.485) than graduates of non-accredited programs (M=.60, SD=.49). An independent samples t-test, however, resulted in no significant difference between the groups. Using an alpha level of .05, a t-test was conducted to determine whether graduates of CACREP accredited programs differed significantly on standardized counseling exam performance compared to graduates of non-accredited programs. Levene’s test for equality of variances suggested that the assumption of homogeneity of variance
was met, and the test indicated that mean differences were not significant, \( t (2250) = .901, p > .05; d = .038. \)

Table 10

*T-test Comparing NCMHCE Exam Pass Rate for NYS Individual Examinees by Accreditation Status (2007-2013)*

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>( t )</th>
</tr>
</thead>
<tbody>
<tr>
<td>CACREP Examinees</td>
<td>607</td>
<td>.62</td>
<td>.485</td>
<td>2250</td>
<td>.901</td>
</tr>
<tr>
<td>Non-CACREP Examinees</td>
<td>1645</td>
<td>.60</td>
<td>.490</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\( p > .05. \)

Similar results were found when analyzing exam performance at the institutional, programmatic level. An independent samples, equal variances t-test was used to analyze the examination pass rate data. The fixed categorical independent variable was accreditation status of program, and the dependent variable was examination pass rate as reported at the program/school level for NYS programs between the years 2007-2013. As noted in Table 11, schools with CACREP accredited programs recorded a mean pass rate (.669) higher than schools with non-accredited counseling programs (.650), but t-test analysis did not establish significant differences between the means, \( t (41) = .291, p > .05; d = .091. \)
Table 11

*T-test Comparing NCMHCE Exam Pass Rate for NYS Counseling Programs by Accreditation Status (2007-2013)*

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
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<tr>
<td>CACREP Programs</td>
<td>9</td>
<td>.669</td>
<td>.123</td>
<td>41</td>
<td>.291</td>
</tr>
<tr>
<td>Non-CACREP Programs</td>
<td>34</td>
<td>.651</td>
<td>.179</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p >.05.

**Summary**

This chapter analyzed the differences between the accreditation bodies, and the descriptive statistics and significance associated with each of the input and outcomes-oriented variables. The first phase of the study analyzed the differences between the applicable regional, state, and programmatic accreditation standards, and offered context for the comparison of variables associated with CACREP accredited and non-CACREP programs. The second phase of the study considered the quantitative quality indicators associated with program quality for counseling programs. While there were different means reported for variables associated with GPA admissions requirements, faculty resources, program completion rates, and examination performance, none of the mean differences were determined to be statistically significant.
CHAPTER FIVE

FINDINGS, CONCLUSIONS, AND IMPLICATIONS

This chapter summarizes the findings of the study and explores implications related to specialized accreditation and its impact on students and programmatic quality. Using an ex-post facto design, the investigator analyzed descriptive standards documents and quantitative exam and programmatic data to address the two research questions. The first research question considered the relevant accreditation agencies’ standards and provided comparative contextual analysis of the standards areas associated with the dependent variables. The second research question considered the six program quality related hypotheses, and offered insights into how CACREP accredited programs and students compared to non-CACREP programs and students. For a more robust number of program quality indicators within a broader context of higher education oversight, the study targeted programs within one state and analyzed the variables within the context of multiple oversight agencies that can potentially affect student outcomes and program performance.

Findings and Emergent Patterns

The descriptive, comparative analysis of the different accreditation agencies revealed distinctions between the program quality indicators and processes that should be taken into consideration when comparing CACREP accredited programs and non-CACREP programs. All of the programs under study had NYS Education Department and Middle States oversight, and CACREP accreditation added a third level which enhanced the context of the study.

Admissions findings.

The findings revealed that standards related to admissions criteria for CACREP programs are more tightly controlled by the specific program counseling department, and include more
discipline specific criteria such as aptitude for counseling and career goals. Specific analysis of
the input-oriented quality indicator variable for GPA admissions requirements revealed higher
means for non-accredited programs when compared to CACREP accredited programs. However,
despite the differences in accreditation criteria, quantitative analysis of minimum GPA
admissions rates did not vary significantly between accredited and non-accredited programs.

Future analysis of admissions criteria and quality indicators associated with recruiting
and admitting the most prepared and qualified students might focus more broadly on what many
refer to as the “gatekeeper” role of ensuring that only qualified students enter into in clinical
activities and practice the profession (Gaubatz & Zera, 2002; Foster & McAdams, 2009). Kelly
(2011) proposes a model which goes beyond the typical content knowledge associated with GPA
or exam performance and advocates for a more robust pre-admissions, remediation plan phase,
and post admissions screening process. Kelly’s (2011) evaluation and assessment model
employs comprehensive evaluation tools and techniques to create a rubric-driven profile of a
student’s ability to perform the most essential functions of counseling and ethical practice. This
model might be particularly useful to incorporate into a multiple accreditation agency study such
as this, as it already cross-references related standards such as NCATE and regional accreditation
standards.

**Faculty resources findings and considerations.**

CACREP standards related to faculty resources were more narrowly defined and tied to
the professional counseling discipline and scope of practice. Unlike the regional and state
accreditation standards, strict quantitative requirements for faculty with professional counseling
backgrounds was mandatory, and underscored CACREP’s mission to enhance the professional
identity of students, graduates, and faculty. Consistent with the latest CACREP standards
requirement that accredited programs establish a minimum number of faculty with specific Mental Health Counseling background, CACREP programs reported higher licensed mental health counseling (LMHC) faculty:student ratio means when compared to programs without CACREP accreditation. Although the means for this variable were not statistically significant, higher means are typically expected due to the highly prescriptive specialized counseling requirements for faculty appointments within CACREP accredited programs as noted in the first phase of the study.

The remaining two faculty:student ratio hypotheses revealed that non-CACREP programs report higher ratios for overall faculty resources. An analysis of the means for faculty resources reveals that overall faculty:student ratio for non-accredited programs is higher than CACREP accredited programs, with an even larger gap between programs related to licensed faculty resources, with licensed faculty:student ratios for non-accredited programs outpacing the ratio for accredited programs. Although statistical analysis did not establish a significant variation between the means for the faculty ratio comparisons, future related studies may consider either a larger region or sampling catchment area, or include more examinees as future exam administrations are implemented.

Analysis of related faculty qualifications and resources offers many different opportunities to study programmatic variability, as the historical context of faculty departments related to the counseling discipline is unique and complex when compared to other licensed professional disciplines (Mellin, Hunt, & Nichols, 2011). As noted earlier in the study, one of the main objectives of creating CACREP and more universal standards, was to address the issue of establishing a unique identity among Mental Health Counseling students, faculty, and professionals to distinguish themselves from related professions such as psychology, social
work, and psychoanalysis. Despite this continuing evolution, many Mental Health Counseling programs continue to reside in Psychology or allied mental health related departments, and faculty are shared between programs and disciplines. This dynamic might explain why non-accredited programs in the study report higher licensed faculty resources when compared to CACREP accredited programs, which are indicative of faculty departments broadly trained in allied mental health and social work areas, but not narrowly focused on professional counseling specialties.

**Outcomes-oriented findings and considerations.**

The outcomes related criteria associated with CACREP accreditation are intended to connect back to all of the program quality indicators, as the goal of the movement towards outcomes and competencies ties to mission, student services, faculty, resources, and program and student evaluation systems. Perhaps the most direct link in the standards criteria to the outcomes oriented dependent variables associated with program completion and exam pass rates is the curricula/educational offering and program evaluation. CACREP’s current standards require 60 graduate credit hours in specific content areas, in addition to supervised clinical internship hours, putting it on par with the typical two year Master of Social Work (MSW) graduate programs.

CACREP’s program evaluation standards are also designed to connect back to the curriculum and educational objectives, and dictate specific outcomes reports which should reflect student competency and objectives mastery progress. The state and regional accreditors require more broad measurements of institutional and programmatic progress. Findings related to the program completion rates reveal that mean program completion rates for CACREP programs were broadly higher than reported completion rates for non-CACREP programs (91% vs. 78%), though statistical analysis did not establish significance.
Examination pass rates associated with CACREP programs were slightly higher when compared to non-CACREP programs. Measured at the examinee level, graduates of CACREP accredited programs achieved slightly higher NCMHCE exam pass rates at .62 compared to graduates of non-accredited programs at .60. These pass rates did not differ significantly from national pass rates for the NCMHCE for the most recent five years, which average approximately 62%. Comparing examination performance at the programmatic or school level reveals a mean pass rate for CACREP accredited schools at .669, compared to .650 for non-accredited schools. In contrast to recent studies which have indicated significantly higher exam performance by students graduating from CACREP accredited programs, this study did not establish a significant difference between students in accredited or non-accredited programs.

Analyzing the data at both the programmatic and examinee level may prompt future analysis and study designs, as the more traditional examinee level comparison offers a more robust population sample, while the school-level analysis targets potential differences in each school’s approach to preparing students for examinations and professional practice in the context of accreditation or department driven standards. In addition, it is worth noting that the clinical area counseling exam (NCMHCE), while growing in popularity, is a newer, more specialized exam than the more general NBCC National Counselor Examination (NCE) that is often considered the performance proxy for many outcomes-related studies related to counseling accreditation’s effectiveness. The result at present is a relatively more narrow sample population of examinees for the NCMHCE when compared to the more general counseling exam, that will continue to grow and perhaps offer more data for future means and descriptive statistics analysis.

Another consideration might include a more comprehensive analysis of the subsections of the NCMHCE clinical exam to determine if perhaps there are more targeted differences between
graduates of accredited or non-accredited programs. Since this study only considered the overall exam pass rate means, a more diverse analysis of the exam subsections might reveal significant associations or variability related specifically to clinical decision making abilities, counseling and psychotherapy content knowledge, or important consultation or supervisory skills acquisition.

As noted above, initial emergent patterns associated with all of the hypotheses and means comparisons revealed slight differences in means, however, statistical analysis revealed no significant differences for any of the variables under study. Insights into the relative lack of significant differences may be associated with the multiple layers of institutional and programmatic oversight for graduate counseling programs, especially within a state with a long and proactive history of higher education oversight. Both CACREP accredited and non-accredited programs are subject to many common standards and quality review processes, and further study may require a targeted, multi-state study which further analyzes the differences between programs subject to multiple layers of program agency oversight.

**Implications for Theory**

Findings related to the first comparative phase of the study might suggest that there are opportunities to consider how objectives- and peer-oriented evaluation models may be evolving and merging depending on the context of the evaluation. For example, the programmatic, regional, and regulatory accreditation agencies all begin with the foundational concepts of objectives-oriented evaluation by requiring schools to define the programmatic goals and objectives, to consider the inputs and processes to meet the objectives, and to consider how to assess the outcomes associated with the initial objectives. The peer-oriented model includes the same framework but emphasizes the importance of the specific discipline or specialization to
further refine the inputs and outcomes, and to ensure that judgments and consultations are appropriately informed.

The findings in the study related to faculty qualification standards, for example, reveal differences in quantitative and qualitative faculty criteria for CACREP accredited programs when compared to the more generic standards associated with the regional and state accrediting agencies and the non-CACREP accredited programs. Standards related to financial resources and leadership support, however, varied less between accrediting bodies, and offered opportunities to overlap standards, processes and considerations. As the standards diverge and overlap between various accreditation bodies, researchers, educators and policy makers are considering which accreditation model is most appropriate at which time, and which components of the various evaluation models might need to be adapted as higher and professional education evolve.

A practical consideration of this dynamic has resulted in a number of states considering which standards to consider for licensing and professional education purposes (American Counseling Association, 2010). For example, North Carolina recently passed legislation which requires that by 2022 those applying for mental health counseling licensure must have graduated from a CACREP accredited program. States such as North Carolina have made the determination that the more specialized, peer-oriented standards model is most reliable when attempting to establish which agency best assures the quality indicators for graduates within the profession and discipline. Other states, such as New York, have adopted a more multi-faceted approach and allow for state approved programs at regionally accredited institutions, in addition to allowing for CACREP accredited mental health counseling programs, as meeting the state requirements for professional licensure in the field (NY Codes, Rules and Regulations, 2015).
Important considerations related to the contextual comparative phase of the study may provide insights into the lack of significant differences in student outcomes in this study. As noted previously, while CACREP has standards that include very comprehensive content criteria, curricular objectives, and clinical internships, some of these general objective requirements are similar at the state level, NYS Education Department Commissioner’s Regulations for the counseling profession. The result is that on the surface, both CACREP accredited and non-accredited counseling programs must meet the same 60 credit hour content areas and 600 hour supervised clinical internships. However, it is also important to note that without CACREP’s administrative initiatives to centralize the industry’s efforts toward a common professional education standard, the current standards may not exist in such a unified, near universally accepted format. In addition, it is important to acknowledge that the elements within specialized accreditation standards are more robust than just the list of content standards, thus requiring a more nuanced consideration of which variables may be affecting student outcomes on exams. For example, CACREP’s approach to assessing student outcomes is very complex, and requires that students and faculty mentors develop comprehensive and timely assessments of student progress.

Further related studies might compare whether non-accredited programs approach assessment in such a comprehensive manner and whether there are correlations between assessment approaches and student exam outcomes. This study laid the groundwork for approaching a standards comparison with multiple oversight agencies, and could serve as a foundational study for more narrowly defined comparisons based on sub-disciplines and standards within professional counseling.
Implications for Practice

At present, there are similarities across the different agencies. They all include the important aspects of standards (i.e., mission/goals, resources, leadership and governance, student admissions and retention, student support services, faculty, curriculum, and student evaluation and program evaluation). Within each of the specific standards, however, there are notable areas of distinction, that emphasize different levels of focus related to program and student quality.

Recognizing the potential overlap in function and standards criteria, the various accreditation and state oversight bodies have begun to consider ways to cooperate and streamline review processes and requirements for Colleges. In New York State, the departments responsible for approving and registering college degree programs often conduct parallel site visit reviews with other professional accreditation agencies. In some cases, the state professional licensing regulations mirror the specialized accreditation bodies’ education objectives and internship standards requirements, and this overlap allows both oversight agencies the ability to do a cooperative site visit. Beyond the common elements associated with the specific curricular content and internship hours standards, there are typically distinctive processes and standards that relate to the internal (voluntary), and external (regulatory) functions of the quality assurance system. For graduate level mental health counseling departments and programs, this often means that even a cooperative and parallel program review by both the state and accreditation body, would require different sets of forms, benchmarks, and standards guidelines.

Areas of overlap might include a cooperative three day site visit, the state agreeing that the accreditation agency’s external peer review team meets the state external review requirement; appendices related to mission and goals, faculty, syllabi, assessment tools and procedures; and
any other section of the self study or program database that relates to both bodies standards. Even if many of the materials and plans speak to multiple accreditation and state regulatory agencies, there are often distinct interpretations and unique prescriptive standards requirements that schools must account for in order to attain or retain the important accreditation and state approvals.

**Implications for Research**

One of the more unique aspects of this study, which offers implications for future consideration of counseling program standards and performance analysis in a multi-agency environment as described above, is the more localized context of the study. Instead of concentrating on the typical national examinee performance level analysis of accredited versus non-accredited programs, the investigator narrowed the study to New York State and included a more detailed analysis of program quality variables. The results offer insights into specialized accreditation’s impact in a multi-regulatory environment, that may differ from the accreditation body’s impact in other states or regulatory environments. For example, one might ask whether the relatively small gaps in certain quality indicators between accredited and non-accredited programs, and lack of significant differences in means, is related to differences in New York State’s approach to approving and regulating professional licensure programs, such as those in the mental health counseling discipline.

There is evidence that New York has adopted a decidedly more regulatory, review-oriented approach to professional education and licensure, by housing these functions and regulations under one roof within the State Education Department, as opposed to the more traditional approach of housing professions in alternate state agencies with less targeted education standards. Future studies might analyze whether a more consolidated, regulatory
approach overlaps with specialized accreditation oversight, affecting the impact of accreditation on student and programmatic performance between accredited and non-accredited programs. This dynamic relates to government’s changing role in quality assurance of higher education (Dill & Beerkens, 2013; Harnisch, 2012; Zis, Boeke, & Ewell, 2010).

Research related to determining whether proactive, duplicative, or local regulatory structures diminish the need for professional accreditation bodies in each discipline, should exercise caution however, as the current domain is very complex, with a strong presence of professional accreditation in addition to state oversight and review (Dill, 2010). Indeed written specifically into New York professional education regulations is recognition of professional accreditation as equivalent to many professional education requirements (NYS Codes, Rules, and Regulations, 2015). The interrelationships between the state governing boards, higher education regulatory units, and the specialized accreditation bodies warrants various unique future study designs and hypothesis testing, but establishing independence for the intended variables remains a challenge. This study attempted to provide a model for addressing this issue by using a two phase model which includes a contextual, comparative analysis of the co-existent accreditation agencies and standards.

Frawley (2014) urges consideration of the issues associated with regulatory oversight agencies supplementing or replacing the more traditional mission-oriented, peer review model, and highlights many of the variables associated with quality control and accountability within higher education and graduate preparation. The literature review and findings in this study and the accreditation domain, relate to which models and variables need further scrutiny to determine whether graduate counseling programs are formed, implemented, and evaluated in the most efficient and productive fashion.
The prevailing assumption—underscored by a number of positively correlated performance-related studies (Scott, 2001; Adams 2006; Milsom & Akos, 2007)—is that the traditional, peer-oriented accreditation system offers the adequate assurance of quality for graduates within the profession. This study, however, suggests that questions still linger related to whether specific central regulatory oversight systems might affect programmatic and student performance. In other words, do strong, proactive central professional education oversight systems, such as those found in the New York State Education Department, provide all programs, regardless of accreditation status, with procedures and standards typically implemented by the specialized accreditation bodies? Or does the conventional assumption hold true that the unique benefits afforded by a comprehensive, cyclical peer-review system with built-in counseling evaluation processes results in higher outcomes and program quality?

Future studies might address these questions by comparing counseling programs, students, and graduates in the context of different state regulatory environments. For example, if studies can establish that there are significant differences in higher and professional education oversight approaches and regulations, many of the variables associated with accreditation and program quality can be analyzed within this context. Patterns may emerge that continue to suggest that quality and accountability are associated with the specialized accreditation bodies such as CACREP, but that differences in statistical significance and effect size of certain outcomes variables may exist depending upon the regulatory environment in which the programs reside, or the interplay between the overlapping accrediting agencies.

Considering the theoretical and practical differences in how accreditation and quality assurance of higher education occurs in the United States when compared to other countries, this study offers a framework for addressing some of the important distinctions and evolution within
the discipline. According to Ewell (2007), quality assurance systems in America, while more self-directed and autonomous when compared to a more central “ministry” or government controlled models, still consider what level of state control and accountability is appropriate and warranted. This study also offers a launch point for considering these variables, and determining which model or mix of accreditation and state-directed quality assurance is more ideal and effective. For example, there are different standards and strategies applied to programs depending on the presence of each accreditation agency. In some cases, there are more unique differences that may require more exhaustive analysis to determine if one model is more efficient than another.

As suggested by this study, there are very unique and prescriptive CACREP standards related to faculty with specific backgrounds in Mental Health Counseling, and the mean differences for faculty with such qualifications was reported as much higher for accredited programs. The professional examination performance for accredited and non-accredited programs may also be subject to many different input and outcome variables. Future studies might expand on these elements to ascertain whether there is a significant difference related to these standards and variables, and whether there may be relationships between quality assurance models that mix state oversight with the professional, programmatic accrediting agency.

A comprehensive analysis of this dynamic and movement within professional accreditation might attempt to isolate states with more prescriptive and proactive regulatory systems, and perform analyses of the performance indicators related to admissions, faculty, and program outcomes. The results could be very useful for not only determining the most effective oversight systems for counseling programs, but also for considering higher level quality assurance considerations within higher and professional education in the United States.
Summary

There are a number of challenges associated with trying to determine the effect of specialized, professional accreditation on quality, the most significant of which relate to the rather unitary, monolithic nature of most disciplines, and the dynamics associated with the multiple layers of higher education oversight. Most professions have settled on one nationally recognized accreditation body, such as the Commission on Dental Accreditation (CODA)-ADA for Dentistry, LCME for Medicine, etc., amplified by the near mandatory participation in these accreditation systems to maintain program viability and registration status. As indicated by this study, however, there are a number of opportunities to measure variability between programs within the mental health counseling discipline as the field is relatively new in most states; opting for accreditation is not universally exercised or compelled within the discipline; and there are a number of unique disciplines, exams, and certifications to consider. In addition, state and federal government initiatives and regulatory systems offer opportunities to compare and contrast elements associated with counseling accreditation and quality indicators. All of these elements can be considered in the quest to determine which accreditation standards, agencies, and oversight models are associated with more effective counseling programs, students, and outcomes.

As modeled by this study, perhaps the only comprehensive way to capture how accreditation agencies and standards are affecting student and programmatic outcomes, is to first consider the universe of applicable accreditation agencies and standards, and then try to ascertain what outcomes are attributable to, or connected to, which variable. This challenge continues to grow as the complexity of the professional and higher education accreditation system changes and evolves.
REFERENCES


Middle States Commission on Higher Education (2014). *Standards for accreditation and requirements of affiliation*. Philadelphia: MSCHE.


NY Codes, Rules and Regulations (2015), Title VIII, Article 163.


APPENDIX A

THE STATE EDUCATION DEPARTMENT
Office of the Professions – Division of Professional Education
Professional Education Programs 2013 Annual Report Form

- As part of the process to assure quality, professional education programs are required to submit annual reports. Programs registered at a branch campus must file separate reports.
- The 2013 Annual Report is due on November 15, 2013. Please send the completed report via email to OPPROGS@mail.nysed.gov. Only electronic submissions will be accepted.
- If you have any questions regarding this form, please call (518) 474-3817, ext. 360; or email opprogs@mail.nysed.gov.

Section A: Contact Information
1. Official name of institution:
2. Licensed profession this report pertains to: Mental Health Counseling
3. Contact person for the annual report:
   Name:    Department:    Title:
   Email:    Phone:

Section B: Program Information
1. Indicate whether the program has received programmatic accreditation: Yes __   No __
   If yes, please indicate the accreditation organization: ___________________.
2. For each element listed below, check all that are required for admission into the program.

<table>
<thead>
<tr>
<th>Element</th>
<th>Put a check mark if required for admission</th>
<th>If checked, please indicate the minimum GPA/score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum GPA</td>
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<td></td>
</tr>
<tr>
<td>Minimum GPA in content area course work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum GRE score (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Use the table below to provide the number enrolled, completion rates, job placement rates, and number licensed in New York for the entering cohort of the following academic years:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
</table>

102
<table>
<thead>
<tr>
<th>Number Enrolled</th>
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</thead>
<tbody>
<tr>
<td>Program Completion Rate*</td>
</tr>
<tr>
<td>Job Placement Rates**</td>
</tr>
<tr>
<td># licensed in NY</td>
</tr>
</tbody>
</table>

*The percentage of admitted students who graduate within expected timeframe.

**The percentage of graduates who are employed (part-time or full-time) in a field related to the program study.

4. Use the table below to provide the number of program faculty for the following academic years:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Please indicate the current number of FTE faculty with degree/background specifically in the counseling discipline: ____

6. Indicate the current number of program faculty with a professional license:
   a) number of faculty with LMHC license:
   b) number of faculty with Psychology license:
   c) number of faculty with LCSW license:
   d) number of faculty with other license (please specify: _____):

7. Use the table below to provide information about supervised internship/practicum in 2013 academic year:
   a) number of students in supervised internship/practicum:
   b) number of field sites:
   c) number of full-time faculty supervising internship/practicum:
   d) number of part-time faculty supervising internship/practicum:

Section C: Candidate Complaints. Use the chart below to give the number of complaints filed by students during the most recent academic year and the dispositions. Provide information on any common theme/trend and any results of candidate complaints, such as program or procedure revisions.

a) Number of Complaints during the most recent academic year:

b) Common Theme:
c) Results (e.g., procedure revisions):

**Section D: Comments.** Share any comments you have regarding the programs (i.e., future plans, challenges, etc.)

**Section E: Certification.**

I certify that I have reviewed the information in this report and the information provided in this report is accurate and complete.

_________________      _______________
Typed name of Head of the Department     Title

_________________
Signature                             Date (Month/day/year)