# BEHAVIORAL SCIENCES REGULATORY BOARD
# ANNUAL BOARD PLANNING MEETING AGENDA
## October 25, 2021

**Due to COVID-19, the Board office is practicing social distancing. The office space does not allow for a meeting while practicing social distancing, therefore, the meeting will be conducted virtually on the Zoom platform.**

**You may view the meeting here:**
**https://youtu.be/NcEPUvDtpVs**

**To join the meeting by conference call: 877-278-8686, Pin #: 327072**

If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240.

The Behavioral Sciences Regulatory Board may take items out of order as necessary to accommodate the time restrictions of Board members and visitors. All times and items are subject to change

## Monday, October 25, 2021

**1:00 p.m. Call to order and Roll Call**

**I. Opening Remarks, Board Chair**

**II. Agenda Approval**

**III. New Business**
      A. Addiction Counselor Advisory Committee Recommendations for New Members
           1. Chad Jacobs (LAC) from Derby, KS
           2. Charity Kossin (LMAC) from Sedan, KS
      B. Professional Counselor Advisory Committee Recommendations for New Members
           1. Jessica Allison (LCPC and LCAC) from Fort Scott, KS
           2. Harriet A. Bachner (LCPC and LCMFT) from Pittsburg, KS
           3. Michelle Fairbank (LCPC and LMAC) from Hays, KS
           4. Edil Torres Rivera (LCPC) from Wichita, KS

**IV. Annual Planning Discussion Topics**
      A. Creating Guidelines for Public Attendees of Board and Advisory Committee Meetings
      B. Continued Discussion on Continuing Education Requirements in Diversity, Equity, and Inclusion
      C. Continued Discussion on Records of Deceased Practitioners
      D. Continued Discussion on Board Governance Policy Potential Changes
      E. Re-Adding Language to K.S.A. 65-6306(C) to Allow "Postgraduate Supervised Experience as Determined by the Board" to Fulfill Requirements in K.S.A. 65-6306(D).
      F. Continued Discussion on "In Residence" Educational Requirements

**V. Adjournment**

# HOUSE APPROPRIATIONS RULES FOR CONFEREES

It is the policy of the House Appropriations Committee to ensure and promote free and open discussion of matters coming before the Committee. Because of the importance of issues that are to be discussed, certain rules are necessary. Just as there are rules relating to the conduct of committee business when matters are debated among committee members, the following rules apply to the hearing process itself. Any questions about these rules should be directed to the committee chairman.

By appearing before the Committee each conferee is presumed to have read the rules and therefore has agreed to be bound by these rules.

We thank you for your understanding of and compliance with these rules.

1. The chair shall determine the committee agenda, including scheduling and the order of business.

2. Individuals wishing to appear or virtually provide verbal testimony before the committee **MUST** notify the committee secretary **48 hours in advance of the hearing**, unless a hearing is scheduled with less than 48 hours' notice. In case of the latter, **24 hours' prior notice MUST** be given.

3. An electronic copy should be sent to the committee assistant, kathy.holscher@house.ks.gov by 1:00 pm the day before the scheduled meeting.

4. Conferees should **NOT** read their testimony. Rather, testimony should be presented in a summary fashion. Conferees shall introduce themselves, identify on whose behalf they are appearing, identify whether they are a proponent, opponent or neutral on the bill and as briefly as possible, state the reasons for their position.

5. If suggested amendment(s) are to be offered, a proposed draft of the amendment(s) must be provided to staff.

6. Conferees shall address their remarks during testimony to committee members and staff only.

7. Where the number of hearings and/or conferees scheduled warrant time limitation, the chair may limit testimony to a specific number of minutes. The chair reserves the right to limit testimony that is cumulative in nature or testimony that is, in the judgment of the chair, not relevant to the matter under consideration.

8. Testimony shall relate to the subject matter of the measure under consideration. Conferees testifying on unrelated subjects will be admonished and if unrelated testimony continues, the chair will terminate the conferee's testimony.

9. While the taking of testimony is not preceded with the formality of an oath, by appearing before the committee every conferee hereby certifies that his or her testimony is truthful, based upon facts that are capable of verification and offered in good faith. Conferees shall promptly bring to the committee's attention any qualifications or corrections in their testimony.

10. The chair reserves the right to take such action as may be necessary to prevent disruptive behavior in the committee room during hearings and deliberations.

11. The chair reserves the right to take such action as may be necessary to prevent or correct a violation of these rules.

12. Cellular phones and pagers with audible tones must be turned off or disabled while in the committee room.

13. Conferees may be allowed to appear via live video conference through Webex. Conferees appearing in this manner shall follow all written rules and verbal directives of the Chair.

14. Committee members shall not be approached during committee hearings or deliberation by anyone other than fellow legislative members or legislative staff. This applies to meetings in person or by live video conference.

15. Conferees appearing before the committee are encouraged to wear a mask.


There shall be no recording in the committee room or of a live video conference- audibly, photographically or otherwise - of committee voting except by the committee secretary.

**Follow Up Information Provided by Board Members on Discussion of Continuing Education Requirements in Diversity, Equity, and Inclusion**

Following the Board's discussion on September 27, 2021, on possible changes to continuing education statutes and regulations to require continuing education in diversity, equity, and inclusion, several Board members provided materials for distribution. Those materials are listed below and follow this document.

**1. Ric Steele provided the following information:**

From APA Standards of Accreditation:

The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

"An accredited program is expected to articulate and implement a specific plan for integrating diversity into its didactic and experiential training. This training should be based on the multicultural conceptual and theoretical frameworks of worldview, identity, and acculturation, rooted in the diverse social, cultural, and political contexts of society, and integrated into the science and practice of psychology.  Programs are expected to train students/interns/residents to respect diversity and be competent in addressing diversity in all professional activities including research, training, supervision/consultation, and service. Programs are expected to train students to be competent not only for serving diverse individuals present in their local community and training setting, but also for working with diverse individuals they may encounter when they move to other locations after completion of their training. The program should demonstrate that it examines the effectiveness of its education and training efforts in this area. Steps to revise/enhance its strategies as needed should be documented."

Additionally, Ric provided the Commission on Accreditation, Implementing Regulations, Section C: IRs Related to the Standards of Accreditation (which follows this document) and the Standards of Accreditation for Health Service Psychology (which also follows this document as a separate attachment).

**2. Carolyn Szafran provided information from Cara Sanner with the Association of Social Work Boards (ASWB) that two states require continuing education relating to diversity, equity, and inclusion.**

**3. Dave Anderson provided information on a webinar for Gender Non-Binary Mental Health Services and a Continuing Education class on Inclusive Evidence-Based Practices in Gender Non-Binary Mental Services.**

# COMMISSION ON ACCREDITATION

# IMPLEMENTING REGULATIONS

## Section C:
## IRs Related to the *Standards of Accreditation*

for [Doctoral Graduate Programs](#)

for [Internship Programs](#)

for [Postdoctoral Residency Programs](#)

## Section C: Doctoral Programs

| IR Name | Old # | New # | SoA location |
|---|---|---|---|
| Conduct of Doctoral Reviews | C-31 | C-1 D | N/A |
| Definition of "Developed Practice Areas" for Doctoral Programs and the Process by which Areas May be Identified as Such | C-14 | C-2 D | I.A.2 |
| Review of Applications for the Recognition of Developed Practice Areas | C-14(a) | C-3 D | I.A.2 |
| Appeal of Decisions for Areas Seeking to be added to the Scope of Accreditation as Developed Areas | C-14(b) | C-4 D | I.A.2 |
| Academic Residency for Doctoral Programs | C-2 | C-5 D | I.C.2 |
| Record of Student Complaints in CoA Periodic Review | C-3 | C-6 D | I.D.4 |
| Discipline-Specific Knowledge | | C-7 D | II.B.1.a |
| Profession-Wide Competencies | | C-8 D | II.B.1.b |
| Diversity Education and Training | C-23 | C-9 D | II.B.1.b |
| Positive Student Identification Consistent with Higher Education Opportunity Act | C-25 | C-10 D | II.B.2 |
| Distance and Electronically Mediated Education in Doctoral Programs | C-27 | C-11 D | II.B.2 |
| Practicum Guidelines for Doctoral Programs | C-26 | C-12 D | II.B.3 |
| Telesupervision | C-28 | C-13 D | II.B.3 |
| Direct Observation | | C-14 D | II.B.3.d |
| Awarding the Doctoral Degree Prior to Completion of the Internship | C-5 | C-15 D | II.B.4 |
| Affiliated Internship Training Programs | C-10 | C-16 D | II.B.4 |
| Expected Internship Placements for Students in Accredited Doctoral Programs | C-31(c) | C-17 D | II.B.4 |
| Outcome Data for Doctoral Programs | C-32 | C-18 D | II.D.1 |
| Licensure Rates for Doctoral Programs | C-31(d) | C-19 D | II.D.1.b |
| Selection and Admission of Students into Accredited Doctoral Programs | C-31(a) | C-20 D | III.A |
| Diversity Recruitment and Retention | C-22 | C-21 D | III.A.1.b |
| Student Attrition Rates for Doctoral Programs | C-31(b) | C-22 D | III.C.1 |
| Faculty Qualifications | | C-23 D | IV.B.2 |
| Program Names, Labels, and other Public Descriptors | C-6(a) | C-24 D | V.A |
| Accreditation Status and CoA Contact Information | C-6(b) | C-25 D | V.A.1.b |
| Disclosure of Education/Training Outcomes and Information Allowing for Informed Decision-Making to Prospective Doctoral Students | C-20 | C-26 D | V.A.2.c |
| Notification of Changes to Accredited Programs | C-19 | C-27 D | V.B.2 |
| "Intent to Apply" | | C-28 D | N/A |
| "Accredited, on Contingency" | | C-29 D | N/A |
| Partnership/Consortium | | C-30 D | N/A |

## C-1 D. Conduct of Doctoral Reviews
(formerly C-31; Commission on Accreditation, July 2012; revised November 2015)

A number of programs have sought clarification regarding how the CoA reviews key markers of student progress that are assessed *both* at the time of the full CoA review as reflected in decision letters and during the annual review process based upon data provided by programs in completing the Annual Report Online (ARO). The four key markers of student progress are: IR C-17 D: Internship Placement; IR C-19 D: Licensure; IR C-20 D: Student Selection and Admission; and IR C-22 D: Student Attrition.

For each of these issues, the CoA reviews programs for their quality in a comprehensive manner through the review of the self-study and site visit, as well as monitoring continued adherence to providing educational quality. These two processes - *periodic review* and *annual review* - are discussed below.

***Periodic review*** - In reaching a decision about the accreditation status of a program, the CoA does not have a set number of issues or concerns that automatically leads to an adverse decision; rather the professional judgment of the Commission is based on the overall review of the program's adherence to the accreditation standards - the SoA and related Implementing Regulations. In making an accreditation decision, the CoA looks at the program's entire record to determine whether or not, as a whole, the program achieves an appropriate level of quality to be accredited, and that it meets its own stated aim(s).

The SoA do allow for some flexibility in the professional judgment of the CoA based upon the program's stated aim(s). However, the purpose of the CoA's accreditation review at the doctoral level is to evaluate "preparation for entry-level practice in health service psychology, regardless of the program's aims. At this time, "entrance to the profession" involves the completion of the doctoral program in a timely manner and attainment of licensure. In addition, review of licensure rates is required by the U.S. Department of Education. As a result, for the purposes of evaluating entrance to the profession, the CoA evaluates the proportion of students entering a doctoral program who complete it, the time-to-degree, and the proportion of students completing the doctoral program who attain licensure.

***Annual review*** - In its annual monitoring of accredited doctoral programs (as articulated in Implementing Regulation D 4.7), the CoA has set a series of parameters by which it annually reviews programs' adherence to general quality assurance indicators each year. At this time these include: internship placement; time to degree; annual attrition within the student body; and changes in core faculty as related to total students in the program. The CoA requires programs to provide annual report data each year, and uses these data to monitor program quality indicators during those years the program is not engaged in periodic review. Thus, if a program meets the IR D.4-7 threshold as determined by the Annual Report Online ("ARO") in a given year, it means that the program does not need to provide additional reports on that specific threshold in that year. It is important to understand that meeting these thresholds simply means that the program's reported data will not trigger a fuller review in connection with the annual report. This does not mean that these outcome data will dictate reaccreditation during the periodic review, which is based on a more comprehensive analysis of the program, including a broader review of the data, the program's outcomes, and other factors bearing on the program's consistency with the *Standards of Accreditation*.

## C-2 D. Definition of "Developed Practice Areas" for Doctoral Programs
## and the Process by which Areas May be Identified as Such

(formerly C-14; Commission on Accreditation, October 2006; pursuant to changes in the scope of accreditation approved by the APA Council of Representatives in August 2006; revised November 2015)

### Scope of Accreditation for Doctoral Programs:

The Commission on Accreditation reviews doctoral programs in psychology that provide broad and general training in clinical psychology, counseling psychology, school psychology. And other developed practice areas. The CoA also reviews programs that combine two or three of the above-listed practice areas.

### Definition
Developed practice areas of psychology have all of the following characteristics:
- National recognition of the practice area by a national organization(s) whose purpose includes recognizing or representing and developing the practice area, by relevant divisions of the APA, or by involvement in similar umbrella organizations;
- An accumulated body of knowledge in the professional literature that provides a scientific basis for the practice area including empirical support for the effectiveness of the services provided;
- Representation by or in a national training council that is recognized, functional, and broadly accepted;
- Development and wide dissemination by the training council of doctoral educational and training guidelines consistent with the SoA;
- Existence of the practice area in current education and training programs;
- Geographically dispersed psychology practitioners who identify with the practice area and provide such services.

### Process
Steps in the identification process are:
1. Application by the training council will be initially reviewed by the CoA based upon the criteria defined above to determine the eligibility of the area for public comment on its inclusion;
2. If in this initial review, the area meets the criteria for eligibility, the CoA will invite subsequent public comment as well as inviting letters of support or concern from relevant organizations;
3. Final decision by the CoA.
4. In the case of a decision to not include the area in the scope of accreditation, the training council may file an appeal using an appeal process parallel to the current procedures for the appeal of program-level decisions. Specific procedures for that appeal will be developed.

*(See Implementing Regulation B-2 for more information about changes in the scope of accreditation)*

**C-3 D Review of Applications for the Recognition of Developed Practice Areas**
(formerly C-14(a); Commission on Accreditation, October 2007; revised October 2008, November 2015)

A program cannot be reviewed for accreditation in a developed practice area until that area has been added to the scope of accreditation. An area applying for recognition must first demonstrate training in that area at the doctoral level before programs will be recognized in that area at the internship level.

## Application

Areas seeking to become included in the scope of accreditation must provide all information requested in the application, which is available from the Office of Program Consultation and Accreditation. Applications not following the required format will be returned without review. Staff members of the Office of Program Consultation and Accreditation will confirm receipt of the application and ensure that all required information has been provided. Staff members may request the submission of any missing information, and the application will not be reviewed by the CoA until all required materials have been provided.

Areas may submit their applications at any time. However, in order to be reviewed during a specific CoA meeting, applications must be received at least 2 months prior to that meeting. A list of CoA meeting dates is available at http://www.apa.org/ed/accreditation/calendar.aspx. Applications received after that deadline will be reviewed during the next available meeting.

## Review

Upon receipt of the area's completed application materials, the Executive Committee of the CoA will be charged with the review of the application. The Executive Committee maintains the right to seek additional consultation and expertise in the area as necessary. Based upon its review of the record, the Executive Committee will develop a recommendation for action by the full CoA. If the full CoA believes the area meets the criteria outlined in Implementing Regulation C-2 D, then the CoA will invite public comment on inclusion of the area in the scope of accreditation as a Developed Practice Area.

After review of any public comments, the CoA will make its final decision on inclusion of the area as a Developed Practice Area. However, if the area wishes to be specified by name as part of the scope of accreditation, then the application and CoA recommendation will be forwarded to the APA Council of Representatives for review.

**C-4 D. Appeal of Decisions for Areas Seeking to be added to the Scope of Accreditation as Developed Practice Areas**
(formerly C-14(b); Board of Educational Affairs, November 2007)

A decision by the CoA not to recommend an area for inclusion in the scope of accreditation as a Developed Practice Area may be appealed to the APA Board of Educational Affairs using the process outlined for appeals of program review decisions (see Implementing Regulations D5-1 and D5-2).

The Chief Executive Officer of the group or training council petitioning for recognition of the area, or the responsible administrative officer of the group may challenge a CoA decision not to recognize a proposed Developed Practice Area. Such an appeal must be received within 30 days of receipt of written notice of the CoA decision. The appeal must specify the grounds on which the appeal is made, which must be either a procedural violation or substantive error by the CoA in its review of the area's consistency with the provisions of Implementing Regulation C-2 D. The appeal should be addressed to the President of the APA. A nonrefundable appeal fee will be charged to the appellant group or training council, such fee to be submitted with the letter of appeal.

## Appointment of Appeal Panel

Within 30 days of receipt of the area's letter of appeal, the APA Board of Educational Affairs will provide the group or training council with a list of six potential appeal panel candidates, no one of whom will have had affiliation with the proposed Developed Practice Area filing the appeal or with the accreditation process related to the non-recognition of the area. The Office of Program Consultation and Accreditation will determine the willingness of the potential panel members to serve, and notify the group or training council to that effect. Within 15 days, the group or training council may select three panel members from this list to serve as its appeal panel. If the group or training council does not notify the Office of Program Consultation and Accreditation of its selection within 15 days, the Board of Educational Affairs will designate three members to serve on the appeal panel.

## Scope and Conduct of Appeal

An appeal is not a de novo hearing, but a challenge of the decision of the CoA based on the evidence before the CoA at the time of its decision. The CoA's decision should not be reversed by the appeal panel without sufficient evidence that the CoA's decision was plainly wrong or without evidence to support it. Accordingly, the appeal panel should not substitute its judgment for that of the CoA merely because it would have reached a different decision had it heard the matter originally.

The procedural and substantive issues addressed by the appeal panel will be limited to those stated in the area's appeal letter. If an issue requires a legal interpretation of the CoA's procedures or otherwise raises a legal issue, the issue may be resolved by APA legal counsel instead of the appeal panel.

Only the facts or materials that were before the CoA at the time of its decision may be considered by the panel. The panel will be provided with only those documents reviewed by the CoA in making its decision, the letter that notified the group or training council of the CoA's decision, the letter of appeal, written briefs submitted by the group or training council, and reply briefs submitted by the CoA. The letter of appeal and written briefs shall not refer to facts or materials that were not before the CoA at the time the decision was made.

The appeal panel will convene a hearing at APA during one of three pre-scheduled appeal panel hearing dates. In addition to the three members of the appeal panel, the appeal hearing will be attended by one or more representatives of the group or training council representing the proposed Developed Practice Area, one or more representatives of the CoA, and staff of the Office of Program Consultation and Accreditation.

APA's legal counsel will also attend the hearing. In addition to advising APA, counsel has the responsibility to assure compliance with the above procedures and may resolve legal or procedural issues or can advise the panel regarding those issues.

### Decision and Report of Appeal Panel

The CoA's decision should be affirmed unless (a) there was a procedural error and adherence to the proper procedures that would dictate a different decision; or (b) based on the record before it, the CoA's decision was plainly wrong or without evidence to support it. The appeal panel has the options of: (a) upholding the CoA decision; or (b) returning the matter to the CoA for reconsideration of its decision in light of the panel's ruling regarding procedural violations or substantive errors.

The report of the appeal panel will state its decision and the basis of that decision based on the record before the panel. The report of the panel will be addressed to the President of the APA and sent within 30 days of the hearing. Copies will be provided to the Chief Executive Officer or to the responsible administrative officer of the group or training council whose appeal was heard, the Chair of the CoA, the Chair of the Board of Educational Affairs, and the Office of Program Consultation and Accreditation.

# C-5 D. Academic Residency for Doctoral Programs
(formerly C-2; Commission on Accreditation, July 2007; revised November 2015)

The doctorate is the highest degree of educational accomplishment in health service psychology. The level of sophistication in thought and behavior required for the degree is attained in part through full-time study in residence at an institution of doctoral education. To this end, the *Standards of Accreditation* (Standard I.C.2) requires of each student:

a. *A minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;*
b. *At least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted;*
c. *At least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of one year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement.*

Residency has two primary purposes: student development and socialization, and student assessment. With regard to student development, residency allows students (1) to concentrate on course work, professional training and scholarship; (2) to work closely with professors, supervisors and other students; and (3) to acquire the attitudes, values, habits, skills, and insights necessary for attaining a doctoral degree in psychology. Full-time residence provides students other opportunities, including obtaining fluency in the language and vocabulary of psychology as enhanced by frequent and close association with, apprenticing to, and role modeling by faculty members and other students; obtaining valuable experience by attending and participating in both formal and informal seminars; colloquia; discussions led by visiting specialists from other campuses, laboratories, or governmental research and/or practice organizations; and, obtaining support in thesis, dissertation, or doctoral project work through frequent consultations with advisors.

An equally important purpose of the residency requirement is to permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to assess all elements of student competence. Executing these obligations is an essential aspect of assuring quality and protecting the public. These elements include not only student-trainees' knowledge and skills, but also their emotional stability and well-being, interpersonal competence, professional development, and personal fitness for practice. Through such student assessment, accredited programs can ensure—insofar as possible—that their graduates are competent to manage relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. This capacity for managing relationships represents one of the competencies that define professional expertise.

Programs seeking to satisfy the requirement of one year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all of the purposes of the residency requirement, as articulated above. In evaluating whether the residency requirement is satisfied, the Commission will consider processes and indicators related to the elements of student development and socialization and student assessment detailed in paragraphs 2 and 3 of this Implementing Regulation.

**Note:** *The above statement on the purpose of full-time residency is drawn substantially from the Policy Statement of the Council of Graduate Schools titled "The Doctor of Philosophy Degree" (Council of Graduate Schools, 2005), the statement of the Council of Chairs of Training Councils (December, 2003) titled "Comprehensive Evaluation of Student Competence," and the APA Policy Statement on Evidence-Based Practice in Psychology (August, 2005).*

**C-6 D. Record of Student Complaints in CoA Periodic Review**
(formerly C-3; Commission on Accreditation, October 1998; revised November 2015)

Standard III.B.2 of the *Standards of Accreditation* for doctoral programs addresses the need for accredited programs to recognize the rights of students to be treated with courtesy and respect, to inform them of the principles outlining ethical conduct of psychologists, and to ensure that they are aware of avenues of recourse should problems with regard to these principles arise.

In accordance with Standard III.B.2 of the *Standards of Accreditation* for doctoral programs, a program is responsible for keeping information and records of all formal complaints and grievances, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be reviewed by the Commission on Accreditation (CoA) as part of its periodic review of programs.

The CoA expects a program to keep all materials pertaining to each of the complaints/grievances filed against it during the aforementioned time period. The site visitors shall review the full record of program materials on any or all of the filed complaints/grievances.

**C-7 D. Discipline-Specific Knowledge**
(Commission on Accreditation, November 2015; revised, July 2017)

Discipline-specific knowledge serves as a cornerstone of identity as a psychologist and orientation to health service psychology. Therefore, all students in accredited doctoral programs shall demonstrate knowledge in the discipline of psychology, broadly construed. This discipline-specific knowledge base shall include: 1) the history and systems of psychology, 2) basic knowledge in scientific psychology, 3) integrative knowledge in scientific psychology, and 4) methods of inquiry and research.

*Discipline-specific knowledge*, as it is articulated in the Standards of Accreditation (Doctoral Standards, II.B.1.a):

  a. *Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:*

     i. *Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.*
     ii. *Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry, but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.*

For purposes of this Implementing Regulation, there are four categories of discipline-specific knowledge.

**Category 1:** *History and Systems of Psychology*

  • **History and Systems of Psychology**, including the origins and development of major ideas in the discipline of psychology.

**Category 2:** *Basic Content Areas in Scientific Psychology*.

  • **Affective Aspects of Behavior**, including topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category.
  • **Biological Aspects of Behavior**, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category.
  • **Cognitive Aspects of Behavior**, including topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.
  • **Developmental Aspects of Behavior**, including transitions, growth, and development across an individual's life. A coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is not sufficient.
  • **Social Aspects of Behavior**, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.

**Category 3:** *Advanced Integrative Knowledge in Scientific Psychology*.

- **Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas**, including graduate-level scientific knowledge that entails integration of multiple basic discipline-specific content areas identified in Category 2 (i.e., integration of at least two of: affective, biological, cognitive, social, or developmental aspects of behavior). Advanced integrative knowledge in Category 2 areas can be acquired in either of two ways: 1) an evaluated educational[1] experience that integrates at least two Category 2 content areas that have been previously covered through other methods; or 2) an evaluated educational experience that provides basic coverage in two or more areas and integration across those areas.

**Category 4:** *Research Methods, Statistical Analysis, and Psychometrics*

- **Research Methods**, including topics such as strengths, limitations, interpretation, and technical aspects of rigorous case study; correlational, experimental, and other quantitative research designs; measurement techniques; sampling; replication; theory testing; qualitative methods; mixed methods; meta-analysis; and quasi-experimentation.

- **Statistical Analysis**, including topics such as quantitative, mathematical modeling and analysis of psychological data, statistical description and inference, univariate and multivariate analysis, null-hypothesis testing and its alternatives, power, and estimation.

- **Psychometrics**, including topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization.

**Overarching considerations that apply to all aspects of DSK**

Several aspects of this IR are intentionally written broadly in order to allow programs to design curricula that are consistent with their aims, the training needs of their students, and evolutions in the field. The narrative descriptions provided within the bullet points above for each of the discipline-specific content areas are *not* checklists of required topics; rather, they are *examples* of the sorts of topics that may be included. For example, under Category 4, all programs are expected to provide evaluated doctoral-level experience in research methods, statistical analysis, and psychometrics; however, different programs may elect to include customized topics within those broad headings.

**Considerations specific to Category 1** *(History and Systems)*

The History and Systems requirement is the only portion of the DSK that may be accomplished entirely prior to matriculation into the doctoral program and/or through undergraduate-level work after matriculation into the doctoral program. Alternatively, programs may choose to cover this domain of knowledge at the graduate rather than the undergraduate level. Refer to the section below entitled *Foundational knowledge attained outside of the doctoral program* for information about evaluation of these types of educational experiences.

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[1] **Evaluated educational experience:** a learning experience (e.g., course, parts of courses, or independent study) the outcome of which is assessed by a person recognized as having current knowledge and expertise in the area of the learning experience.

**Considerations specific to Category 2** *(Basic Content Areas in Scientific Psychology)*

The SoA distinguishes between 1) *foundational knowledge of DSK*, which may be acquired prior to matriculation into the doctoral program, at the undergraduate level after entering the doctoral program, or through graduate-level training, and 2) *graduate-level knowledge* of DSK.

As required by the SoA, programs must demonstrate that students are provided with the opportunity to acquire and be evaluated on Category 2 discipline-specific knowledge at the graduate level. In evaluating whether a program has provided sufficient coverage of the DSK, the CoA will require documentation that, *at program completion,* each of its students has demonstrated sufficient knowledge *in each Category 2 area* to allow 1) *graduate-level* interaction with the scientific literature that draws on these categories and 2) an understanding of the scientific foundations of the Profession-Wide Competencies. Refer to the section below entitled *Graduate-Level Training* for information about how the curriculum will be evaluated by CoA to ensure sufficient graduate-level coverage.

It is understood that accredited programs will vary in the amount of foundational knowledge of the DSK that is expected at program entry; also, within a single program, students may have variable knowledge bases at program entry.  For some programs, rigorous entry criteria will result in the need for less emphasis on *foundational* content within the doctoral program and more extensive coverage of graduate-level knowledge of DSK.  By establishing foundational knowledge in this manner, trainees will demonstrate considerable depth of knowledge when the entirety of their educational records are considered, despite relatively less emphasis on foundational material during doctoral training.  In contrast, for programs that admit students with less undergraduate education in foundational knowledge of the DSK, the entire curriculum (both foundational knowledge and graduate-level knowledge) may be taught during doctoral training.

***It is not consistent with the SoA for the entirety of a student's education in the DSK to occur prior to matriculation into the doctoral program or through undergraduate coursework following matriculation into the doctoral program.***

Coverage of graduate-level discipline-specific knowledge within an accredited program may be provided through coursework (e.g., individual courses or material infused across multiple courses) or through other evaluated educational experiences (e.g., research requirements, qualifying examinations, or other methods). Programs must provide a minimum of one integrative evaluated educational experience (Category 3: Advanced Integrative Knowledge), but it is permissible to achieve multiple required graduate-level competencies in DSK through one or more integrative experiences.

Regardless of the method by which a program chooses to satisfy the discipline-specific knowledge requirement, the program must document how *each* student demonstrates graduate-level knowledge in the relevant content areas.  The program must also document procedures for ensuring the curriculum plan in these content areas is developed, provided, and evaluated by faculty who are well qualified in the content areas as specified in IR C-23D.

*Evaluating graduate-level training*

==Graduate-level training must include evidence of graduate students' exposure to knowledge through a curricular experience that utilizes primary source materials (including original empirical work that represents the current state of the area), emphasizes critical thinking and communication at an advanced level, and facilitates integration of discipline-specific knowledge with the program's substantive area(s) of practice.==

As programs work to confirm that their graduate-level training and evaluation is sufficient to meet these criteria, they are advised to ensure that students are interacting with current primary source materials and that they are evaluated in part on their ability to communicate critical thinking at an advanced level.

*Evaluating foundational knowledge attained outside of the doctoral program*

Programs that permit the attainment of foundational Category 1 and/or Category 2 knowledge through experiences that were not acquired within the accredited program bear a significant responsibility for documenting the quality/rigor, currency, standardization, and fairness of the method for establishing students' knowledge.

If programs permit students to attain foundational knowledge of Category 1 or 2 areas of DSK outside of their doctoral training (i.e., prior to matriculation or through undergraduate coursework they may enroll in while they are also doctoral students), it is incumbent upon programs to develop and implement systematic processes to evaluate *each individual student's foundational knowledge.* The CoA will assess the extent to which these systematic processes are:

- Relevant to the required discipline-specific knowledge areas (i.e., history and systems; affective, biological, cognitive, social, or developmental aspects of behavior).
- Sufficiently rigorous to demonstrate students' substantial understanding of discipline-specific knowledge.
- Appropriate for the program's intended use.
- Free from discrimination on bases irrelevant to success in the doctoral program.
- Based on a substantial educational experience that included evaluation of knowledge contemporaneous with the experience (e.g., a course for which the instructor assigned a grad at course completion, rather than an activity completed in the remote past that was evaluated post hoc by a member of the doctoral faculty).

The SoA lists the GRE subject test as an example of a standardized test; however, the CoA does not mean to imply that this is the only or the preferred method of evaluation. The Major Field Test or other standardized evaluations of knowledge in scientific psychology may also be appropriate, as may evaluations developed at the program level (e.g., tests of knowledge at program entry designed by the doctoral program). In addition, there are several instances in which the GRE subject test may not be an appropriate evaluation method for a program (e.g., if it does not evaluate the required areas of knowledge, is not considered appropriate for the program's use, or discriminates against specific applicants on bases irrelevant to success in the program). The CoA anticipates that assessment methods will evolve as demand for them increases.

At times a program may determine that its evaluation methods or minimum criteria could inadvertently discriminate against an individual student on the basis of issues irrelevant to success in the doctoral program. In this case, the program should utilize alternative methods and corresponding criteria and document this determination process and the specific criteria used.

**Considerations specific to Category 3 (*Advanced Integrative Knowledge in Scientific Psychology*)**

The Advanced Integrative Knowledge category must be achieved entirely at the graduate level.

**Considerations specific to Category 4 (*Research Methods, Statistical Analysis, and Psychometrics)*)**

The Research Methods, Statistical Analysis, and Psychometrics category of DSK must be achieved entirely at the graduate level. It is not required that coverage of Statistical Analysis or Psychometrics include original source materials.

**C-8 D Profession-Wide Competencies**
(Commission on Accreditation, October 2015; draft revised for public comment, November 2016; revised July 2017)

## Introduction

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the doctoral (Section II.B.1.b), internship (Section II.A.2), and post-doctoral (Section II.B.1) levels.

This Implementing Regulation refers specifically to aspects of a program's curriculum or training relevant to acquisition and demonstration of the profession-wide competencies required in all accredited programs. The CoA acknowledges that programs may use a variety of methods to ensure trainee competence, consistent with their program aim(s), degree type, and level of training. However, all programs must adhere to the following training requirements:

- *Consistency with the professional value of individual and cultural diversity* (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent with SoA Introduction, Section II.B.2.a.

- *Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology* (SoA Introduction, Section II.B.2.d). The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.

- *Level-appropriate training*. The CoA expects that training in profession-wide competencies at the doctoral and internship levels will provide broad and general preparation for entry level independent practice and licensure (SoA Introduction, Section II.B.2.b) Training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B.2.c). For postdoctoral programs that are accredited in a specialty area rather than a developed practice area of HSP, the program will provide advanced preparation for practice within the specialty.

- *Level-appropriate expectations*. The CoA expects that programs will require trainee demonstrations of profession-wide competencies that differ according to the level of training provided (i.e., doctoral, internship, post-doctoral). In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training.

- *Evaluation of trainee competence*. The CoA expects that evaluation of trainees' competence in each required profession-wide competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance that are consistent with the SoA (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

## I. Research

This competency is required at the doctoral and internship levels. Demonstration of the integration of science and practice, but not the demonstration of research competency per se, is required at the post-doctoral level

The CoA recognizes science as the foundation of HSP. Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. Trainees are expected to:

*Doctoral students:*

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Conduct research or other scholarly activities.
- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

*Interns:*

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

## II. Ethical and legal standards
This competency is required at the doctoral, internship, and post-doctoral levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

*Trainees at all levels* are expected to demonstrate competency in each of the following areas:

- Be knowledgeable of and act in accordance with each of the following:

  o the current version of the APA Ethical Principles of Psychologists and Code of Conduct;

  o relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and

  o relevant professional standards and guidelines.

- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.

- Conduct self in an ethical manner in all professional activities.

## III. Individual and cultural diversity
This competency is required at the doctoral, internship, and post-doctoral levels.

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

*Trainees at all levels* are expected to demonstrate:

- an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;

- knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;

- the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. Trainees are expected to:

*Doctoral students:*

- Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

*Interns:*

- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

*Post-doctoral residents:*

- Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

**IV. Professional values and attitudes**
This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

*Doctoral students and Interns* are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

- actively seek and demonstrate openness and responsiveness to feedback and supervision.

- respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

## V. Communication and interpersonal skills

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies.

*Doctoral students and interns* are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

## VI. Assessment

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

*Doctoral students and Interns* are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

## VII. Intervention

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, an organization, a community, a population or other systems.

*Doctoral students and Interns* are expected to demonstrate the ability to:

- establish and maintain effective relationships with the recipients of psychological services.
- develop evidence-based intervention plans specific to the service delivery goals.
- implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- demonstrate the ability to apply the relevant research literature to clinical decision making.
- modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,
- evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

## VIII. Supervision

This competency is required at the doctoral and internship level.

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Trainees are expected to:

*Doctoral students:*

- Demonstrate knowledge of supervision models and practices.

*Interns:*

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

## IX. Consultation and interprofessional/interdisciplinary skills
This competency is required at the doctoral and internship level.

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees are expected to:

*Doctoral students and Interns:*

- Demonstrate knowledge and respect for the roles and perspectives of other professions.

*Doctoral students:*

- Demonstrates knowledge of consultation models and practices.

*Interns:*

- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- role-played consultation with others.
- peer consultation, provision of consultation to other trainees.

**C-9 D. Diversity Education and Training**
(formerly C-23; Commission on Accreditation, November 2009; revised March 2013, November 2015)

In accordance with Standard II.B.1.b of the doctoral *Standards of Accreditation* (SoA)*,* a program has and implements a thoughtful and coherent plan to provide students with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. Although the Commission asks for demographic information about faculty/staff and students in the tables of the self-study and annual report, the information requested is limited to the data collected in federal reports, which is not sufficient in demonstrating a program's compliance with Standard II.B.1.b. Consistent with Standard I.B.2, as described in the doctoral program SoA, cultural and individual diversity includes but is not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

An accredited program is expected to articulate and implement a specific plan for integrating diversity into its didactic and experiential training. This training should be based on the multicultural conceptual and theoretical frameworks of worldview, identity, and acculturation, rooted in the diverse social, cultural, and political contexts of society, and integrated into the science and practice of psychology. Programs are expected to train students/interns/residents to respect diversity and be competent in addressing diversity in all professional activities including research, training, supervision/consultation, and service. Programs are expected to train students to be competent not only for serving diverse individuals present in their local community and training setting, but also for working with diverse individuals they may encounter when they move to other locations after completion of their training. The program should demonstrate that it examines the effectiveness of its education and training efforts in this area. Steps to revise/enhance its strategies as needed should be documented.

**C-10 D. Positive Identification of Students Consistent with Higher Education Opportunity Act**
(formerly C-25; Commission on Accreditation, November 2009; revised 2015)

Consistent with the 2008 Higher Education Opportunity Act, all accrediting agencies recognized by the U.S. Department of Education are required by federal law to engage in a review of the methods used by its accredited programs for positive identification of students who are enrolled in any form of distance/online/electronically mediated education.

As such, the APA Commission on Accreditation (CoA) requires that if a student in an APA-accredited program is engaged in any form of distance, online, or electronically mediated education for any part of their educational sequence (doctoral, internship, residency), the program must provide CoA with information in its self-study regarding the methods it and its host institution use to identify that student. In particular, the program must provide CoA with information about how it ensures that a student who registers or receives credit for a course that uses any form of distance, online, or electronically mediated education is the same student who participates in and completes that course. Whatever methodology is used must clearly protect student privacy. Finally, students must be provided with information at the time of registration or enrollment of any projected additional student charges associated with verification of student identity.

**C-11 D. Distance and Electronically Mediated Education in Doctoral Programs**
(formerly C-27; Commission on Accreditation, July 2010; revised November 2015)

The APA Commission on Accreditation (CoA) is recognized as an accrediting body by both the U.S. Department of Education and Council of Higher Education Accreditation. The CoA's recognized scope of accreditation does not include distance education. However, the CoA understands that the growth of technology has increased the options for how instruction can be delivered within psychology doctoral programs. Traditional methods of teaching and interaction in the same time and place are no longer the only available approach to instruction. The CoA recognizes that some accredited doctoral programs may elect to utilize distance and electronically mediated delivery formats in a supplemental or adjunctive role within their programs.

The CoA defines distance and electronically mediated education in the following manner, consistent with definitions from the APA Task Force on Distance Education and Training in Professional Psychology (June 2002, page 4) as well as definitions specified by other higher education accreditation organizations.

> **Distance education** is defined as a formal educational process in which the majority of the instruction occurs when student and instructor are not in the same place. Instruction may be synchronous (students and instructors present at the same time) or asynchronous (students and instructors access materials on their own schedule). Distance education may employ correspondence study, or audio, video, or computer technologies.

> **Electronically mediated education** covers a wide set of electronic applications and processes such as Web-based learning, computer-based learning, virtual classrooms, and digital collaboration. It includes the delivery of content via Internet, intranet/extranet (LAN/WAN), audio and videotape, satellite broadcast, interactive TV, and CD-ROM.

Although the *Standards of Accreditation* (SoA) do not set a pre-determined limit on the extent of distance education that is permitted, a doctoral program delivering education and training substantially or completely by distance education is not compatible with the SoA and could not be accredited. This is because face-to-face, in-person interaction between faculty members and students is necessary to achieve many essential components of the SoA that are critical to education and training in professional psychology, including socialization and peer interaction, faculty role modeling, and the development and assessment of competencies.

The following elements are specifically noted for all accredited and applicant doctoral programs:

- Practicum experiences must be conducted face-to-face, in-person, and cannot be completed through distance education (i.e., virtual clients) or other electronically mediated education;

- Telesupervision of students within practicum experiences is governed through Implementing Regulation C-13 D;

- All programs are expected to follow generally accepted best practices and utilize evidence-based methods in distance education and electronically mediated delivery;

- All programs are expected to clearly describe to the CoA in their self-studies which aspects of their education and training utilize distance or electronically mediated delivery formats; and

- All programs are expected to clearly disclose to the public which aspects of their education and training utilize distance or electronically mediated delivery formats.

Programs delivering any amount of distance education or utilizing any electronically mediated formats are expected to describe to the CoA how they meet all standards of the SoA, as is true of all programs that are accredited or are seeking accreditation. **In their self-studies, such programs are expected to pay particular attention to how distance or electronically mediated delivery is related to ALL parameters of the SoA.**

**C-12 D. Practicum Guidelines for Doctoral Programs**
(formerly C-26; Commission on Accreditation, January 2010; revised November 2015)

Standard II.B.3 of the *Standards of Accreditation for Health Service Psychology* (SoA) for doctoral graduate programs identifies practicum as a required training element.

In reviewing practicum experiences within doctoral programs, the CoA looks to determine that the program is responsible for identifying how the practicum helps to realize the educational aims identified in the program's curriculum plan. This curriculum plan should
1. Include a clear statement of how practicum training provides opportunities for students to achieve and demonstrate profession-wide competencies, as well any program-specific competencies for which practicum is a relevant curricular element.
2. Document outcome measures used within practicum to evaluate profession-wide and any relevant program-specific competencies ; and
3. Specify how practicum is clearly integrated with other elements of the program. This includes a description of how academic knowledge is integrated with practical experience through forums led by psychologists for the discussion of the practicum experience, as well as a description of how practicum training is sequential, cumulative and graded in complexity, and designed to prepare students for further organized training.

Further, each accredited doctoral program is expected to have clearly defined administrative policies and procedures in place for both internal and external practicum settings.

The guidelines below clarify the CoA's expectations as to how programs demonstrate and provide documentation of adherence to the required practicum training elements specified in Standard II.B.3 of the SoA during periodic program review (i.e., review of the program since its last self-study).

- The CoA recognizes that practicum training and experiences can include psychological testing, consultation, program development, outreach, and advocacy, as well as the use of evidence-based practice procedures and the ability to identify and use evidence-based procedures. The CoA also recognizes that not all interventions that may occur during practicum meet the definition of "empirically supported."
- When students are not being supervised on site by doctoral level psychologists, the program must provide on-going weekly opportunities for students to discuss their clinical work with a doctoral level psychologist appropriately credentialed for the jurisdiction in which the program is located.
- It is recognized that supervision on site can be provided by doctoral interns or post-doctoral fellows in psychology, under the supervision of a psychologist appropriately credentialed for the jurisdiction.
- The program should document how the program ensures the quality of the practicum sites, including regularly scheduled site reviews.
- The program should document the use of evaluation procedures for practicum experiences, methods for identifying strengths and weaknesses of practicum settings, and how a problem with a site is managed.
- The program should identify the administrative methods used to ensure that practicum placements meet these criteria and discuss how students are matched to these sites.
- The program should demonstrate how training and educational experiences are conducted in ways that integrate science and practice.
- The program's curriculum plan should provide clear evidence that practicum is integrated with other elements of the program.

- The program should discuss how it regularly evaluates the forum for the discussion of the practicum experience.
- The program should include a description of how it uses feedback from the clinical supervisors to address the progress, development, and competencies of the practicum student.
- The program should identify how the minimum acceptable level of achievement is defined and assessed, and identify policies for remediation or dismissal from a practicum site when this level of achievement is not met.
- The program should identify how the required practicum experiences are sufficient to prepare the students for internship.

**C-13 D. Telesupervision**
(formerly C-28; Commission on Accreditation, July 2010; revised November 2015, July 2017)

The CoA recognizes that accredited programs may utilize telesupervision in their program curriculum. At the same time, the CoA recognizes there are unique benefits to in-person supervision. Benefits to in-person supervision include, but are not limited to: opportunities for professional socialization and assessment of trainee competence, recognition and processing of subtle, nonverbal, and emotional or affective cues and interactions in supervision, all of which are essential aspects of professional development, ensuring quality, and protecting the public. Therefore, the CoA recognizes that there must be guidelines and limits on the use of telesupervision in accredited programs.

The following applies only to the MINIMUM number of required hours of supervision. At the doctoral level, these are the minimal supervision requirements for each practicum site, as defined by the doctoral program. Supervision beyond the minimum number of required hours may utilize methods or modalities that are deemed appropriate by the accredited program. Nothing in this Implementing Regulation contravenes other requirements in the *Standards of Accreditation* (SoA). It only clarifies the utilization of telesupervision at the doctoral practicum level.

*Definitions:*

> **Telesupervision** is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee. (See the definition of supervision as noted in the Glossary)

> **In-person supervision** is supervision of psychological services where the supervisor is physically in the same room as the trainee. (See the definition of supervision as noted in the Glossary)

*Guidelines and Limits:*

- Telesupervision may not account for more than 50% of the total supervision at a given practicum site, and may not be utilized until a student has completed his/her first intervention practicum experience. Furthermore, it is the doctoral program's responsibility to ensure that the student has had sufficient experience and in-person supervision in intervention at the doctoral level and possesses a level of competence to justify this modality of supervision in his/her sequence of training.

Programs that utilize telesupervision are expected to address generally accepted best practices. Furthermore, as with all accredited programs, programs that utilize telesupervision must demonstrate how they meet all standards of the SoA.

Programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including but not limited to:
- An explicit rationale for using telesupervision;
- How telesupervision is consistent with their overall aims and training outcomes;
- How and when telesupervision is utilized in clinical training;
- How it is determined which trainees can participate in telesupervision;
- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience;
- How an off-site supervisor maintains full professional responsibility for clinical cases;
- How non-scheduled consultation and crisis coverage are managed;
- How privacy and confidentiality of the client and trainees are assured; and

- The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor.

# C-14 D. Direct Observation
(Commission on Accreditation, November 2015; revised February 2017)

This Implementing Regulation is intended to clarify the expectations of the CoA with regard to "direct observation" as described in doctoral *Standards of Accreditation* (SOA) as follows:

Standard II.B.3.d
> *"As part of a program's ongoing commitment to ensure the quality of its graduates, each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically)."*

Direct observation provides essential information regarding trainees' development of competencies, as well as the quality of the services provided, that cannot be obtained through other methods. Direct observation allows supervisors to provide a more accurate assessment and evaluation of observable aspects of trainees' competency development regarding one or more profession-wide and program-specific (if any) competencies associated with that training experience.

The direct observation requirement described in this IR applies to all training experiences that fall under the program's application of practicum training in IR C-12 D. At minimum, programs are required to conduct one direct observation per evaluation period as described below. In situations in which students complete an extra, elective, non-required practicum, or placement and this experience is considered in the evaluation of a required competency, the training experience must include a direct observation as a part of the evaluation of the experience.

**Definitions and Guidelines:**

Direct observation includes in-person observation (e.g., in-room or one-way mirror observation of direct service contact), live simultaneous audio-video streaming, or audio or video recording. A training site that does not permit live observation, audio or video recording by policy is not a sufficiently unique circumstance to circumvent this requirement.

The supervisor who is evaluating the trainee's performance must base part of that evaluation on direct observation. Supervisors conducting direct observation must be appropriately trained, credentialed, and prepared in their discipline and in the health service psychology activities being supervised, legally authorized for independent practice in their jurisdiction, and legally responsible for the direct service being provided. Supervisors who perform the direct observation *must be* competent in performing the supervised activity, as well as in providing supervision.

Direct observation is required for each practicum evaluation completed. All accredited programs must verify on the evaluation form that direct observation occurs for each evaluation period as defined by the program. In a given evaluation period, a student may complete more than one practicum experience (e.g., separate rotations within a single-semester practicum; student completing two different practica during the same semester). If a separate evaluation is completed for each rotation or setting, each evaluation must include direct observation. If a single evaluation covers all rotations or settings, then a minimum of one direct observation is required.

Per IR C-12 D, it is recognized that supervision on site can be provided by doctoral interns or postdoctoral residents in health service psychology under the supervision of a psychologist appropriately credentialed in the jurisdiction. In these situations, the direct observation requirement may only be met by having the appropriately credentialed supervisor(s), legally responsible for the direct service being provided, conduct

the observation and evaluation. This does not preclude doctoral interns or postdoctoral residents from contributing to the direct observation or evaluation process.

It is not expected that all of the individual competencies (profession-wide or program-specific) would be directly observed during every practicum experience, but rather that the scope of the direct observation would be sufficient to contribute meaningfully to an evaluation of student performance in competencies relevant to that practicum placement.

**C-15 D. Awarding the Doctoral Degree Prior to Completion of the Internship**

(formerly C-5; Commission on Accreditation, original date unknown; revised January 2001, November 2015)

All accredited program requirements, including the internship, should be satisfactorily completed prior to awarding the doctoral degree in the student's substantive area of health service psychology. In special instances in which students participate in graduate ceremonies prior to completing the internship, the program should ensure that university certification by transcript, diploma, or other means of the student's having completed the degree requirements for the accredited program in professional psychology does not precede the actual completion of all such program requirements.

Programs in health service psychology that certify the completion of all requirements of that program for the doctoral degree before completion of an internship violate accreditation guidelines. Whether or not a student completes a dissertation prior to an internship is a matter of individual and program discretion.

Internships are designed and funded as training experiences at the doctoral level. The competency level of the training experience is consistent with that designation, and it would be inappropriate simply to rename the training as postdoctoral. If the trainee is a "respecialization" intern, the fact that the trainee has a doctoral degree in another field of the discipline does not change the doctoral level of experience required in the trainee's field of professional respecialization.

**C-16 D. Affiliated Internship Training Programs**
(formerly C-10; Commission on Accreditation, March 1998; revised October 2007, November 2015)

An **exclusively affiliated** internship is an accredited internship that only admits interns who are students from a specific accredited doctoral program. A **partially affiliated** internship is an accredited internship in which a portion of the interns admitted are students from a specific accredited doctoral program.

The procedures for evaluating and designating the programs are as follows:

1.  The internship and the program with which it is affiliated are site visited and accredited separately and in the same manner as other programs and internships. However, as part of their self-study reports, the programs would designate that they are either (a) an affiliated internship or (b) a program that places students at an affiliated internship.

2.  The CoA understands that affiliated internships (formerly known as captive internships) involve close integration with the affiliated doctoral programs. However, affiliated internship programs are independently accredited and must be reviewed by the CoA as separate entities and meet all the accreditation requirements expected of a non-affiliated internship program. Affiliated internships must provide the CoA with information specific to the internship program during the course of review. As such, an internship self-study may not simply reference aspects of a doctoral program's self-study to fulfill the internship requirements of the *Standards of Accreditation* (SoA). All relevant program materials must be submitted within the internship self-study, and all information (e.g. policies and procedures, outcome data, etc.) should be specific to the internship training program.

3.  Any affiliated internship programs that make use of multiple independently administered entities as training sites will be reviewed as a consortium and will be required to meet all aspects of Standard I.A.3 of the *SoA* for internship programs.

4.  The internship clearly states its status as exclusively affiliated or partially affiliated in all descriptive material and representations to the public.

If approved, the affiliated internship will be listed in the *American Psychologist* listing for accredited internships. The listing for the internship agency will state that it is an exclusively affiliated or partially affiliated internship; the name of the accredited doctoral program also will be stated (e.g., X Internship [affiliated with Y University Training Program]).

**C-17 D. Expected Internship Placements for Students in Accredited Doctoral Programs**
(formerly C-31(c); Commission on Accreditation, July 2012; revised November 2015)

The CoA conducts reviews in accordance with its *Standards of Accreditation* (SoA) and as required by the US Department of Education (USDE) and Higher Education Accreditation (CHEA) regulations (see relevant USDE and CHEA regulations below). Several pieces of the SoA are relevant to this review. Standard I.C.2 states that eligibility for accreditation by the CoA requires completion"...of *an internship prior to receiving the doctoral degree."* Standard I.A.1.b requires that training for practice is sequential, cumulative and graded in complexity and designed to prepare students for further organized training. Standard II.B.4 states that "*…the program must demonstrate that all students complete a one year full-time or two year part-time internship."* Therefore, it is clear that placement of students in an organized internship is both an important step in the doctoral training sequence and an important outcome of the graduate doctoral training.

Accredited doctoral programs, or doctoral programs seeking accreditation, must provide to the CoA appropriate data to demonstrate outcomes consistent with the SoA and the program's stated educational aim(s). Because completion of an internship is a required component of training for all accredited doctoral programs, the CoA requires that the doctoral program provide evidence of students' successful completion of an internship program of appropriate quality.

For all other internship placements (including APPIC member, CAPIC member, CDSPP compliant site, etc.), the doctoral program must demonstrate how it ensures the quality of the internship training experience. To that end, an accredited program that sends students to sites that are not accredited must provide information to the CoA regarding its process for monitoring the quality of internship training, including the quality of student achievement and development of competencies at these sites. Information regarding the nature of the training provided must be of sufficient detail to demonstrate the adequacy and quality of these training experiences.

CoA is required to follow these US Department of Education (USDE) and Council of Higher Education Accreditation (CHEA) regulations in its reviews:

*USDE - §602. 16 Accreditation and preaccreditation standards.*
    a. *The agency must demonstrate that it has standards "'for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is* a *reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits.*
    b. *The agency meets this requirement if-*
*(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:*
*(i) Success with respect to student achievement in relation to the*
*institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.*

*CHEA -12A 3. 12A. Advances Academic Quality. Advancing academic quality is at the core of voluntary accreditation. "Academic quality" refers to results associated with teaching, learning, research, and service within the framework of institutional mission. To be recognized, the accrediting organization provides evidence that it has:*

*3. standards or policies that include expectations of institutional or program quality, including student achievement, consistent with its mission.*

**C-18 D. Outcome Data for Doctoral Programs**
(formerly C-32; Commission on Accreditation, October 2012; April 2016)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on doctoral programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s) and demonstrating student attainment of required discipline-specific knowledge, profession-wide competences, and program-specific competencies (if any).

As stated in the *Standards of Accreditation* (SoA) and the accompanying Implementing Regulation (IR) for doctoral programs, discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health service psychology. Programs are required to demonstrate discipline-specific knowledge of its students (Standard II.B.1.a D and IR C-7 D).

> *Discipline-specific knowledge serves as a cornerstone for the establishment of identity as a psychologist and orientation to health service psychology. Therefore, all students in accredited doctoral programs shall acquire a general knowledge base in the discipline of psychology, broadly construed.*
>
> a. *Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:*
>
> > i. *Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.*
> >
> > ii. *Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.*

In addition to demonstrating that students obtain discipline-specific knowledge, programs must evaluate profession-wide and program-specific (if any) competencies. As stated in the SoA for doctoral programs relevant to student profession-wide and program-specific competencies (II.D.1):

> 1. *Evaluation of students' competencies*
> > a. *The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:*
> > > i. *Specify how it evaluates student performance and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.*
> > > ii. *Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of*

> *achievement in each profession-wide competency and in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.*
>
> iii. *Present formative and summative evaluations linked to exit criteria and data demonstrating achievement of competencies for each student in the program.*
>
> b. *For program graduates, the program must provide distal evidence of students' competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.*
>
> > i. *Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency. The program must also provide data on students' job placement and licensure rates.*
> >
> > ii. *At 5 years postgraduation, the program must provide data on graduates, including data on graduates' licensure (as appropriate for their current job duties) and their scholarly/research contributions (as consistent with the program's aims).*

In addition, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews student achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster student development of required profession-wide competencies and program-specific competencies (if any). Expected minimal levels of achievements must be specified for all profession-wide competencies and program-specific competencies (if any). It is each program's responsibility to collect, present, and utilize aggregated proximal and distal outcome data that are directly tied to profession-wide competencies and program-specific competencies (if any).

### Definitions:

**Proximal data** are defined as outcomes on students as they progress through and complete the program, which are tied to the required profession-wide competencies and program-specific competencies (if any).
- Proximal data at a minimum must include evaluations of students' performance by those who are responsible for their training (e.g., by course instructors, thesis/dissertation committees, supervisors).
- Completion of an unevaluated activity (attendance at a class or seminar, completion of a manuscript, completion of practicum hours) is not considered sufficient proximal outcome data. Rather, the program must utilize evaluative data (e.g., course outcomes/grades, supervisor evaluation of practicum performance, dissertation defense outcome, acceptance of a peer-reviewed presentation or publication) that demonstrate the program's success in promoting mastery of profession-wide competencies and program-specific competencies (if any).
- While student *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting attainment of profession-wide competencies and program-specific competencies (if any).

**Distal data** are defined as outcomes on students after they have completed the program, which are tied to the profession-wide competencies and program-specific competencies (if any).

- Distal data typically include information obtained from alumni surveys addressing former students' perceived assessments of the degree to which the program promoted mastery of profession-wide competencies and program-specific competencies (if any).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former students' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.

Distal data must be collected annually on alumni who are 2 years and 5 years post-graduation in that year. Although programs are expected to contact as many of these alumni as possible, it is recognized that not all graduates will be reachable. If response rates are particularly low, the program should explain low response rates and describe efforts to contact its graduates.

## Level of Specificity

### Discipline-Specific Knowledge
According to the Standards of Accreditation (Standard II.B.1.a D), accredited programs are required to demonstrate that their students attain requisite core knowledge of psychology.
Consistent with IR C-7 D, accredited programs are required to identify minimum levels of achievement that are acceptable to demonstrate students' discipline-specific knowledge at the advanced graduate level, to assess all required content areas within each category of discipline-specific knowledge for each student (e.g. history and systems of psychology; affective aspects of behavior; biological aspects of behavior; cognitive aspects of behavior; developmental aspects of behavior; social aspects of behavior; advanced integrative knowledge of basic discipline-specific content areas; research methods; quantitative methods; psychometrics), and to provide data to CoA that document that by the time of graduation, all students have attained the required minimum levels of achievement for each required area of discipline-specific knowledge.

As described in IR C-7 D, programs must demonstrate that students have attained advanced graduate level discipline-specific knowledge in all content areas of each category prior to graduation. This demonstration may include but is not limited to: course grades in graduate-level courses, as described in IR C-7 D, scores on comprehensive exams in discipline-specific knowledge areas, or other evaluated learning experiences. The program must set a minimum level of achievement for demonstration of student attainment of advanced graduate level discipline-specific knowledge in each area. Because discipline-specific knowledge serves as the foundation to further training in health service psychology, data regarding discipline-specific knowledge need only be presented at the proximal level; distal data are not required for discipline-specific knowledge.

### Profession-Wide Competencies
According to the Standards of Accreditation (Standard II.B.1.b D), accredited programs are required to provide a training/educational curriculum that fosters the development of nine profession-wide competencies (Research, Ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, Communication and interpersonal skills, Assessment, Intervention, Supervision, and Consultation and interprofessional/interdisciplinary skills). Accredited programs are required to operationalize competencies in terms of multiple elements. At a minimum, those elements must reflect the content description of each PWC defined in IR C-8D, including the bulleted content, and must be consistent with the program aim(s). It is incumbent upon the program to demonstrate that there is a sufficient number

of elements articulated for each PWC so as to demonstrate adequate trainee attainment of competence. Programs must assess student performance at the level of the elements using multiple methods and within time frames appropriate for each PWC, give feedback to students at the level of elements, but report to CoA at the level of the superordinate competency.

**Program Specific Competencies**
Accredited programs may choose to include program-specific competencies as part of their educational curriculum. These should be consistent with the program's aim(s) and the professional standards and practices of health service psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess student performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that students reach expected levels of performance.

Similar to the expectations for profession-wide competencies, programs that choose to have program-specific competencies are expected to assess student performance at the level of the competency elements, and give feedback to students at the level of elements, but report to CoA at the level of the superordinate competency.

**<u>Aggregation of Data</u>**

Aggregated data are compilations of proximal or distal data across students, which may be broken down by cohort, program year, or academic year. Aggregate data are used to demonstrate the effectiveness of the program as a whole in accomplishing its Aims and Competencies, rather than the accomplishment of an individual student over time. Overaggregation of data can obscure differences that are important for the program to recognize in evaluating its effectiveness over time. To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., % meeting the minimum level of achievement, N). The program should choose statistics that allow for evaluation of whether all students are acquiring competencies in relation to its defined minimal levels of achievement for all program competencies (i.e., discipline-specific knowledge, profession wide competencies and any program-specific competencies). The program should provide meaningful data in such a way that the CoA can determine that by the time of program completion, all students have attained these minimal levels of achievement. If data presented indicate that in a particular year or cohort less than 100% of students have reached the minimum level of achievement for a content area, the program should describe how those students who did not meet the minimum level of achievement either did not continue to progress in the program or were able to remediate and later meet the minimum level of achievement.

**Discipline-Specific Knowledge**
When a program is reviewing its outcome data to evaluate its effectiveness in promoting discipline-specific knowledge, it is expected that multiple data points from multiple sources may be used, and that basic descriptive statistics (e.g., means and standard deviations for course grades, comprehensive exam scores in discipline-specific knowledge areas), should be used. When presenting aggregated data to the CoA, it is expected that programs will present single data points for each discipline-specific knowledge area, demonstrating its overall outcomes of success in promoting student attainment of substantial knowledge at the graduate-level

- If data are aggregated over a number of years (i.e., not by cohort or year), the program needs to explain how aggregating the data in this alternate way facilitates the program's self-improvement and demonstrates that all students meet the MLAs by the time of graduation.

**Profession-Wide Competencies and Program Specific Competencies**

When a program is reviewing its outcome data to evaluate its effectiveness in promoting profession-wide competencies and program-specific competencies (if any), it is expected that multiple data points from multiple sources for multiple elements will be used, and that basic descriptive statistics (e.g., means and standard deviations for course grades, clinical competency examination scores, practicum evaluations ratings, alumni ratings of preparation for practice in competencies), will be used. When presenting aggregated data to the CoA, it is expected that programs will present single data points for each profession-wide competency and program-specific competency (if any), demonstrating its overall outcomes of success in promoting student attainment of competencies.

- Proximal data and distal data should be presented separately. For distal data, the presentation should clearly differentiate between data for those who are 2 years post-graduation and those 5 years post-graduation.
- If data are aggregated over a number of years (i.e., not by cohort or year), the program must explain how aggregating the data in this alternate way facilitates the program's self-improvement.

**C-19 D. Licensure Rate for Doctoral Programs**
(formerly C-31(d); Commission on Accreditation, July 2012; revised November 2015)

**Evaluation of Graduates' Licensure Rates:**
CoA accreditation of doctoral and internship education and training programs is based on "preparation for entry-level practice in health service psychology" (see *Standards of Accreditation* Introduction section II. Guiding Principles of Accreditation - Section B.2.b Broad and General Preparation for Practice at the Entry Level). All doctoral programs, whether seeking accreditation or reaccreditation, are expected to achieve this objective of preparing students for entry level practice in professional psychology. One tangible index of preparation for entry level practice is a program's success in preparing its graduates to be licensed as psychologists.

The CoA interprets the licensure rate of program graduates within the context of: (1) the requirement that *all* accredited doctoral programs prepare students for entry-level practice; (2) each program's own stated educational aim(s); and, (3) statements made by the program to the public. Because specific educational aims in the programs CoA accredits may differ, the CoA does not specify a threshold or minimum number when reviewing a program's licensure rate. Rather, the CoA uses its professional judgment to determine if the program's licensure rate, in combination with other factors such as the attrition of students from the program and their time to degree, demonstrates students' successful preparation for entry-level practice in professional psychology. This includes determining if program graduates' licensure rates are consistent with the expressed or implied promises the program makes to the public and to CoA with respect to achieving its educational aim(s). In general, the more emphasis a program places on producing graduates who will be practitioners, the higher expectations CoA will have for the proportion of students who matriculate into the program and eventually become licensed. In the process of periodic review, a program needs to discuss its licensure data in terms of its educational aims and provide information to address discrepancies between those aims and the actual licensure of students admitted to the program. All accredited doctoral programs are, however, expected to prepare students for entry-level practice and the program's achievement of this should be reflected in student success in achieving licensure after completion of the program.

An accredited doctoral program is also required to provide data on licensure to the public consistent with Implementing Regulation C-26 D.

NOTE: The CoA also has to conduct its reviews in accordance with the regulations of the US Secretary of Education and the Council of Higher Education Accreditation (CHEA) requiring:

*USDE - §602. 16 Accreditation and preaccreditation standards.*
  a. *The agency must demonstrate that it has standards "'for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits.*
  b. *The agency meets this requirement if-*
> *(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:*
>> *(i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.*

*CHEA -12A 3. 12A. Advances Academic Quality. Advancing academic quality is at the core of voluntary accreditation. "Academic quality" refers to results associated with teaching, learning, research, and service within the framework of institutional mission. To be recognized, the accrediting organization provides evidence that it has:*

> *3. standards or policies that include expectations of institutional or program quality, including student achievement, consistent with its mission.*

**C-20 D. Selection and Admissions of Students into Accredited Doctoral Programs**
(formerly C-31(a); Commission on Accreditation, July 2012; revised November 2015)

Standard III.A.1 of the Doctoral section of the *Standards of Accreditation* (SoA) states:

> *The program has an identifiable body of students at different levels of matriculation who:*
>
> a. *Are of sufficient number to ensure opportunities for meaningful peer interaction, support, and socialization.*
> b. *Are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.*
> c. *By prior achievement, students have demonstrated appropriate competency for the program's aims as well as expectations for a doctoral program.*
> d. *By interest and aptitude they are prepared t meet the program's aim(s).*
> e. *They reflect through their intellectual and professional development and intended career paths the program's aim(s) and philosophy.*

Preparation for practice in health service psychology is a major educational goal for all accredited programs. Thus, the CoA expects that accredited programs will admit students who are appropriately prepared to succeed in doctoral education and training. CoA expects programs will provide students with appropriate educational and training opportunities enabling admitted students to complete the program. The CoA also expects that students will demonstrate success in achieving the profession-wide and program specific competencies as assessed by the program.

To this end, the CoA expects programs to clearly define their admissions standards and to specify how these standards reflect their educational aims. Further, the program needs to discuss how its admissions and selection standards are adequate and appropriate for its educational aims. In compliance with Standard II.D, the program must demonstrate its effectiveness in meeting its educational aim(s) for students in the program and any program graduates. This effectiveness must be demonstrated relative to the program's stated educational aim(s), and must be consistent with Standard III.C.1, in that "program faculty engage in and document actions and procedures that *actively encourage timely completion* of *the program and maximize student success"* [emphasis added].

The CoA's review of doctoral student selection policies and procedures necessarily requires the exercise of professional judgment, programs must demonstrate that:

1. They have and abide by written policies and procedures for student selection;
2. Those written policies and procedures are consistent with their educational aims;
3. Those written policies and procedures are developed to ensure that students are well-prepared to succeed and that program graduates are prepared for entry to practice;

As part of CoA's evaluation of a program's student selection policies and procedures, the CoA will also consider the program's outcome data on program graduates, including attrition, time to degree, graduate rate, and licensure data as indices of the program's effectiveness in selecting students who are able to complete a doctoral program and enter into practice.

CoA recognizes that doctoral programs' student selection and admissions practices may be informed by their training aims or by institutional or program missions (e.g., that emphasize providing opportunities for enrollment of nontraditional graduate students, or that enroll students with very diverse prior educational experiences). However, CoA reviews programs based only on educational aims that include broad and

general preparation for entry-level practice, integration of science and practice, and the program's philosophy and mission in relation to current professional standards and regional and national needs. Thus, selection and admissions practices must be consistent with effective training and outcomes in these areas.

**C-21 D. Diversity Recruitment and Retention**
(formerly C-22; Commission on Accreditation, November 2009; revised March 2013, November 2015)

In accordance with Standards III.A.1.b.i and IV.B.5 of the *Standards of Accreditation* (SoA) for doctoral programs*,* an accredited doctoral program is responsible for making systematic, coherent, and long-term efforts to 1) attract (i.e., recruit) and 2) retain students and faculty from differing backgrounds into the program. Although the Commission asks for demographic information about faculty and students in the tables of the self-study and annual report, the information requested is limited to the data collected in federal reports, which is not sufficient in demonstrating a program's compliance with Standards III.A.1.b.i and IV.B.5. Consistent with Standard I.B.2, as described in the doctoral program SoA, cultural and individual diversity includes, but is not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

**Recruitment**

*Students*

An accredited doctoral program should document that it has developed a systematic, multiple year plan, implemented and sustained over time, in its efforts to attract students from a range of diverse backgrounds. An accredited program is expected to describe in its self-study the specific activities, approaches, and initiatives it implements to increase diversity among its students. A program may include institutional-level initiatives geared towards achieving diversity, but these in and of themselves are not considered sufficient. Concrete program-level actions to achieve diversity also should be documented.  Because diversity is defined broadly, a program should discuss the areas of diversity recruitment in which it excels, as well as the areas of diversity recruitment in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract diverse students, and should document steps to revise/enhance its strategies as needed.

*Faculty*

An accredited doctoral program should demonstrate that it has developed a systematic, multiple year plan to attract faculty from a range of diverse backgrounds, implemented as possible (i.e., when there are faculty and staff openings). A program may include institutional-level initiatives geared towards achieving diversity, but these in and of themselves are not considered sufficient. Programs should document concrete actions taken by the training program to achieve diversity.  Because diversity is defined broadly, a program should discuss the areas of diversity recruitment in which it excels, as well as the areas of diversity recruitment in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract diverse faculty and staff and should document steps to revise/enhance its strategies as needed.

**Retention**

*Doctoral students*

An accredited doctoral program is expected to describe in its self-study the specific activities, approaches and initiatives it implements to maintain diversity among its students and ensure a supportive learning environment for all students. A program may include institutional-level initiatives geared towards retaining diverse students but these in and of themselves are not considered sufficient. Concrete program-level actions to retain diverse students also should be documented.  These efforts should be broadly integrated across key aspects of the program. The program should demonstrate that it examines the effectiveness of its efforts to retain diverse students. Steps to revise/enhance its strategies as needed should be documented

*Faculty*

An accredited doctoral program is expected to describe in its self-study the specific activities, approaches, and initiatives it implements to maintain diversity among its faculty. A program may include institutional-level initiatives geared towards retaining diverse faculty members, but these in and of themselves are not considered sufficient. The program should document that it examines the effectiveness of its efforts to maintain diverse faculty. Steps to revise/enhance its strategies as needed should be documented.

# C-22 D. Student Attrition Rates for Doctoral Programs
(formerly C-31(b); Commission on Accreditation, July 2012; revised November 2015)

## Attrition during Initial or Periodic Review
In the initial or periodic review of a doctoral program, the CoA looks at a number of indicators of program success. Standard III.A.1 of the SoA states:

> *The program has an identifiable body of students at different levels of matriculation who:*
>
> a. *Are of sufficient number to ensure opportunities for meaningful peer interaction, support, and socialization.*
> b. *Are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.*
> c. *By prior achievement, students have demonstrated appropriate competency for the program's aims as well as expectations for a doctoral program.*
> d. *By interest and aptitude they are prepared t meet the program's aim(s).*
> e. *They reflect through their intellectual and professional development and intended career paths the program's aim(s) and philosophy.*

Further, in Standard III.B.1, the SoA states:

> *Program faculty are accessible to students and provide them with* a *level of guidance and supervision. They serve as appropriate professional role models and engage in actions that promote the students' acquisition of knowledge, skills, and competencies consistent with the program's training aim(s).*

A doctoral program is expected to prepare students for entry level to practice in health service psychology; an essential part of such preparation is the extent to which students successfully complete the doctoral program. During periodic review of the program, the CoA reviews self-study materials (including the narrative and tabular information) as well as program correspondence. The overall attrition rate seven years preceding the review is considered by the CoA to be an indicator of the effectiveness of the program's student selection criteria, the appropriateness and availability of faculty for mentoring students in the program, and the program's success in training students for entry into practice. Attrition data evaluated during periodic review include the proportion of admitted students who do not complete their degrees. As such, the attrition rate at the time of periodic review may be very different from the attrition rate submitted annually to the CoA within the Annual Report Online, in which students who have already departed the program are no longer included as part of either the numerator or the denominator. In addition to overall attrition rate, the CoA may consider attrition rates within cohorts (i.e., year of entry) and other aspects of the attrition data.

The CoA does not set specific percentages in determining acceptable cohort or overall attrition rates. The importance of contextual issues (i.e., evaluating the attrition rate in the context of the full record of information available about a program) makes it impossible to apply a "one-size-fits-all" metric in determining program quality. Thus, the review of the attrition data requires the professional judgment of the CoA to determine how the seven-year attrition rate (including the overall attrition rate and rates for specific cohorts) reported by a program is appropriate for the profession and for the program to maintain consistency with its public materials.

**Annual Review Attrition Threshold**

The attrition threshold based on annual review data (i.e., ARO data) is used as a broad indicator of changes in a program based upon the total number of students in the program, and the total number of students who leave the program during a year for any reason. For purposes of the annual review, the CoA uses an empirical metric to identify a level of attrition that leads to additional review, by using the mean of the most recent three years of overall attrition rates, as derived from ARO data provided by all doctoral programs. The specific threshold represents an attrition rate at the 95th percentile for those programs. In other words, the CoA seeks additional information from programs which fall *within the lowest 7% of all programs in overall attrition (i.e., those programs with the least favorable attrition rates) among all accredited doctoral programs.* When a program's attrition rate prompts CoA to ask for additional information during annual reviews, that information is reviewed by the CoA to determine if additional review is necessary.

It is important to note that whether or not a program's three-year data have triggered a request for additional information during the annual review does not determine whether or not attrition will be the subject of more comprehensive analyses during the periodic review.

## C-23 D. Faculty Qualifications
(November 2015)

**Faculty qualifications.** Individual faculty may fulfill multiple roles within a program (e.g., teaching, clinical and/or research supervision, administration). In terms of program policy, it is the program's responsibility to specify clearly articulated procedures for ensuring appropriate faculty training, current expertise, and effectiveness for each role they fulfill in the program. If such procedures exist in an administrative unit higher than the program, then the program must demonstrate how it has sufficient input or oversight to ensure training consistent with accreditation standards.

In terms of self-study content, it is *the program's responsibility* to provide clear and specific evidence in the self-study that faculty are appropriately qualified for *each role* that they hold in the program. That evidence should include current and relevant expertise (e.g., board certification, formal or other post-doctoral training, systematic study, ongoing professional development, research productivity, clinical competence, professional credential, academic degree/area of study, respecialization).

**How the program describes itself:**

It is recognized that programs have many possible reasons why they choose the self-descriptors or labels that they do. Some are bound by state law, others by institutional regulation, and others simply seek to assign a label to their program to describe their focus to the public. Given that these self-descriptors do not necessarily coincide with recognized areas of accreditation, any program whose label does not reflect the specific area in which it received accreditation must portray its accredited status in a manner consistent with the SoA.

Postdoctoral programs accredited in substantive or specialty areas may offer training in areas of emphasis. Areas of emphasis may be described in all public materials except the certificate of completion. Programs will state clearly that accreditation is specific to the substantive or specialty area only.

Preferred:
- "Doctoral program in clinical psychology"
- "Internship in clinical psychology"
- "Internship in health service psychology"

Examples with accurate accreditation status:
- "Doctoral program in medical psychology, accredited as a program in clinical psychology"
- "Internship in pediatric psychology, accredited as a doctoral internship in health service psychology"
- "Postdoctoral residency with an emphasis in geropsychology, accredited as a postdoctoral residency in clinical psychology"

**C-25 D. Accreditation Status and CoA Contact Information**
(formerly C-6(b); Commission on Accreditation; November 2010; revised March 2015, November 2015)

Standard V.A.1.b of the *Standards of Accreditation* (SoA) for doctoral programs states that the program must include in its public materials:

> *"The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status."*

Programs that are accredited by agencies recognized by the U.S. Department of Education (e.g., CoA) are required to provide the contact information for the accrediting body when the accreditation status is cited. The intent of this Implementing Regulation is to clarify how this information should be presented in order to ensure consistency across programs as well as provide useful information to the public.

Accreditation status:
- For doctoral programs the only official accredited statuses are: "Accredited on contingency," "Accredited," "Accredited on probation," and "Accredited inactive,"
- Programs may indicate their appropriate status (see above) by referring to "APA" accredited or accredited "by the Commission on Accreditation of the American Psychological Association," For example, "APA-accredited," APA-accredited on contingency," "accredited by the Commission on Accreditation of the American Psychological Association, "accredited on contingency by the Commission on Accreditation of the American Psychological Association," etc.
- Programs should not use the term "APA-approved," since at APA this term is used to denote approved sponsors of continuing education rather than accreditation of academic/training programs.
- If there are multiple programs in the same department, institution, or agency, it should be clearly indicated in public materials which programs are APA-accredited. Multiple accredited programs should refer to their accredited status individually and in accordance with IR C-24 D.

CoA contact information:
- In ALL public documents, including the program's website (if applicable), where the program's accreditation status is cited as above, the name and contact information for the CoA must be provided.
- Information must include the address and <u>direct</u> telephone number for the APA Office of Program Consultation and Accreditation. Other information (i.e., website, e-mail address) may also be included.
- Programs should clarify that this contact information should be used for questions related to the program's accreditation status. In doing so, the program should also ensure that its <u>own</u> contact information is clearly indicated in its materials so that the public knows how to contact the program directly with any other questions.
- Programs are encouraged to use the following format to provide this information:

> *Questions related to the program's accredited status should be directed to the Commission on Accreditation:*
>
> *Office of Program Consultation and Accreditation*
> *American Psychological Association*
> *750 1ˢᵗ Street, NE, Washington, DC 20002*
> *Phone: (202) 336-5979 / E-mail: apaaccred@apa.org*
> *Web: www.apa.org/ed/accreditation*

**C-26 D. Disclosure of Education/Training Outcomes and Information Allowing for Informed Decision-Making to Prospective Doctoral Students**
(formerly C-20; Commission on Accreditation, May 2006; revised November 2006, July 2007, July 2010, March 2012, April 2013, March 2014, May 2014, November 2015)

Standard V of the *Standards of Accreditation* (SoA) requires that doctoral graduate programs provide potential students, current students, and the public with accurate information on the program and on program expectations. This information is meant to describe the program accurately and completely, using the most up-to-date data on education and training outcomes, and be presented in a manner that allows applicants to make informed decisions about entering the program.

The CoA requires accredited programs to update the data tables annually and post the information in its public materials (e.g. website) by October 1 each year. Failure to update the information is as much of a concern as failure to provide the necessary information in the required format. After October 1, the Commission will review programs' compliance with the below requirements and that the data provided are consistent with the program's data from the Annual Report Online (ARO).
_____

*Presentation of Required Information*
To ensure that the required information for each program is available to the public in a consistent fashion, the following provisions are required:

- The information must all be located in a single place and be titled "Student Admissions, Outcomes, and Other Data";
- If the program has a website, the information must be located no more than one-click away from the main/home doctoral landing page; and (see update to this provision below)
- The link from the main/home doctoral landing page to the required information must also be titled "Student Admissions, Outcomes, and Other Data";
- The data must be presented in tables consistent with those listed at the end of this regulation. Programs may choose to provide other data to supplement the requirements of this regulation, but these tables must be provided. If the program chooses to provide supplemental information, it should be provided below the corresponding required tables.
- Table cells should not be left blank; instead, please enter a "0" if not applicable except where indicated in table

_____

Because the information required should include those education and training outcomes that will allow applicants to make informed and comparative decisions, the Commission requires that all doctoral programs minimally provide the following to prospective students in its public materials, **including its website, if it has one**: 1) time to program completion; 2) program costs (tuition and fees) and fellowships and other funding available; 3) internship acceptance rates; 4) student attrition rates; and 5) licensure outcomes. These are defined as follows:

1. Time to Completion

Time to completion must be presented in two ways:

_____
*For the purposes of this *Implementing Regulation,* only students that have had their doctoral degrees conferred on their transcripts are considered "graduates". "Time to completion" is the amount of time between the date of entry into the program and the date of program completion on the official transcript.

- First, programs must provide the **mean** and the **median** number of years that students have taken to complete the program from the time of first matriculation. These data should be provided for all graduates\* in each of the past ten (10) years.
- Second, the program should provide the percentage of students completing the program in fewer than five years, five years, six years, seven years, and more than seven years.

In a text box below the table, programs must also note any admissions policies that allow students to enter with credit for prior graduate work and the expected implications for time to completion.

2. Program Costs

Programs are expected to make available the total costs per student for the current first year cohort. This information should include full-time student tuition, tuition per credit hour for part-time students, and any fees or costs required of students beyond tuition costs. For example, if a program requires students to travel to attend a mandatory component of the program, the estimated costs of this travel should be included as well. Programs may also provide information regarding current adjustments to tuition including, but not limited to: financial aid, grants, loans, tuition remission, assistantships, and fellowships. Even if program cost information is provided elsewhere on another university or other site, it must be provided in the doctoral program's materials as well.

NOTE: Please enter discrete dollar values in the Program Costs table and not percentages. For instance, if the program covers students' full costs within a category, please enter "$0" in that cell.

3. Internships

Programs are expected to provide data on students' success in obtaining internships. The program is required to report for **each** of the past ten (10) years:

- The total number of students who sought or applied for internships
- The number and percent of total who obtained internships
- The number and percent of total who obtained APA/CPA-accredited internships
- The number and percent of total who obtained APPIC member internships that were not APA/CPA-accredited *(if applicable)*
- The number and percent of total who obtained other membership organization internships (e.g., CAPIC) that were not APA/CPA-accredited *(if applicable)*
- The number and percent of total who obtained internships conforming to CDSPP guidelines (school psychology programs only) that were not APA/CPA-accredited *(if applicable)*
- The number and percent of total who obtained other internships that were not APA/CPA-accredited (*if applicable*)
- The number and percent of total who obtained paid internships
- The number and percent of total who obtained half-time internships *(if applicable)*

NOTES: In calculating the above percentages, the program must base these on the **total number of students** who sought or who applied for internship in each year, including those that withdrew from the application process. To ensure readability and understanding for prospective students, Internship Placement-Table 1 and Internship Placement-Table 2 must be presented separately.

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\*For the purposes of this *Implementing Regulation,* only students that have had their doctoral degrees conferred on their transcripts are considered "graduates". "Time to completion" is the amount of time between the date of entry into the program and the date of program completion on the official transcript.

4. Attrition

Programs must report the number and percentage of students who have failed to complete the program once enrolled. These data should be calculated for each entering cohort by dividing the number of students in that cohort who have left the program for any reason by the total number of students initially enrolled in that same cohort. These data should be provided by cohort for all students who have left the program in the last ten (10) years or for all students who have left since the program became initially accredited, whichever time period is shorter.

5. Licensure

Reporting of program licensure data is an expectation of the US Secretary of Education's National Advisory Committee on Institutional Quality and Integrity for program accreditors, including the APA Commission on Accreditation. As such, programs must report the number and percentage of program graduates* who have become licensed psychologists within the preceding decade. In calculating the licensure percentage:

- The denominator is the total number of program graduates between 2 and 10 years ago

- The numerator is the number of these graduates (between 2 and 10 years ago) who became licensed psychologists in the past 10 years

- The licensure percentage, then, is calculated by dividing the number of graduates (between 2 and 10 years ago) who became licensed psychologists in the past 10 years by the number of graduates during the 8 year span from 2 to 10 years ago. For example, the figures reported by a program for 2017 would be number of graduates from the program between 2007 and 2017 who have achieved licensure in the past 10 years divided by the total number of students graduating from the program between 2007 and 2017

Programs may clarify their licensure rate for the public in light of their training model and program aims.

*Please refer to footnote on first page of this *Implementing Regulation* for definition of graduates.

**Time to Completion for all students entering the program**

| Outcome | Year in which Degrees were Conferred | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 | 2011-2012 | 2012-2013 | 2013-2014 | 2015-2016 | 2016-2017 |
| Total number of students with doctoral degree conferred on transcript | *a* | | | | | | | | | |
| **Mean** number of years to complete the program | | | | | | | | | | |
| **Median** number of years to complete the program | | | | | | | | | | |

| Time to Degree Ranges | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Students in less than 5 years | *b* | *g* | | | | | | | | | | | | | | | | | | |
| Students in 5 years | *c* | *h* | | | | | | | | | | | | | | | | | | |
| Students in 6 years | *d* | *i* | | | | | | | | | | | | | | | | | | |
| Students in 7 years | *e* | *j* | | | | | | | | | | | | | | | | | | |
| Students in more than 7 years | *f* | *k* | | | | | | | | | | | | | | | | | | |

***Note:*** *(b+c+d+e+f)=a each year; (g+h+i+j+k)=100 each year*

Also, please describe or provide a link to program admissions policies that allow students to enter with credit for prior graduate work, an the expected implications for time to completion.  Please indicate NA if not applicable:

|  |
|---|
|  |

**Program Costs**

| Description | 2017-2018 1st-year Cohort Cost |
|---|---|
| Tuition for full-time students (in-state) | |
| Tuition for full-time students (out-of-state) | |
| Tuition per credit hour for part-time students *(if applicable enter amount; if not applicable enter "NA")* | |
| University/institution fees or costs | |
| Additional estimated fees or costs to students (e.g. books, travel, etc.) | |

**Internship Placement - Table 1**

| Outcome | Year Applied for Internship | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2006-2007 | | 2007-2008 | | 2008-2009 | | 2009-2010 | | 2010-2011 | | 2011-2012 | | 2012-2013 | | 2013-2014 | | 2014-2015 | | 2015-2016 | | 2016-2017 | |
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Students who obtained APA/CPA-accredited internships* | a | | | | | | | | | | | | | | | | | | | | | |
| Students who obtained APPIC member internships that were not APA/CPA-accredited *(if applicable)* | b | h | | | | | | | | | | | | | | | | | | | | |
| Students who obtained other membership organization internships (e.g. CAPIC) that were not APA/CPA-accredited *(if applicable)* | c | i | | | | | | | | | | | | | | | | | | | | |
| Students who obtained internships conforming to CDSPP guidelines that were not APA/CPA-accredited *(if applicable)* | d | j | | | | | | | | | | | | | | | | | | | | |
| Students who obtained other internships that were not APA/CPA-accredited *(if applicable)* | e | k | | | | | | | | | | | | | | | | | | | | |
| Students who obtained any internship | f | l | | | | | | | | | | | | | | | | | | | | |
| Students who sought or applied for internships including those who withdrew from the application process | g | m | | | | | | | | | | | | | | | | | | | | |

*This includes students that withdrew from the internship application process.

**Note:** *h=b/a x 100; (c+d+e+f+g)=b each year; (i+j+k+l+m) = h each year*

**Internship Placement - Table 2**

| Outcome | Year Applied for Internship | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2006-2007 | | 2007-2008 | | 2008-2009 | | 2009-2010 | | 2010-2011 | | 2011-2012 | | 2012-2013 | | 2013-2014 | | 2014-2015 | | 2015-2016 | | 2016-2017 | |
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Students who sought or applied for internships including those who withdrew from the application process | g | | | | | | | | | | | | | | | | | | | | | |
| Students who obtained paid internships | n | p | | | | | | | | | | | | | | | | | | | | |
| Students who obtained half-time internships* (if applicable) | o | q | | | | | | | | | | | | | | | | | | | | |

*Cell "o" should only include students who applied for internships and are included in cell "g" from "Internship Placement - Table 1."

**Note:** *p=n/g x 100; q=o/g x 100*

**Attrition**

| Variable | Year of First Enrollment | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2006-2007 | | 2007-2008 | | 2008-2009 | | 2009-2010 | | 2010-2011 | | 2011-2012 | | 2012-2013 | | 2013-2014 | | 2014-2015 | | 2015-2016 | | 2016-2017 | |
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Students for whom this is the year of first enrollment (i.e. new students) | a | | | | | | | | | | | | | | | | | | | | | |
| Students whose doctoral degrees were conferred on their transcripts | b | e | | | | | | | | | | | | | | | | | | | | |
| Students still enrolled in program | c | f | | | | | | | | | | | | | | | | | | | | |
| Students no longer enrolled for any reason other than conferral of doctoral degree | d | g | | | | | | | | | | | | | | | | | | | | |

**Note:** *(b+c+d)=a each year; (e+f+g) = 100 each year*

## Licensure

| Outcome | 2005-2015 |
|---|---|
| The total number of program graduates (doctoral degrees conferred on transcript) between 2 and 10 years ago | |
| The number of these graduates (between 2 and 10 years ago) who became licensed psychologists in the past 10 years | |
| Licensure percentage | |

**C-27 D. Notification of Changes to Accredited Programs**
(formerly C-19; Commission on Accreditation, February 2005; revised October 2006, November 2015)

In accordance with Standard V.B.2 of the *Standards of Accreditation* (SoA) and Section 8.7 D of the *Accreditation Operating Procedures* (AOP), all accredited programs whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in degree offered, policies/procedures, administrative structure, faculty resources, supervision resources, area of emphases, or tracks/rotations. In the case of doctoral programs, this includes changes in the areas of emphasis.

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. In the case of a substantive change (such as a change in consortium membership), the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.

The only exception to the policy of informing the Commission *in advance* is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above.

Consultation on program changes is available from the Office of Program Consultation and Accreditation.

*"All programs can seek review of "intent to apply" status and "accredited, on contingency" prior to seeking full accreditation. The application for acknowledgement of "intent" includes documentation related to key standards of accreditation. Review for this status is a document review only. The review is conducted to verify that the essential elements are in place to begin a program and as such is not an accredited status and does not provide the public with a judgment regarding the quality of the program. Rather if a program is approved as "intent" for accreditation, it serves as a notice to the public that the program will be seeking accreditation in the near future." 6.1 D AOP*

## Overview/Logistics:

A program may seek "intent to apply" declaration at any time, including prior to or after admitting students. The "intent to apply" declaration indicates that once students are in place, the program intends to apply for an APA accredited status (either contingent or full accreditation). A program may be listed as "intent to apply" for a maximum of three years. The "intent to apply" declaration is effective as of the date of the Commission's decision to acknowledge the declaration. If the program exceeds its three year period it will need to inform its publics and students that it is no longer designated as an "intent to apply" program. Declaration of "intent to apply" is not a requirement for an application for "accredited, on contingency" or "full accreditation."

Programs are advised to consider the time constraints associated with public notice of "intent to apply" and application for accreditation.

For programs seeking the" intent to apply" declaration, the application process is primarily intended to provide the program an opportunity to systematically describe the infrastructure upon which it will be building a program consistent with the Standards of Accreditation (SoA). The Commission on Accreditation will provide formative feedback to the program in response to their application for "intent to apply." Although the intent application includes completion and review of only certain sections of Standards I-V of the SoA, the program clearly intends to seek an accreditation status and be in compliance with all aspects of the SoA.

## Process to Apply:

To apply for this declaration, programs are asked to submit documentation in accordance with the self-study instructions with the provisions listed below. It is recognized that a program will have elements in place and others in development and both of which will be reviewed by the CoA for prospective alignment with the SoA. The program will address:

- Standard I, describing the type of program and degree, the administrative structure of the program, program context, structure, and resources, and its policies and procedures.
- Standard II, describing its aims, its curriculum plan with course descriptions, its plans to measure profession-wide competencies and program-specific competencies, if any, its training elements including plans for practicum and internship, its plans to measure proximal and distal outcomes, and its plan to review outcome measures to evaluate and improve the program.
- Standard III, describing selection processes and criteria for admission to the program, its plans to provide a supportive learning environment, and its plans to facilitate student success in the program, providing evaluation, feedback, and remediation, if necessary. A plan for the size of each cohort of students should be included for each year up to full implementation of the curriculum.

- Standard IV, describing the designated leader of the program who is in place, plans for recruitment of qualified faculty of the program, plans for how faculty will contribute to the development of curriculum and training experiences, evaluation of program effectiveness, and its plan for faculty sufficiency as the program develops. A plan for numbers of core faculty in place at each year of the program as it develops to full curriculum implementation should be included.
- Standard V in general disclosure and communication with prospective and current students, and will provide all materials currently available to its publics. The materials must include:
  - An accurate description of the "intent to apply" declaration;
  - A timeline for its intention to apply for "accredited, on contingency," or "full accreditation" of the program;
  - The date that the declaration expires; and
  - The contact information for the APA CoA.

The program is advised to consider its timeline in light of the requirements for application for accreditation status.

<div align="center">

**C-29 D. "Accredited, on Contingency"**
(Commission on Accreditation, July 2015)

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*Doctoral programs seeking "accredited, on contingency" must be reviewed on all aspects of the SoA, which involves submission of a self-study and a site visit. "Accredited, on contingency" is granted to a doctoral program when the program demonstrates initial evidence of educational quality consistent with the SoA and the capacity to meet all accreditation standards in the designated time frame." (AOP 6.1D)*

**Process to Apply:**

A doctoral program is eligible to submit a self-study to attain "accredited, on contingency" status after it has enrolled a minimum of two student cohorts, one of which must be engaged in practicum training. The program will submit any proximal and distal data for all discipline-specific knowledge, profession-wide competencies, and program-specific competencies (if any) collected to date; but at a minimum, aggregated evaluation data for one practicum term must be provided at the time of the site visit. If data are presented at the time of the site visit, the program must send a copy of these data to the CoA.

The doctoral program will submit a self-study detailing all SoA components, including all available outcome data. For any outcome data that are not available, the self-study must include plans for how the program will collect and evaluate proximal and distal outcomes required to demonstrate minimum levels of competency in both profession-wide and program-specific competencies (if any).

**Components of the self-study submission for "accredited, on contingency":**

With the exception of the provision of complete outcome data (Standard II), each standard will be addressed with respect to the program's plans, policies, and procedures to meet the requirements of the SoA. The program must submit its evaluation plans and forms used to evaluate student outcomes and when possible, provide existing outcome data. At this stage, the program must submit all syllabi for required courses, including courses that have not yet been offered. In this case, the course instructor may be listed as 'to be determined'; however, the program must provide a plan to demonstrate how it will ensure that a qualified instructor will be identified to teach the given course, consistent with the Faculty Qualifications IR. The program must describe faculty sufficiency to effectively administer the program as it exists at time of submission and the plans for ensuring faculty sufficiency as the program grows to include students at all levels of matriculation and to meet the full implementation of the curriculum plan.

**Term of accredited, on contingency status:**

The maximum amount of time a doctoral program can be "accredited, on contingency" is five years. The program is advised to consider its timeline in light of requirements to apply for full accreditation status. To apply for full accreditation the program will provide an updated self-study, including proximal and distal outcome data, within three years of receiving "accredited, on contingency" status. Upon review of the updated self-study, a site visit may be approved (See AOP Section 6.1 D). A program that has not met the requirements to obtain a site visit within five years will be deemed to have withdrawn from accreditation.

Students in the program and the public must be kept informed of any change in the program's timeline that could negatively impact accreditation. The program must publish the date of expiration of the status in its public materials.

**C-30 D. Partnership/Consortium**
(Commission on Accreditation, October 2016)

A Doctoral Program may consist of, or be located under, a single administrative entity (e.g. institution, agency, school, department) which controls its program resources, or a partnership/consortium, where each administrative entity contributes to partnership/consortium program resources. A partnership/consortium is comprised of 2 or more independently administered entities, which have agreed to share resources and centralized decision-making essential to the establishment, implementation, and maintenance of a training program. The CoA seeks to understand the stability of a partnership/consortium's shared resources through this Implementing Regulation which specifically details the components that must be in place and described via a partnership/consortial agreement when two or more independent entities meet the above criteria to provide doctoral training. The written agreement must articulate these components (a-g):

a) The nature and characteristics of the participating entities;
b) The rationale for the partnership/consortium;
c) Each partner's commitment to the training/education program and its aim(s);
d) Each partner's obligations regarding contributions, financial support, and access to resources.
e) Each partner's agreement to adhere to central control and coordination of the training program by the partnership/consortium's administrative structure;
f) Each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee admission, training resource access, potential performance expectations, and evaluations; and
g) Approval by each entity's administrative authority (with authority to sign contracts for the entity) to honor this agreement including signature and date.

Consistent with IR C-27 D, any change in components a-g above or in the leadership of the programs in the partnership/consortium, must be communicated to the CoA.

An individual partner (member entity) of an accredited partnership/consortium may not publicize itself as independently accredited unless it also has independently applied for and received accreditation.

## Section C: Internship Programs

| IR Name | Old # | New # | SoA location |
|---|---|---|---|
| Completion of an Accredited Internship Program: Issue of Half-Time, Two-Year Internship Programs | C-8 | C-1 I | I.A.2 |
| Affiliated Internship Training Programs | C-10 | C-2 I | I.B.1.a |
| Definition of "Developed Practice Areas" for Internship Programs and the Process by which Areas May be Identified as Such | C-14 | C-3 I | I.B.1.b |
| Review of Applications for the Recognition of Developed Practice Areas | C-14(a) | C-4 I | I.B.1.b |
| Appeal of Decisions for Areas Seeking to be added to the Scope of Accreditation as Developed Areas | C-14(b) | C-5 I | I.B.1.b |
| Unfunded Internship and Stipend Equity | C-9 | C-6 I | I.B.4.a |
| Record of Student Complaints in CoA Periodic Review | C-3 | C-7 I | I.C.4 |
| Profession-Wide Competencies | | C-8 I | II.A |
| Positive Student Identification Consistent with Higher Education Opportunity Act | C-25 | C-9 I | II.C |
| Interns and Use of the Title "Doctor" | C-4 | C-10 I | II.C.1 |
| Consistency in Internship Experiences Within a Program | C-17 | C-11 I | II.C.2 |
| Internship Didactics | C-29 | C-12 I | II.C.2 |
| Jurisdiction of Licensure for Supervisors | C-15 | C-13 I | II.C.3 |
| Required Supervision in Internship Programs | C-15(b) | C-14 I | II.C.3 |
| Telesupervision | C-28 | C-15 I | II.C.3 |
| Outcome Data for Internship Programs | C-30 | C-16 I | II.D |
| Direct Observation | | C-17 I | II.D.1.a |
| Selection of Interns | C-7 | C-18 I | III.A |
| Diversity Recruitment and Retention | C-22 | C-19 I | III.A.2.a |
| Diversity Education and Training | C-23 | C-20 I | III.A.2.b |
| Position Titles of Psychology Interns | C-6 | C-21 I | V.A |
| Program Names, Labels, and other Public Descriptors | C-6(a) | C-22 I | V.A |
| Accreditation Status and CoA Contact Information | C-6(b) | C-23 I | V.A.1.d |
| Notification of Changes to Accredited Programs | C-19 | C-24 I | V.B.2 |
| "Intent to Apply" | | C-25 I | N/A |
| "Accredited, on Contingency" | | C-26 I | N/A |
| Trainee Admissions, Support, and Outcome Data | | C-27 I | N/A |
| Consortium | | C-28 I | N/A |

**C-1 I. Completion of an Accredited Internship Training Program:**
**Issue of Half-Time, Two-Year Internship Programs**
(formerly C-8; Commission on Accreditation, 1987; revised 1998, November 2015)

Accredited internship training sites may host interns on a full-time or a half-time basis. In either case, doctoral training programs in psychology need to ensure that the students' overall internship experience is appropriate in terms of breadth, depth and focus. Internship agencies that accept half-time students also need to ensure the same, whether or not the student plans to be at the same agency for both half years. Thus, if a student plans to divide the total internship experience among two or more agencies, it is important that the sponsoring doctoral program, the intern, and the participating internship agencies have a mutual understanding of the students' overall plan. Students engaged in half-time internship training will complete their programs within 24 months.

In an accredited setting that accepts interns for half-time placement, both years should be completed at that setting for the intern to claim completion of an accredited internship. Internship training agencies must also make clear to the public that practicum students and others who use the setting for training are not completing an accredited internship.

**C-2 I. Affiliated Internship Training Programs**
(formerly C-10; Commission on Accreditation, March 1998; revised October 2007, November 2015)

An **exclusively affiliated** internship is an accredited internship that only accepts interns who are students from a specific accredited doctoral program. A **partially affiliated** internship is an accredited internship in which a portion of the interns accepted are students from a specific accredited doctoral program.

The procedures for evaluating and designating the programs are as follows:

5. The internship and the doctoral program with which it is affiliated are site visited and accredited separately and in the same manner as other programs and internships. However, as part of their self-study reports, the internship program would designate that it is an affiliated internship.

6. The CoA understands that affiliated internships involve close integration with the affiliated doctoral programs. However, affiliated internship programs are independently accredited and must be reviewed by the CoA as separate entities and meet all the accreditation requirements expected of a non-affiliated internship program. Affiliated internships must provide the CoA with information specific to the internship program during the course of review. As such, an internship self-study may not simply reference aspects of a doctoral program's self-study to fulfill the internship requirements of the *Standards of Accreditation*. All relevant program materials must be submitted within the internship self-study, and all information (e.g. policies and procedures, outcome data, etc.) should be specific to the internship training program.

7. Any affiliated internship programs that make use of multiple independently administered entities as training sites will be reviewed as a consortium and will be required to meet all aspects of Standard I.A.3 of the *Standards of Accreditation* for internship programs.

8. The internship clearly states its status as exclusively affiliated or partially affiliated in all descriptive material and representations to the public.

If approved, the affiliated internship will be listed in the *American Psychologist* listing for accredited internships. The listing for the internship agency will state that it is an exclusively affiliated or partially affiliated internship; the name of the accredited doctoral program also will be stated (e.g., X Internship [affiliated with Y University Training Program]).

**C-3 I. Definition of "Developed Practice Areas" for Internship Programs and the Process by which Areas May be Identified as Such**
(formerly C-14; Commission on Accreditation, October 2006; pursuant to changes in the scope of accreditation approved by the APA Council of Representatives in August 2006; revised November 2015)

<u>**Scope of Accreditation for Internship Programs:**</u>

The CoA reviews applications from internship training programs in practice areas including clinical psychology, counseling psychology, school psychology, and *other developed practice areas* or in health service psychology.

<u>**Definition**</u>
Developed practice areas of psychology have all of the following characteristics:
- National recognition of the practice area by a national organization(s) whose purpose includes recognizing or representing and developing the practice area, by relevant divisions of the APA, or by involvement in similar umbrella organizations;
- An accumulated body of knowledge in the professional literature that provides a scientific basis for the practice area including empirical support for the effectiveness of the services provided;
- Representation by or in a national training council that is recognized, functional, and broadly accepted;
- Development and wide dissemination by the training council of doctoral educational and training guidelines consistent with the Accreditation SoA;
- Existence of the practice area in current education and training programs;
- Geographically dispersed psychology practitioners who identify with the practice area and provide such services.

<u>**Process**</u>
Steps in the identification process are:
5. Application by the training council will be initially reviewed by the CoA based upon the criteria defined above to determine the eligibility of the area for public comment on its inclusion;
6. If in this initial review, the area meets the criteria for eligibility, the CoA will invite subsequent public comment as well as inviting letters of support or concern from relevant organizations;
7. Final decision by the CoA.
8. In the case of a decision to not include the area in the scope of accreditation, the training council may file an appeal using an appeal process parallel to the current procedures for the appeal of program-level decisions. Specific procedures for that appeal will be developed.

*(See Implementing Regulation B-2 for more information about changes in the scope of accreditation)*

**C-4 I. Review of Applications for the Recognition of Developed Practice Areas**
(formerly C-14(a); Commission on Accreditation, October 2007; revised October 2008, November 2015)

A program cannot be reviewed for accreditation in a developed practice area until that area has been added to the scope of accreditation. An area applying for recognition must first demonstrate training in that area at the doctoral level before programs will be recognized in that area at the internship level.

## Application

Areas seeking to become included in the scope of accreditation must provide all information requested in the application, which is available from the Office of Program Consultation and Accreditation. Applications not following the required format will be returned without review. Staff members of the Office of Program Consultation and Accreditation will confirm receipt of the application and ensure that all required information has been provided. Staff members may request the submission of any missing information, and the application will not be reviewed by the CoA until all required materials have been provided.

Areas may submit their applications at any time. However, in order to be reviewed during a specific CoA meeting, applications must be received at least 2 months prior to that meeting. A list of CoA meeting dates is available at http://www.apa.org/ed/accreditation/calendar.aspx. Applications received after that deadline will be reviewed during the next available meeting.

## Review

Upon receipt of the area's completed application materials, the Executive Committee of the CoA will be charged with the review of the application. The Executive Committee maintains the right to seek additional consultation and expertise in the area as necessary. Based upon its review of the record, the Executive Committee will develop a recommendation for action by the full CoA. If the full CoA believes the area meets the criteria outlined in Implementing Regulation C-3 I, then the CoA will invite public comment on inclusion of the area in the scope of accreditation as a Developed Practice Area.

After review of any public comments, the CoA will make its final decision on inclusion of the area as a Developed Practice Area. However, if the area wishes to be specified by name as part of the scope of accreditation, then the application and CoA recommendation will be forwarded to the APA Council of Representatives for review.

## C-5 I. Appeal of Decisions for Areas Seeking to be added to the Scope of Accreditation as Developed Practice Areas

(formerly C-14(b); Board of Educational Affairs, November 2007)

A decision by the CoA not to recommend an area for inclusion in the scope of accreditation as a Developed Practice Area may be appealed to the APA Board of Educational Affairs using the process outlined for appeals of program review decisions (see Implementing Regulations D5-1 and D5-2).

The Chief Executive Officer of the group or training council petitioning for recognition of the area, or the responsible administrative officer of the group may challenge a CoA decision not to recognize a proposed Developed Practice Area. Such an appeal must be received within 30 days of receipt of written notice of the CoA decision. The appeal must specify the grounds on which the appeal is made, which must be either a procedural violation or substantive error by the CoA in its review of the area's consistency with the provisions of Implementing Regulation C-3 I. The appeal should be addressed to the President of the APA. A nonrefundable appeal fee will be charged to the appellant group or training council, such fee to be submitted with the letter of appeal.

### Appointment of Appeal Panel

Within 30 days of receipt of the area's letter of appeal, the APA Board of Educational Affairs will provide the group or training council with a list of six potential appeal panel candidates, no one of whom will have had affiliation with the proposed Developed Practice Area filing the appeal or with the accreditation process related to the non-recognition of the area. The Office of Program Consultation and Accreditation will determine the willingness of the potential panel members to serve, and notify the group or training council to that effect. Within 15 days, the group or training council may select three panel members from this list to serve as its appeal panel. If the group or training council does not notify the Office of Program Consultation and Accreditation of its selection within 15 days, the Board of Educational Affairs will designate three members to serve on the appeal panel.

### Scope and Conduct of Appeal

An appeal is not a de novo hearing, but a challenge of the decision of the CoA based on the evidence before the CoA at the time of its decision. The CoA's decision should not be reversed by the appeal panel without sufficient evidence that the CoA's decision was plainly wrong or without evidence to support it. Accordingly, the appeal panel should not substitute its judgment for that of the CoA merely because it would have reached a different decision had it heard the matter originally.

The procedural and substantive issues addressed by the appeal panel will be limited to those stated in the area's appeal letter. If an issue requires a legal interpretation of the CoA's procedures or otherwise raises a legal issue, the issue may be resolved by APA legal counsel instead of the appeal panel.

Only the facts or materials that were before the CoA at the time of its decision may be considered by the panel. The panel will be provided with only those documents reviewed by the CoA in making its decision, the letter that notified the group or training council of the CoA's decision, the letter of appeal, written briefs submitted by the group or training council, and reply briefs submitted by the CoA. The letter of appeal and written briefs shall not refer to facts or materials that were not before the CoA at the time the decision was made.

The appeal panel will convene a hearing at APA during one of three pre-scheduled appeal panel hearing dates. In addition to the three members of the appeal panel, the appeal hearing will be attended by one or more representatives of the group or training council representing the proposed Developed Practice Area, one or more representatives of the CoA, and staff of the Office of Program Consultation and Accreditation.

APA's legal counsel will also attend the hearing. In addition to advising APA, counsel has the responsibility to assure compliance with the above procedures and may resolve legal or procedural issues or can advise the panel regarding those issues.

**Decision and Report of Appeal Panel**

The CoA's decision should be affirmed unless (a) there was a procedural error and adherence to the proper procedures that would dictate a different decision; or (b) based on the record before it, the CoA's decision was plainly wrong or without evidence to support it. The appeal panel has the options of: (a) upholding the CoA decision; or (b) returning the matter to the CoA for reconsideration of its decision in light of the panel's ruling regarding procedural violations or substantive errors.

The report of the appeal panel will state its decision and the basis of that decision based on the record before the panel. The report of the panel will be addressed to the President of the APA and sent within 30 days of the hearing. Copies will be provided to the Chief Executive Officer or to the responsible administrative officer of the group or training council whose appeal was heard, the Chair of the CoA, the Chair of the Board of Educational Affairs, and the Office of Program Consultation and Accreditation.

**C-6 I. Intern Funding**
(formerly C-9; Commission on Accreditation, October 1981; revised March 1992, November 2001, July 2011, November 2015)

This Implementing Regulation clarifies the CoA's interpretation of Standard I.B.4.a of the *Standards for Accreditation* (SoA) for internship programs regarding: unfunded internships, the sufficiency of intern stipends, and the equity of stipends.

<u>**Unfunded Internships**</u>
The Commission on Accreditation (CoA) strongly discourages the use of unfunded internship positions. The CoA understands, however, the **rare** or **unusual** circumstance in which the award of an additional unfunded internship would serve to alleviate unavoidable hardship for the potential unfunded intern candidate (e.g., remaining geographically close to an ailing family member) Examples of less clearly defensible rationales would be elective geographic preference or the specific theoretical persuasion of a desired internship program or supervisor.

The CoA is in full support of internship positions being equitably funded; however, it will consider exceptional program and individual circumstances in which a program can offer quality training despite a lack of funding. In such cases, the "burden of evidence" lies with the program to demonstrate that the lack of funding does not adversely affect morale or quality of training.

In circumstances in which the case for an unfunded internship would seem to be compelling, the responsibility for documenting and the accountability for articulating the rationale for the placement rest with the doctoral and internship programs, jointly. The APA Office of Program Consultation and Accreditation staff are always available for consultation, but the decision to accept unfunded interns rests with the program alone. The awarding of such positions should be documented fully in both the doctoral and internship programs' annual reports to the CoA, and the program should anticipate that site visitors may make focused inquiry into the case circumstances resulting in the *ad hoc* creation of an unfunded internship position.

Under virtually all "exceptional" circumstances, it would be the CoA's expectancy that single or individual cases would be the source of such unfunded internships, but events can occur (e.g., closure of a nearby internship) that might constitute the kind of extraordinary circumstance necessitating the creation of more than one unfunded position in a given training year. However, in the view of the CoA, the routine or regular granting of one or more unfunded internship positions would not adhere to the spirit of the present CoA policy.

Programs also are enjoined to avoid the explicit or implicit communication to applicants or potential applicants that unfunded internship placements might be negotiable during recruitment at any point during the recruitment cycle. Again, maneuvers by a program and student to create the appearance of a special need after the recruiting season has ended will not be seen as consonant with the spirit of the policy.

<u>**Sufficiency of Funding**</u>
The payment of a stipend is a concrete acknowledgement that an intern in the agency is valued and emphasizes that there is a significant training component in addition to experiential learning. While recognizing that internship stipends will not rise to the level of salaries for permanent staff psychologists, it should also be clear that compensation needs to be sufficient so as to avoid imposing an undue hardship upon the intern in terms of basic living needs.

Internship training should be funded so as to: (1) lend tangible value to the intern's service contribution; (2) communicate a valid and dignified standing with professional/trainee community; and (3) be set at a level that is representative and fair in relationship to both the geographic location and clinical setting of the training site. Stipends should be reasonable in comparison to other accredited internship programs in the local area. Wherever possible, basic support for health/medical insurance should be in place to protect the welfare of interns and their families.

Internship programs should communicate to CoA any intentions to substantially decrease interns' stipends, in accordance with Implementing Regulation C-24 I.

**<u>Stipend Equity</u>**
The CoA continues to encourage uniform stipends across positions within internship programs, including consortia or otherwise. Consistent with the SoA, the CoA recognizes that, unless there are exceptional circumstances, the resources of a consortium are expected to be pooled, including compensation for interns. In certain exceptional cases, the CoA recognizes that resource inequities might exist. In these cases, the CoA expects programs to make these inequities clear in their public materials and encourages the programs to identify how resources might be pooled across consortium participants in such a way that comparable intern compensation can be achieved

## C-7 I. Record of Student Complaints in CoA Periodic Review
(formerly C-3; Commission on Accreditation, October 1998; revised November 2015)

Standard I.C.4 of the *Standards for Accreditation* for internship programs addresses the need for accredited programs to recognize the rights of interns to be treated with courtesy and respect, to inform them of the principles outlining ethical conduct of psychologists, and to ensure that interns are aware of avenues of recourse should problems with regard to these principles arise.

In accordance with Standard I.C.4 of the internship *Standards of Accreditation,* a program is responsible for keeping information and records of all formal complaints and grievances, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be reviewed by the Commission on Accreditation (CoA) as part of its periodic review of programs.

The CoA expects a program to keep all materials pertaining to each of the complaints/grievances filed against it during the aforementioned time period. The site visitors shall review the full record of program materials on any or all of the filed complaints/grievances.

**C-8 I. Profession-Wide Competencies**
(Commission on Accreditation, October 2015; revised July 2017)

**Introduction**

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the doctoral (Section II.B.1.b), internship (Section II.A.2), and post-doctoral (Section II.B.1) levels.

This Implementing Regulation refers specifically to aspects of a program's curriculum or training relevant to acquisition and demonstration of the profession-wide competencies required in all accredited programs. The CoA acknowledges that programs may use a variety of methods to ensure trainee competence, consistent with their program aim(s), degree type, and level of training. However, all programs must adhere to the following training requirements:

- *Consistency with the professional value of individual and cultural diversity* (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent with SoA Introduction, Section II.B.2.a.

- *Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology* (SoA Introduction, Section II.B.2.d). The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.

- *Level-appropriate training*. The CoA expects that training in profession-wide competencies at the doctoral and internship levels will provide broad and general preparation for entry level independent practice and licensure (SoA Introduction, Section II.B.2.b) Training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B.2.c). For postdoctoral programs that are accredited in a specialty area rather than a developed practice area of HSP, the program will provide advanced preparation for practice within the specialty.

- *Level-appropriate expectations*. The CoA expects that programs will require trainee demonstrations of profession-wide competencies that differ according to the level of training provided (i.e., doctoral, internship, post-doctoral). In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training.

- *Evaluation of trainee competence*. The CoA expects that evaluation of trainees' competence in each required profession-wide competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance that are consistent with the SoA (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

## I. Research

This competency is required at the doctoral and internship levels. Demonstration of the integration of science and practice, but not the demonstration of research competency per se, is required at the post-doctoral level

The CoA recognizes science as the foundation of HSP. Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. Trainees are expected to:

*Doctoral students:*

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Conduct research or other scholarly activities.
- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

*Interns:*

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

## II. Ethical and legal standards

This competency is required at the doctoral, internship, and post-doctoral levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

*Trainees at all levels* are expected to demonstrate competency in each of the following areas:

- Be knowledgeable of and act in accordance with each of the following:

  - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;

  - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and

  - relevant professional standards and guidelines.

- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.

- Conduct self in an ethical manner in all professional activities.

### III. Individual and cultural diversity
This competency is required at the doctoral, internship, and post-doctoral levels.

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

*Trainees at all levels* are expected to demonstrate:

- an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;

- knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;

- the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. Trainees are expected to:

*Doctoral students:*

- Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

*Interns:*

- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

*Post-doctoral residents:*

- Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

## IV. Professional values and attitudes

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

*Doctoral students and Interns* are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

- actively seek and demonstrate openness and responsiveness to feedback and supervision.

- respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

## V. Communication and interpersonal skills

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies.

*Doctoral students and interns* are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

## VI. Assessment

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

*Doctoral students and Interns* are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

## VII. Intervention

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population or other systems.

*Doctoral students and Interns* are expected to demonstrate the ability to:

- establish and maintain effective relationships with the recipients of psychological services.
- develop evidence-based intervention plans specific to the service delivery goals.
- implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- demonstrate the ability to apply the relevant research literature to clinical decision making.
- modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,
- evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

## VIII. Supervision

This competency is required at the doctoral and internship level.

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development

of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Trainees are expected to:

*Doctoral students:*

- Demonstrate knowledge of supervision models and practices.

*Interns:*

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

## IX. Consultation and interprofessional/interdisciplinary skills
This competency is required at the doctoral and internship level.

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees are expected to:

*Doctoral students and Interns:*

- Demonstrate knowledge and respect for the roles and perspectives of other professions.

*Doctoral students:*

- Demonstrates knowledge of consultation models and practices.

*Interns:*

- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- role-played consultation with others.
- peer consultation, provision of consultation to other trainees.

**C-9 I. Positive Identification of Interns Consistent with Higher Education Opportunity Act**
(formerly C-25; Commission on Accreditation, November 2009; revised November 2015)

Consistent with the 2008 Higher Education Opportunity Act, all accrediting agencies recognized by the U.S. Department of Education are required by federal law to engage in a review of the methods used by its accredited programs for positive identification of interns who are enrolled in any form of distance/online/electronically mediated education.

As such, the APA Commission on Accreditation (CoA) requires that if a trainee in an APA-accredited program is engaged in any form of distance, online, or electronically mediated education for any part of their educational sequence (doctoral, internship, residency), the program must provide CoA with information in its self-study regarding the methods it and its host institution use to identify that trainee. In particular, the program must provide CoA with information about how it ensures that an intern who registers or receives credit for a course/seminar/didactic that uses any form of distance, online, or electronically mediated education is the same intern who participates in and completes that course. Whatever methodology is used must clearly protect intern privacy. Finally, interns must be provided with information at the time of registration or enrollment of any projected additional intern charges associated with verification of intern identity.

## C-10 I. Interns and the Use of the Title "Doctor"

The use of the title "doctor" orally and/or in writing in the absence of an earned doctorate is a violation of the "Ethical Principles of Psychologists." All training directors of accredited internship programs should remind their faculties/staffs and their interns of the ethical principle involved in this issue, and that a violation of the same is inconsistent with the APA guidelines.

## C-11 I. Consistency in Internship Experiences Within a Program
(formerly C-17; Commission on Accreditation, January 2003; revised November 2015)

The Commission recognizes that internship programs may provide training tracks or rotations that constitute different training experiences for interns. In these cases, programs must demonstrate how each track/rotation promotes the program's overall aim(s), profession wide competencies, and program-specific competencies (if applicable) and is consistent with the *Standards of Accreditation for Health Service Psychology*.

**C-12 I. Internship Didactics**
(formerly C-29; Commission on Accreditation, July 2010; revised November 2015)

The purpose of this IR is to define the types of information required from internship programs about their didactic activities. Didactic activities are defined as planned sessions of instruction that are included within the internship training curriculum. When didactic activities are used to meet or support training related to any of the program's aim(s) or required profession wide competencies, it is the program's responsibility to include adequate information on those didactics within the self-study to convey their nature and content. A title alone would not be sufficient; descriptions shall include an abstract/brief description of the content, learning objectives, or other additional information necessary (e.g., bibliography, readings) to demonstrate the material covered.

# C-13 I. Jurisdiction of Licensure for Supervisors

(formerly C-15; Commission on Accreditation, November 2001; revised November 2003, November 2015)

Standard II.C.3.c of the *Standards of Accreditation for Health Service Psychology* for internship programs states that supervisors, "are appropriately trained and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided."

In interpreting this provision for internship programs, the CoA looks to determine appropriate credentialing of the supervisor on the basis of jurisdiction governing the practice or service that is being supervised, provided the credential is generic in legally qualifying the holder for the independent practice of health service psychology.

For example:

➢ When the services for which supervision is being provided are conducted in a context where a state or provincial credential is required for practice, then the appropriate credential would be that provided by the state or province.

➢ When services for which supervision is being provided are being conducted in a federal jurisdiction (e.g., the VA, Bureau of Prisons), then the credentialing rules pertaining to practice in a federal setting would apply.

➢ For those interns providing services in multiple jurisdictions (such as a Bureau of Prisons internship that has an external community rotation), the jurisdiction governing the intern service that is being supervised would determine the appropriate supervisor credential.

➢ When the services for which supervision is being provided are conducted in a context where a state or province requires a credential in a specific substantive area (e.g., school psychology certification), the generic credential in health service psychology and the specific substantive area credential are both required.

**C-14 I. Required Supervision in Internship Training Programs**
(formerly C-15(b); Commission on Accreditation, January 2007; revised November 2009, November 2015)

Standard II.C.3.b-c of the *Standards of Accreditation* (SoA) for internship programs states that:

b. *Interns receive at least 4 hours of supervision per week.*
c. *One or more doctoral level psychologists, who are appropriately training and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.*

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The purpose of this Implementing Regulation is to clarify the supervision required for interns. **Supervision** is characterized as an interactive educational experience between the intern and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard & Goodyear, 2009).

Two weekly hours of individual supervision must be conducted by a doctoral-level licensed psychologist who is involved in an ongoing supervisory relationship with the intern and has primary professional clinical responsibility for the cases on which he/she provides supervision. An intern may have different primary supervisors engaged in providing individual supervision during the course of the training year. Supervisory hours beyond the two hours of individual supervision must be supervised by professionals who are appropriately credentialed for their role/contribution to the program. These 2 additional hours of supervision should be consistent with the definition of supervision provided above. These interactive experiences can be in a group or individual format and must be provided by appropriately credentialed health care providers. The primary doctoral-level licensed psychologist supervisor maintains overall responsibility for all supervision, including oversight and integration of supervision provided by other mental health professionals with psychological research and practice.

**C-15 I. Telesupervision**
(formerly C-28; Commission on Accreditation, July 2010; revised November 2015, July 2017)

The CoA recognizes that accredited programs may utilize telesupervision in their program curriculum. At the same time, the CoA recognizes there are unique benefits to in-person supervision. Benefits to in-person supervision include, but are not limited to: opportunities for professional socialization and assessment of trainee competence, recognition and processing of subtle, nonverbal, and emotional or affective cues and interactions in supervision, all of which are essential aspects of professional development, ensuring quality, and protecting the public. Therefore, the CoA recognizes that there must be guidelines and limits on the use of telesupervision in accredited programs.

Nothing in this Implementing Regulation contravenes other requirements in the *Standards of Accreditation for Health Service Psychology* (SoA). It only clarifies the utilization of telesupervision at the internship level.

*Definitions:*

> **Telesupervision** is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee. (See the definition of supervision as noted in the Glossary)

> **In-person supervision** is supervision of psychological services where the supervisor is physically in the same room as the trainee. (See the definition of supervision as noted in the Glossary)

*Guidelines and Limits:*

- Telesupervision may not account for more than one hour (50%) of the minimum required (as defined in the SoA) two weekly hours of individual supervision, and two hours (50%) of the minimum required (as defined in the SoA) four total weekly hours of supervision.
- Supervision beyond the minimum number of required hours may utilize methods or modalities that are deemed appropriate by the accredited program.

Programs that utilize telesupervision are expected to address generally accepted best practices. Furthermore, as with all accredited programs, programs that utilize telesupervision must demonstrate how they meet all standards of the SoA. As part of accomplishing this, programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including as a minimum:

- An explicit rationale for using telesupervision;
- How telesupervision is consistent with their overall aims and training outcomes;
- How and when telesupervision is utilized in clinical training;
- How it is determined which trainees can participate in telesupervision;
- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience;
- How an off-site supervisor maintains full professional responsibility for clinical cases;
- How non-scheduled consultation and crisis coverage are managed;
- How privacy and confidentiality of the client and trainees are assured; and
- The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor.

# C-16 I. Outcome Data for Internships Programs
(formerly C-30; Commission on Accreditation, July 2011; revised April 2016)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on internship programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s), required profession wide competences and program-specifc competencies (if any). As stated in the *Standards of Accreditation* (SoA) for internships (II.D.1):

> 2. *Evaluation of Interns' Competencies*
>    a. *Current Interns. As part of its ongoing commitment to ensuring the quality of its graduates, the program must evaluate interns in both profession-defined and program-defined competencies. By the end of the internship, each intern must demonstrate achievement of both the profession-wide competencies and any additional competencies required by the program. For each competency, the program must:*
>       i. *specify how it evaluates intern performance;*
>       ii. *identify the minimum level of achievement or performance required of the intern to demonstrate competency;*
>       iii. *provide outcome data that clearly demonstrate all interns successfully completing the program have attained the minimal level of achievement of both the profession-wide and any program-specific competencies;*
>       iv. *base each intern evaluation in part on direct observation (either live or electronic) of the intern;*
>       v. *While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with professionally accepted practices in intern competencies evaluation.*
>    b. *Internship Program Alumni. The program must evaluate the functioning of alumni in terms of their career paths in health service psychology. Each program must provide data on how well the program prepared interns in each of the profession-wide and any program-specific competencies. The program must also provide data on interns' job placement and licensure status.*

Also, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews intern achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster intern development of required profession-wide competencies and program specific competencies (if any). Expected minimal levels of achievements must be specified for all profession-wide competencies and program specific competencies (if any). It is each program's responsibility to collect, present, and utilize aggregated proximal and distal outcome data that are directly tied to profession wide competencies and program-specific competencies (if any).

## Definitions:

**Proximal data** are defined as outcomes on interns <u>as they progress through and complete the program,</u> which are tied to the required profession-wide competencies and program-specific competencies (if any).

- Proximal data at a minimum must include the evaluations of interns by others responsible for their training (e.g., by supervisors/trainers), including mid-point and end-of-year evaluations. This is most easily accomplished when the evaluation mechanisms parallel the profession wide competencies and program-specific competencies (if any). It is expected that these data would at least include the semi-annual feedback provided to interns as required by Standard III.B of the SoA.
- While intern *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting attainment of profession wide competencies and program-specific competencies (if any).

**Distal data** are defined as outcomes on interns <u>after they have completed the program</u>, which are tied to the profession-wide competencies and program specific competencies (if any).

- Distal data typically include information obtained from alumni surveys addressing former interns' perceived assessments of the degree to which the program promoted mastery of profession wide competencies and program specific competencies (if any).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former interns' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.
- Although CoA does not specify the interval at which distal data should be collected, the interval should be appropriate to allow the program to evaluate its success in promoting expected competencies to determine if changes need to be made, consistent with Standard II.

## Profession Wide Competencies--Level of Specificity:

According to the Standards of Accreditation (Standard II.A), accredited programs are required to provide a training/educational curriculum that fosters the development of nine profession-wide competencies. Accredited programs are required to operationalize competencies in terms of multiple elements. At a minimum, those elements must reflect the content description of each PWC defined in IR C-8I, including the bulleted content, and must be consistent with the program aim(s). It is incumbent upon the program to demonstrate that there is a sufficient number of elements articulated for each PWC so as to demonstrate adequate trainee attainment of competence. Programs must assess intern performance at the level of the elements, give feedback to interns at the level of elements, but then report to CoA at the level of the PWC.

**Aggregated data** are compilations of proximal data and compilations of distal data across interns, which may be broken down by cohort or years. Aggregate data demonstrate the effectiveness of the program as a whole, rather than the accomplishment of an individual intern over time.

- To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., sample sizes, means, percentages). The program should choose statistics that allow for evaluation of whether all trainees are acquiring competencies in relation to its defined minimal levels of

achievement for required profession wide competencies and program-specific competencies (if any).

- If data are aggregated over a number of years (i.e., not broken down by cohort or year), the program needs to demonstrate how aggregating the data in this way facilitates the program's self-improvement.

## Program Specific Competencies—Level of Specificity:

Accredited programs may choose to include program-specific competencies as part of their educational curriculum. These should be consistent with the program's aim(s) and professional standards and practices of Health Service Psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess intern performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that interns reach expected levels of performance.

Similar to the expectations for Profession Wide Competencies, programs that choose to have program-specific competencies are expected have multiple elements for each of those competencies, assess intern performance at the level of the elements, give feedback to interns at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregated data must be presented in a manner that demonstrates the success of the program as a whole while allowing for an assessment of how well interns are performing in relation to defined minimal levels of achievement.

**C-17 I.  Direct Observation**
(Commission on Accreditation, July 2015; revised February 2017)

This Implementing Regulation is intended to clarify the expectations of CoA with regard to "direct observation" as described in internship Standards of Accreditation (SOA) as follows:

Standard II.D.1.a.iv.

*"base each intern evaluation in part on direct observation (either live or electronic) of the intern;"*

Standard II.D.1.a.v.

*"While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with professionally accepted practices in intern competencies evaluation."*

**Definitions and Guidelines:**

Direct observation provides essential information regarding trainees' development of competencies, as well as the quality of the services provided, that cannot be obtained through other methods.  This allows supervisors to provide a more accurate assessment and evaluation of observable aspects of trainees' competency development regarding one or more profession-wide and program-specific competencies (if any) associated with that training experience.

Direct observation includes in-person observation (e.g., in room or one-way mirror observation of client contact during an intake or test feedback session), live synchronous audio-video streaming, or audio-video recording.  A training site that does not permit live observation, audio or video recording by policy is not a sufficiently unique circumstance to circumvent this requirement.

To these ends, all accredited programs must verify on the evaluation form that direct observation is conducted by the immediate supervisor responsible for the activity or experience being evaluated.

As indicated in the SoA (Standard III.B.1), at a minimum an internship must provide written feedback on a semiannual basis. Each of these written evaluations must be based in part on an instance of direct observation. When an intern completes multiple rotations within a training year, each is considered a unique and separate training experience and requires direct observation as part of the intern evaluation process for that rotation.

# C-18 I. Selection of Interns
(formerly C-7; Commission on Accreditation, October 1983; revised 1998, November 2015)

As stated in Internship Standard III.A of the *Standards of Accreditation*:

1. *Identifiable Body of Interns. The program has an identifiable body of interns who are qualified to begin doctoral internship training.*
    a. *They are currently enrolled in a doctoral program accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the internship accepts an intern from an unaccredited program, the program must discuss how the intern is appropriate for the internship program.*
    b. *Interns have interests, aptitudes, and prior academic and practicum experiences that are appropriate for the internship's training aim(s) and competencies.*
    c. *Adequate and appropriate supervised practicum training for the internship program must include face-to-face delivery of health service psychological services.*

Only those students accepted to an internship training program under the preceding conditions would be properly referred to as "interns." It is entirely possible, however, that an internship agency might afford instructional opportunity for a psychologist or graduate student in developmental psychology, social psychology, neuropsychology, or some other academic/science area of psychology, in the course of which they may be introduced, under proper supervision, to psychological assessment and intervention/techniques. However, such experience would not properly be considered internship training, and certification of having completed an accredited internship would not be appropriate.

In instances in which the program accepts interns from programs other than those in health service psychology, the CoA may raise questions similar to the following of the accredited internship training agency:

- How many of such persons are involved in any way with the accredited internship training program?
- What requirement, if any, do they impose for the time of internship training staff or other resources of the internship training program?
- How are those persons referred to while participating with the program? Is it clear to everyone what their role is, and what their purpose is in association with the program?
- Is there any certification of their participation, and if so, what is its nature?

## C-19 I. Diversity Recruitment and Retention
(formerly C-22; Commission on Accreditation, November 2009; revised March 2013)

In accordance with Standards II.A.2 and IV.B of the internship *Standards for Accreditation* (SoA)*,* a program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) and retain interns and faculty/staff/supervisors from differing backgrounds into the program. Although the Commission asks for demographic information about faculty/staff/supervisors and interns in the tables of the self-study and annual report, the information requested is limited to the data collected in federal reports, which is not sufficient in demonstrating a program's compliance with Standard II.A.2.a. Consistent with Standard I.B.3, cultural and individual diversity includes, but is not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

## Recruitment

*Interns*

An accredited internship program should document that it has developed a systematic, multiple year plan, implemented and sustained over time, in its efforts to attract interns from a range of diverse backgrounds. An accredited program is expected to describe in its self-study the specific activities, approaches, and initiatives it implements to increase diversity among its interns. A program may include institutional-level initiatives geared towards achieving diversity, but these in and of themselves are not considered sufficient. Concrete program-level actions to achieve diversity also should be documented. Because diversity is defined broadly, a program should discuss the areas of diversity recruitment in which it excels, as well as the areas of diversity recruitment in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract diverse interns, and should document steps to revise/enhance its strategies as needed.

*Faculty and Staff*

An accredited internship program should demonstrate that it has developed a systematic, multiple year plan, implemented and sustained over time, in its efforts to attract faculty and staff from a range of diverse backgrounds, implemented as possible (i.e., when there are faculty and staff openings). A program may include institutional-level initiatives geared towards achieving diversity, but these in and of themselves are not considered sufficient. Programs should document concrete actions taken by the training program to achieve diversity. Because diversity is defined broadly, a program should discuss the areas of diversity recruitment in which it excels, as well as the areas of diversity recruitment in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract diverse faculty and staff and should document steps to revise/enhance its strategies as needed.

## Retention of Faculty/Staff/Supervisors

An accredited internship program is expected to describe in its self-study the specific activities, approaches, and initiatives it implements to maintain diversity among its faculty/staff/supervisors. A program may include institutional-level initiatives geared towards retaining diverse faculty/staff members, but these in and of themselves are not considered sufficient. The program should document that it examines the effectiveness of its efforts to maintain diverse faculty/staff/supervisors. Steps to revise/enhance its strategies as needed should be documented.

**C-20 I. Diversity Education and Training**
(formerly C-23; Commission on Accreditation, November 2009; revised March 2013, November 2015)

In accordance with Standard II.A.2.c for internship programs of the *Standards of Accreditation* (SoA)*,* a program has and implements a thoughtful and coherent plan to provide interns with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. Although the Commission asks for demographic information about faculty/staff and interns in the tables of the self-study and annual report, the information requested is limited to the data collected in federal reports, which is not sufficient in demonstrating a program's compliance with Standard II.A.2.c. Consistent with Standard I.B.3, as described in the internship SoA, cultural and individual diversity includes but is not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

An accredited program is expected to articulate and implement a specific plan for integrating diversity into its didactic and experiential training. This training should be based on the multicultural conceptual and theoretical frameworks of worldview, identity, and acculturation, rooted in the diverse social, cultural, and political contexts of society, and integrated into the science and practice of psychology. Programs are expected to train interns to respect diversity and be competent in addressing diversity in all professional activities including research, training, supervision/consultation, and service.

The program should demonstrate that it examines the effectiveness of its education and training efforts in this area. Steps to revise/enhance its strategies as needed should be documented.

## C-21 I. Position Titles of Psychology Interns
(formerly C-6; Commission on Accreditation, original date unknown; revised 1998; November 2015)

According to Standard V.A of the *Standard of Accreditation* (SoA), an internship program will have an "identifiable body of interns who have a training status at the site that is officially recognized in the form of a title or designation such as "psychology intern" (consistent with the licensing laws of the jurisdiction in which the internship is located." The CoA recognizes that this may encompass a number of titles to which interns at training sites are referred. However, consistent with Standard V of the SoA, all accredited internship programs should be clear and consistent in their public materials about the training they offer, regardless of their agency's local terminology in reference to interns/trainees. The internship program's public materials should make clear that the fact that it is an accredited internship training program.

## C-22 I. Program Names, Labels, and Other Public Descriptors
(formerly C-6(a); Commission on Accreditation, January 2002; revised January 2003, November 2015)

### What the internship program is called:

Because accreditation is available to both doctoral internships and postdoctoral residencies, programs must portray themselves in a manner that does not misrepresent their level of training. Thus, in general, doctoral internship programs should not describe themselves as "residencies," and postdoctoral residency programs should not describe themselves as "internships." It is recognized, however, that agencies and institutions providing training at either or both of these levels may have local or state regulations about, or restrictions on, the terms used to portray programs that prepare individuals for practice. In the event that it is not possible to use the term "internship" for doctoral internship training programs, and "residency" for postdoctoral residency training programs, the program in question should include in all public documents (e.g., brochures, materials, web sites, certificates of completion) a statement about the program's accredited status. Programs are to avoid reference to themselves as "pre-doctoral" internships in all public materials, including certificate of completion. "Internship" or "doctoral internship" are acceptable.

> Preferred:
> - ➢ "Internship in Clinical Psychology"
> - ➢ "Internship in Health Service Psychology"
> - ➢ "Doctoral internship in Counseling Psychology"

> Example with accurate accreditation status:
> - ➢ "Residency in Clinical Psychology, accredited as a doctoral internship in health service psychology"

### How the program describes itself:

It is recognized that programs have many possible reasons why they choose the self-descriptors or labels that they do. Some are bound by state law, others by institutional regulation, and others simply seek to assign a label to their program to describe their focus to the public. Given that these self-descriptors do not necessarily coincide with recognized areas of accreditation, any program whose label does not reflect the specific area in which it received accreditation must portray its accredited status in a manner consistent with the SoA.

> Preferred:
> - • "Doctoral program in clinical psychology"
> - • "Internship in clinical psychology"
> - • "Internship in health service psychology"

> Examples with accurate accreditation status:
> - • "Doctoral program in medical psychology, accredited as a program in clinical psychology"
> - • "Internship in pediatric psychology, accredited as a doctoral internship in health service psychology"

### Certificate of completion of internships:

The certificate of completion for doctoral internships should reflect the program's substantive area of professional psychology, or indicate that the program is an internship in "health service psychology."

Examples:
- ➢ "X has successfully completed a doctoral internship in clinical psychology"
- ➢ "Y has successfully completed a doctoral internship in health service psychology"

**C-23 I. Accreditation Status and CoA Contact Information**
(formerly C-6(b); Commission on Accreditation; November 2010; revised March 2015, November 2015)

Standard V.A.1.d of the *Standards of Accreditation for Health Service Psychology* (SoA) for internship programs states that the program must include in its public materials:

> *"d. The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials that pertain to the program's accreditation status."*

Programs that are accredited by agencies recognized by the U.S. Department of Education (e.g., CoA) are required to provide the contact information for the accrediting body when the accreditation status is cited in public materials. The intent of this Implementing Regulation is to clarify how this information should be presented in order to ensure consistency across programs as well as provide useful information to the public.

Accreditation status:
- The only official accredited statuses are: "Accredited on contingency," "Accredited," "Accredited on probation," and "Accredited inactive,"
- Programs may indicate their appropriate status (see above) by referring to "APA" accredited or accredited "by the Commission on Accreditation of the American Psychological Association." For example, "APA-accredited," "APA-accredited on contingency," "accredited by the Commission on Accreditation of the American Psychological Association, "accredited on contingency by the Commission on Accreditation of the American Psychological Association," etc.
- Programs should not use the term "APA-approved," since at APA this term is used to denote approved sponsors of continuing education rather than accreditation of academic/training programs.
- If there are multiple programs in the same department, institution, or agency, it should be clearly indicated in public materials which programs are APA-accredited. Multiple accredited programs should refer to their accredited status individually and in accordance with IR C-22 I.

CoA contact information:
- In ALL public documents, including the program's website (if applicable), where the program's accreditation status is cited as above, the name and contact information for the CoA must be provided.
- Information must include the address and <u>direct</u> telephone number for the APA Office of Program Consultation and Accreditation. Other information (i.e., website, e-mail address) may also be included.
- Programs are to clarify that this contact information should be used for questions related to the program's accreditation status. In doing so, the program should also ensure that its <u>own</u> contact information is clearly indicated in its materials so that the public knows how to contact the program directly with any other questions.

- Programs are encouraged to use the following format to provide this information:

  *Questions related to the program's accredited status should be directed to the Commission on Accreditation:*

  *Office of Program Consultation and Accreditation*
  *American Psychological Association*
  *750 1ˢᵗ Street, NE, Washington, DC 20002*
  *Phone: (202) 336-5979 / E-mail:  apaaccred@apa.org*
  *Web: www.apa.org/ed/accreditation*

## C-24 I. Notification of Changes to Accredited Programs
(formerly C-19; Commission on Accreditation, February 2005; revised October 2006, November 2015)

In accordance with Standard V.B.2 of the *Standards of Accreditation* (SoA) and Section 8.7 I of the *Accreditation Operating Procedures* (AOP), all accredited programs, whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in policies/procedures, administrative structure, staff resources, supervision resources, area of emphases, or tracks/rotations. This includes new, additional, or eliminated rotation experiences or training sites. For example, consortium programs must inform the CoA of any substantial changes in structure, design or training sites. It also includes requests for changes in accreditation status (e.g., request to transition from inactive back to active status prior to recruitment).

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. In the case of a substantive change (such as a change in consortium membership or major change in training focus), the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.

The only exception to the policy of informing the Commission *in advance* is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above.

Consultation on program changes is available from the Office of Program Consultation and Accreditation.

**C-25 I. "Intent to Apply"**
(Commission on Accreditation, October 2015; revised October 2016)

All programs can seek public notification of "intent to apply" prior to seeking accreditation. The application for intent to apply includes documentation related to key standards of the SoA. This review is a document review only and does not include a site visit. The review is conducted to verify that the essential elements are adequately described. "Intent to apply" is a declaration and is not an accredited status. This declaration does not constitute a judgment by the CoA regarding the quality of the program. Rather, this serves as public notice of the program's intent to seek accreditation in the near future.

**Overview/Logistics:**

A program may seek "intent to apply" declaration at any time, including prior to or after admitting interns. The "intent to apply" declaration indicates that once interns are in place, the program intends to apply for an APA accredited status (either "on contingency" or full accreditation). A program may be listed as "intent to apply" for a maximum of two years. The "intent to apply" declaration is effective as of the date of the Commission's decision to acknowledge the declaration. If the program exceeds its two year period it will need to inform its publics and interns that it is no longer designated as an "intent to apply" program. Declaration of "intent to apply" is not a requirement for an application for "accredited, on contingency" or "full accreditation."

For programs seeking the" intent to apply" declaration, the application process is intended to provide the program an opportunity to systematically describe the infrastructure upon which it will be building a program consistent with the Standards of Accreditation (SoA). The Commission on Accreditation will provide feedback to the program in response to their application for "intent to apply." Although the application includes completion and review of only certain sections of Standards I-V of the SoA, the program clearly intends to seek an accreditation status and be in compliance with all aspects of the SoA.

**Process to Apply:**

To apply for this declaration, programs are asked to submit documentation in accordance with the self-study instructions with the provisions listed below. It is recognized that a program will have elements in place and others in development, both of which will be reviewed by the CoA for prospective alignment with the SoA.

The program must address the following:
- Standard I, describing the type of program, institutional and program setting and resources, program policies and procedures, and program climate.
- Standard II, describing its aim(s), required profession-wide competencies, its program-specific competencies (if any), its specialty competencies (for residency programs, if applicable), its learning elements to develop competencies, its plans to measure proximal and distal outcomes, and its plan to review outcome measures to evaluate and improve the program.
- Standard III, describing its plan for intern selection processes and criteria, including a plan for recruitment of interns who are diverse, and its plan for providing evaluation, feedback, and remediation, if necessary, to trainees.
- Standard IV, describing the designated director of the program who is in place, plans for providing a sufficient number of appropriately qualified supervisors to accomplish the program's aim(s), and plans for the recruitment and retention of supervisors/staff who are from diverse backgrounds.
- Standard V in the areas of general disclosure and communication with prospective and current trainees, and its plan for communicating with the doctoral program (in the case of internship

programs). Additionally, the program will provide all materials currently available to its publics. These materials must include:
- o The program's timeline to apply for "accredited, on contingency," or "full accreditation;"
- o The date that the declaration expires; and
- o The contact information for the APA CoA.

The program is advised to consider its timeline in light of the requirements for application for accreditation status.

## C-26 I. "Accredited, on Contingency"
(Commission on Accreditation, October 2015)

"Accredited, on contingency" is an accredited status that reflects a program's adherence to the Standards of Accreditation (SoA). Programs seeking "accredited, on contingency" will be reviewed for adherence with all aspects of the SoA. Programs will be granted this status if the internship program sufficiently meets all standards with the exception of outcome data on interns while they are in the program and after program completion.

**Process to Apply:**
Programs may apply for "accredited, on contingency" status prior to the arrival of interns on site provided that interns will be on site by the time of the site visit. Programs applying for "accredited, on contingency" status are not required to provide outcome data at the time of application, though they must submit any proximal and distal data collected to date. If data are presented at the time of the site visit, the program must send a copy of these data to the CoA.

The internship program will submit a self-study detailing all SoA components except a complete set of outcome data. However, the self-study must include plans for how the program will evaluate proximal and distal outcomes required to demonstrate minimum levels of achievement in profession-wide competencies and program-specific competencies (if any).

**Components of the self-study submission for "accredited, on contingency":**

With the exception of the provision of complete outcome data (Standard II), each standard will be addressed with respect to the program's plans and policies to meet the requirements of the SoA. The program must submit its evaluation plans and forms to evaluate intern outcomes and, when possible, provide existing outcome data.

**Term of accredited, on contingency status:**
The maximum amount of time an internship program can be "accredited, on contingency" is two years for a program lasting one year, or four years for a program that is half-time for two years in duration. The program is advised to consider its timeline in light of requirements to apply for full accreditation status. To apply for full accreditation, programs must provide aggregated proximal and distal data.

Interns in the program as well as the public must be kept informed of any change in the program's timeline that could negatively impact accreditation. Such notice must include current information in all the program's public documents (e.g., website, brochure, APPIC Directory listing). Additionally, the program's public documents must refer all interested parties to the CoA website, on which is maintained a current listing of accredited program statuses.

The program must publish the date that the outcome data are due to move from "accredited, on contingency" to full accreditation, as well as the consequences of not submitting data at that time in its public materials.

In the event that a program does not provide required proximal and distal data at the end of two years (four years for 2-year, half-time programs), the program will be considered to have voluntarily withdrawn from accreditation. Consistent with 8.2(b)I of the AOP, "failure to do so (provide outcome data) will lead to the program's being deemed to have withdrawn from accreditation, following completion of the program by the interns currently on-site at the program." That is, if the program is deemed to have voluntarily withdrawn from accreditation, interns in the program at the time will have completed an accredited program. Programs that submit proximal and distal data will be eligible for an additional three years as a "fully accredited" program.

**C-27 I Trainee Admissions, Support, and Outcome Data**
(Commission on Accreditation, April 2016)

Standard V.A. of the Standards of Accreditation for Internship Programs requires that programs provide potential and current trainees and the public with accurate information on the program and on program expectations. This information is meant to describe the program accurately and completely, using the most up-to-date data about important admissions, support, and outcome variables, and must be presented in a manner that allows applicants to make informed decisions about entering the program.

The CoA requires each accredited program to provide information in its public materials regarding program admissions expectations, program support provided to interns, and initial post-training placement in a standardized way. This information is required to be posted in the program's public material(s) (e.g., website, brochure), and must be updated annually. This information will be reviewed by the CoA as part of periodic program review.
_____

Presentation of Required Information

To ensure that the required information for each program is available to the public in a consistent fashion, programs are required to update information annually, no later than September 1.

- The information must all be located in a single place and be titled "Internship Admissions, Support, and Initial Placement Data";
- If the program has a website, the information must be located no more than one click away from the main/home program landing page (e.g., within the program's online brochure);
- If the program has more than one source of public materials (e.g., website and brochure), the information must be included in the primary recruiting document used to educate potential applicants about the program For instance, if a brief brochure is provided and then applicants are directed to a website, then the information would be located on the website. Alternatively, if a program has a website "introductory page" and then applicants are instructed to download an extensive brochure, the information can be contained in the brochure;
- Table cells must not be left blank; instead, please enter "NA" if not applicable;
- The data must be presented in tables consistent with those listed at the end of this regulation. Programs may choose to provide other data to supplement the requirements of this regulation, but these tables must be provided. If the program chooses to provide supplemental information, it should be provided below the corresponding required tables.
- While consortium programs are expected to pool resources and thus provide equivalent financial and other benefit support across sites, the CoA recognizes that there are instances in which this is not possible. In those instances, consortium sites must replicate the table titled "Financial and Other Benefit Support for Upcoming Training Year" for each site as necessary to ensure accurate representation of support available.

# INTERNSHIP PROGRAM TABLES

## Date Program Tables are updated:_____

## Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

| | | | | |
|---|---|---|---|---|
| Total Direct Contact Intervention Hours | N | Y | | Amount |
| Total Direct Contact Assessment Hours | N | Y | | Amount |

Describe any other required minimum criteria used to screen applicants:

## Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns

Annual Stipend/Salary for Half-time Interns

| | | |
|---|---|---|
| Program provides access to medical insurance for intern? | Yes | No |
| If access to medical insurance is provided | | |
| Trainee contribution to cost required? | Yes | No |
| Coverage of family member(s) available? | Yes | No |
| Coverage of legally married partner available? | Yes | No |
| Coverage of domestic partner available? | Yes | No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | | |
| Hours of Annual Paid Sick Leave | | |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes | No |
| Other Benefits (please describe) | | |

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

## Initial Post-Internship Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

| | 2012-2015 | |
|---|---|---|
| Total # of interns who were in the 3 cohorts | | |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | | |
| | PD | EP |
| Community mental health center | | |
| Federally qualified health center | | |
| Independent primary care facility/clinic | | |
| University counseling center | | |
| Veterans Affairs medical center | | |
| Military health center | | |
| Academic health center | | |
| Other medical center or hospital | | |
| Psychiatric hospital | | |
| Academic university/department | | |
| Community college or other teaching setting | | |
| Independent research institution | | |
| Correctional facility | | |
| School district/system | | |
| Independent practice setting | | |
| Not currently employed | | |
| Changed to another field | | |
| Other | | |
| Unknown | | |

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## C-28 I. Consortium
(Commission on Accreditation, October 2016)

An internship training program may consist of, or be located under, a single administrative entity (e.g. institution, agency, school, department) which controls its program resources, or a consortium, where each administrative entity contributes to consortium program resources. A consortium is comprised of 2 or more independently administered entities, which have agreed to share resources and centralized decision-making essential to the establishment, implementation, and maintenance of a training program. The CoA seeks to understand the stability of a consortium's shared resources through this Implementing Regulation which specifically details the components that must be in place and described via a consortial agreement when two or more independent entities meet the above criteria to provide internship training. The written consortial agreement must articulate these components (a-g):

a) The nature and characteristics of the participating entities;
b) The rationale for the consortial partnership;
c) Each partner's commitment to the training/education program and its aim(s);
d) Each partner's obligations regarding contributions, financial support*, and access to resources.
e) Each partner's agreement to adhere to central control and coordination of the training program by the consortium's administrative structure;
f) Each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee admission, training resource access, potential performance expectations, and evaluations; and
g) Approval by each entity's administrative authority (with authority to sign contracts for the entity) to honor this agreement including signature and date.

Consistent with IR C-24 I, any change in components a-g above and/or in the leadership of the programs in the consortium, must be communicated to the CoA.

An individual consortial partner (member entity) of an accredited consortium may not publicize itself as independently accredited unless it also has independently applied for and received accreditation.

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*Programs should refer to IR C-6 I Intern Funding for clarification of the sufficiency and equity of funding for interns.

## Section C: Postdoctoral Programs

| IR Name | Old # | New # | SoA location |
|---|---|---|---|
| Accreditation Process for Postdoctoral Residencies | C-11(a) | C-2 P | I |
| Postdoctoral Residency Program Transitions | C-11(c) | C-3 P | I |
| Focus areas within Major Area of Training Postdoctoral Residency Programs | C-11(d) | C-4 P | I.A.1 |
| Postdoctoral Residency Specialty Practice Areas | C-11(b) | C-5 P | I.A.1.b |
| Diversity Recruitment and Retention | C-22 | C-6 P | I.C.1.a |
| Record of Resident Complaints in CoA Periodic Review | C-3 | C-7 P | I.C.5 |
| Statement on Number of Supervisors in Postdoctoral Residencies | C-13 | C-8 P | II.C.4 |
| Profession-Wide Competencies | | C-9 P | II.B.1 |
| Diversity Education and Training | C-23 | C-10 P | II.B.1.b |
| Postdoctoral Residency Didactics | C-29 | C-11 P | II.C.1 |
| Positive Resident Identification Consistent with Higher Education Opportunity Act | C-25 | C-12 P | II.C.2 |
| Jurisdiction of Licensure for Supervisors in Postdoctoral Residencies | C-15(a) | C-13 P | II.C.4 |
| Required Supervision in Internship and Postdoctoral Programs | C-15(b) | C-14 P | II.C.4 |
| Telesupervision | C-28 | C-15 P | II.C.4 |
| Outcome Data for Internships and Postdoctoral Residency Programs | C-30 | C-16 P | II.D.1 |
| Direct Observation | | C-17 P | II.D.1.b.ii |
| Program Names, Labels, and other Public Descriptors | C-6(a) | C-18 P | V.A |
| Accreditation Status and CoA Contact Information | C-6(b) | C-19 P | V.A.1.b |
| Notification of Changes to Accredited Programs | C-19 | C-20 P | V.B.2 |
| "Intent to Apply" | | C-21 P | N/A |
| "Accredited, on Contingency" | | C-22 P | N/A |
| Trainee Admissions, Support, and Outcome Data | | C-23 P | N/A |
| Consortium | | C-24 P | N/A |

**C-2 P. Accreditation Process for Postdoctoral Residencies**
(formerly C-11(a); Commission on Accreditation, January 2000; revised January 2003; October 2004;
July 2010; November 2015)

## Principles:

1. Postdoctoral residencies may be accredited as programs preparing individuals for practice at an advanced level in a major area of training or in a specialty practice area.

2. Accreditable specialty practice areas include only those recognized by broad professional endorsement, as defined in Implementing Regulation C-5 P.

3. All postdoctoral residency review processes will include a preliminary review according to the *Standards of Accreditation for Health Service Psychology* (SoA).

4. Certificates of completion provided to residents that provide information about practice areas for which the program prepares residents must reflect the practice areas (major area of training or specialty) in which it was reviewed for accreditation.

5. The cost of the site visit to a postdoctoral residency program is linked to the number of visitors to the program.

6. The cost of the application and annual fee for all postdoctoral residency programs is the same for all programs as outlined below under Formats 1, 2, and 3.

7. In its self-study, the postdoctoral residency program is asked to indicate the Format (1, 2 or 3) it will follow.

Format #1 – Major Area of Training Programs

*Postdoctoral Residency Training in a Major Area of Training:* Programs using this self-study format are those in Clinical, Counseling, School Psychology and other developed practice areas that provide greater depth of training than that which occurs during the internship training year. These programs articulate aim(s), Level 1 competencies required of all postdoctoral fellowship programs, and any Level 2 competencies integral to achieving the program's aim(s), that apply to all postdoctoral residents. In the program, residents may have a greater exposure to focused emphases within the major area of training. These focused emphases can occur through rotations. Examples of such areas include, but are not limited to, substance abuse, PTSD, etc. Training programs in traditional practice areas that receive approval for a site visit will be visited by two site visitors who represent the major area of training. Certificates of completion from programs using this format describe only the major area of training.

Format #2 – Specialty Practice Programs

*Postdoctoral Residency Training in Specialty Practice Areas:* Programs using this self-study format have as a major goal the training of residents in a recognized specialty. Specialties are limited to those meeting the definition contained within CoA's Implementing Regulation C-5 P. Programs applying for accreditation as a specialty indicate how they adhere to the SoA and to the education and training guidelines of the designated specialty. Aim(s), and "Level 3 Competencies" within the training program must be consistent with those of the designated specialty area (see SoA Standard II.A.3). Training programs in specialty practice areas that receive approval for a site visit will be visited by two site visitors, one of whom has

expertise in the specialty practice area. Certificates of completion for programs using this format describe only the specialty practice area of training.

<u>Format #3 – Multiple Practice Programs</u>

*Postdoctoral Residency Training in Multiple Practice Areas:*  Programs using this format include combinations of two or more major area(s) of training and/or specialty practice programs organized within the same training agency or institution that conform to the definition provided in IR C-5 P. Training agencies and institutions applying with multiple practice programs indicate how they adhere to the SoA and to the postdoctoral training guidelines of the designated specialty practice areas. For example, multiple practice area postdoctoral residency programs that provide training in Clinical Psychology and in Clinical Neuropsychology, where the field follows a two-year training sequence, would need to adhere to the specialty area guidelines in that specialty. The multiple practice program will define its aim(s), how it provides training in the required Level 1 competencies, and define appropriate Level 2 (if any) and Level 3 competencies for Clinical Neuropsychology.

The number of site visitors to a multiple practice program will be determined by the number of major area(s) of training and/or specialty practice residencies within the program. Certificates of completion for programs using this format indicate the major area of training or specialty practice training program completed by each resident. Multiple practice postdoctoral programs under Format #3 pay only a single application and annual fee in the same fashion as programs representing Formats #1 or #2. When there is a discrepancy across programs in the year at which the next site visit is due (e.g., a Clinical Psychology residency is accredited for 10 years and a Clinical Health Psychology residency is accredited for 3 years), the programs may request a single reaccreditation site visit in 3 years or independent visits in 3 and again in 10 years.

Applicant and accredited multiple practice postdoctoral residency programs are encouraged to consult with the Office of Program Consultation and Accreditation for the purpose of maximizing the clarity and comprehensiveness of the self-study that is submitted to the Commission on Accreditation.

**C-3 P. Postdoctoral Residency Program Transitions**
(formerly C-11(c); Commission on Accreditation, July 2010; revised November 2015)

Consistent with Implementing Regulation C-1 P, an agency or institution with an existing postdoctoral residency training program in a major area of training (Clinical, Counseling, School Psychology, or other developed practice area) may wish to develop and seek accreditation in one or more specialty practice areas. For example, an institution or consortium with an accredited postdoctoral program in Clinical Psychology may develop an associated postdoctoral program in Clinical Health Psychology and seek accreditation as a multiple practice program, consistent with Format #3 described in IR C-1 P.

Alternatively, an existing accredited major area of training program with multiple emphasis areas may wish to develop all emphasis areas into separately accredited specialty programs. For example, an agency or institution with an accredited residency program in Clinical Psychology may develop specialty practice programs in Clinical Child Psychology and Clinical Neuropsychology, with the intention of eventually discontinuing the Clinical Psychology program. In taking this action, the program will want to ensure that the transition from a single program to multiple specialty programs does not jeopardize accreditation of the existing program.

Accredited postdoctoral programs planning to add new specialty practice postdoctoral programs, or to transition from a traditional practice program into one or more specialty practice program should consider the following factors in making the transition:

- Programs considering a transition must consult with the Office of Program Consultation and Accreditation early in the planning process. Further, consistent with IR C-20 P, the Commission on Accreditation must be informed in advance of such major program changes as well as the intended timeframe of the planned transition.

- For a program to maintain accreditation as a major area of training program while developing specialty training with the intent of seeking accreditation in one or more specialty practice programs as a multiple practice program, the existing traditional practice program must continue to maintain compliance with the SoA. At a minimum, the basic integrity of the major area of training program's training aim(s) must be maintained. Since all or part of the program would be transitioning to a specialty program, it follows that the program may have additional or more refined aims and competencies.

- Transitioning from an accredited program in a major area of training program to a specialty program or multiple practice programs is a complex process. The CoA makes accreditation decisions <u>individually for each program</u> within multiple practice programs. It is therefore possible for an existing accredited program to be reaccredited and a newly developed applicant program to fail to receive accreditation. In order to avoid jeopardizing existing accreditation, host agencies or institutions are advised to continue administering their existing accredited program throughout the new program accreditation process.

- Specialty practice programs seeking accreditation within an agency or institution should clearly distinguish themselves from the major area of training programs already accredited within the same agency or institution. Consequently, as part of their own self-study, applicant specialty programs are advised to address Standards II, III, and IV for the existing program as well as Standards II, III, and IV for each of the specialty programs seeking accreditation. During the transition, postdoctoral residents can be considered part of the existing accredited program and the applicant specialty program.

- Consistent with Standard V, programs should be accurately and completely described in documents that are available to current residents, applicants, and the public. Training experiences within an existing, accredited program must be clearly distinguished from training experiences that are not part of the accredited program. It is especially important for programs to clearly communicate to current and prospective residents the accreditation status of the program.

**C-4 P. Focus areas within Major Area of Training Postdoctoral Residency Programs**
(formerly C-11(d); Commission on Accreditation, April 2011; revised November 2015)

The CoA recognizes that postdoctoral residency programs accredited in a major area of training may offer one or more focus areas within a program. However, such programs may lack key elements required of a single accredited major area of training program, and instead may resemble multiple specialty programs. For example, a traditional practice program in Clinical Psychology with focus areas in neuropsychology and health psychology may lack key features that distinguish it from two separate specialty practice programs in Clinical Neuropsychology and Clinical Health Psychology. This Implementing Regulation is intended to clarify the key features that differentiate a single major area of training program with focus areas, from multiple practice programs, each of which should be individually accredited.

Key elements that define a ***program*** regardless of focus area(s):
- A set of competencies [Standard II.B] emanating from a program aims [Standard II.A]; *
- Some shared educational and training experiences across all residents in the program (e.g., didactics, seminars) [Standard II.C];
- Shared minimal levels of achievement across all residents in the program [Standard II.D];
- A designated director responsible for overall program oversight and management [Standard IV.A.1];
- Its rationale for the duration of training within the program is consistent with its unitary  training model (if the length is greater than one year) [Standard I.A.2];
- Demonstration through proximal and distal outcome data that the program meets the program aim(s) and competencies [Standard II.D].

A major area of training program (e.g., Clinical Psychology) that offers concentrated training (e.g., focus area) must demonstrate during the program review process that it is indeed a single program, is sufficiently broad, accurately reflects the major area of training [IR C-5 P] and provides public information consistent with the above [Standard V and IR C-18 P]. This applies both to programs that offer concentrated training in an area where specialty accreditation by the CoA is recognized (e.g., Clinical Neuropsychology or Clinical Health Psychology) as well as unrecognized areas.

**Relevant IRs:**
- C-1 P. Statement on Postdoctoral Residency Accreditation
- C-2 P. Accreditation Process for Postdoctoral Residencies
- C-3 P. Postdoctoral Residency Program Transitions
- C-5 P. Postdoctoral Residency Specialty Practice Areas
- C-18 P. Program Names, Labels, and Other Public Descriptors

* CoA acknowledges that a program may choose (but is not required) to have some competencies that are specific to tracks, rotations, or areas of emphasis within the program.

**C-5 P. Postdoctoral Residency Specialty Practice Areas**
(formerly C-11(b); Commission on Accreditation, July 2001; revised February 2005; April 2010; July 2013; November 2015)

The *Standards of Accreditation for Health Service Psychology* (SoA) include provisions for accreditation of postdoctoral residency training programs providing education and training in preparation for entering professional practice at an advanced level of competency in one of the substantive major areas of training (clinical, counseling school psychology, or other developed practice area) or in a specialty practice area. In defining the meaning of "specialty practice areas" for the purposes of the accreditation of **postdoctoral residency training programs only**, the Commission on Accreditation employs the criteria that follow.

The substantive specialty practice area is one that has been endorsed as follows:

> a. *Specialty practice areas in health service psychology. If accreditation is sought in a recognized specialty practice area, the specialty practice area must meet at least two of the following requirements:*
>
> > i. *The specialty is recognized by the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association or by the American Board of Professional Psychology (ABPP).*
> >
> > ii. *The specialty is recognized by and holds membership on the Council of Specialties (CoS).*
> >
> > iii. *The specialty has provided the Commission on Accreditation with specialty-specific postdoctoral educational and training guidelines endorsed by the Council of Specialties.*

The following areas currently meet the provisions above:

- Behavioral and Cognitive Psychology
- Clinical Child Psychology
- Clinical Health Psychology
- Clinical Neuropsychology
- Family Psychology
- Forensic Psychology
- Geropsychology
- Rehabilitation Psychology

The above list will be updated as new areas meeting the criteria are added.

NOTE:  The CoA reviews and makes accreditation decisions about programs that have identified specialty practice areas based on the program's compliance with the SoA.

## C-6 P. Diversity Recruitment and Retention

In accordance with Standards I.C.1.a and IV.B.2 for postdoctoral programs of the *Standards of Accreditation* (SoA)*,* a program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) and retain residents and faculty/staff/supervisors from differing backgrounds into the program. Although the Commission asks for demographic information about faculty/staff and residents in the tables of the self-study and annual report, the information requested is limited to the data collected in federal reports, which is not sufficient in demonstrating a program's compliance with Standards I.C.1.a and IV.B.2. Consistent with Standard I.B.3, as described in the doctoral program SoA, cultural and individual diversity includes, but is not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

### Recruitment

*Residents*

An accredited postdoctoral program should document that it has developed a systematic, multiple year plan, implemented and sustained over time, in its efforts to attract residents from a range of diverse backgrounds. An accredited program is expected to describe in its self-study the specific activities, approaches, and initiatives it implements to increase diversity among its residents. A program may include institutional-level initiatives geared towards achieving diversity, but these in and of themselves are not considered sufficient. Concrete program-level actions to achieve diversity also should be documented. Because diversity is defined broadly, a program should discuss the areas of diversity recruitment in which it excels, as well as the areas of diversity recruitment in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract diverse residents, and should document steps to revise/enhance its strategies as needed.

*Faculty and Staff*

An accredited postdoctoral residency program should demonstrate that it has developed a systematic, multiple year plan to attract faculty and staff from a range of diverse backgrounds, implemented as possible (i.e., when there are faculty and staff openings). A program may include institutional-level initiatives geared towards achieving diversity, but these in and of themselves are not considered sufficient. Programs should document concrete actions taken by the training program to achieve diversity. Because diversity is defined broadly, a program should discuss the areas of diversity recruitment in which it excels, as well as the areas of diversity recruitment in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract diverse faculty and staff and should document steps to revise/enhance its strategies as needed.

### Retention

*Residents*

Postdoctoral residency programs should document the specific activities, approaches and initiatives implemented to ensure a supportive learning environment for all residents. Because of the length of post-doctoral residency programs (typically one to two years), and the likelihood that residents will remain in the program regardless of the learning environment, programs should document that they are attentive to the needs of diverse residents. Successful completion of the program by diverse residents may not, in and of itself, demonstrate that the learning environment is supportive of diverse individuals. The program

should document that it examines the effectiveness of its efforts to create a supportive learning environment for diverse residents. Steps to revise/enhance its strategies as needed should be documented.

*Faculty/Staff*

An accredited post-doctoral residency program is expected to describe in its self-study the specific activities, approaches, and initiatives it implements to maintain diversity among its faculty and staff. A program may include institutional-level initiatives geared towards retaining diverse faculty/staff members, but these in and of themselves are not considered sufficient. The program should document that it examines the effectiveness of its efforts to maintain diverse faculty/staff. Steps to revise/enhance its strategies as needed should be documented.

**C-7 P. Record of Resident Complaints in CoA Periodic Review**
(formerly C-3; Commission on Accreditation, October 1998; revised November 2015)

Standard I.D.2 of the SoA addresses the need for accredited programs to recognize the rights of residents to be treated with courtesy and respect, to inform them of the principles outlining ethical conduct of psychologists, and to ensure that they are aware of avenues of recourse should problems with regard to these principles arise.

In accordance with Standard I.D.2 of the *Standards of Accreditation* for postdoctoral residency programs, a program is responsible for keeping information and records of all formal complaints and grievances, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be reviewed by the Commission on Accreditation (CoA) as part of its periodic review of programs.

The CoA expects a program to keep all materials pertaining to each of the complaints/grievances filed against it during the aforementioned time period. The site visitors shall review the full record of program materials on any or all of the filed complaints/grievances.

## C-8 P. Statement on Number of Postdoctoral Residents
(formerly C-13; Commission on Accreditation, October 2000; revised November 2015)

Standard I.D.2 of the *Standards of Accreditation* for postdoctoral residency programs states that, "The program encourages peer interaction, and residents are provided with opportunities for appropriate peer interaction, support, and learning." The Commission on Accreditation recognizes that the nature of the postdoctoral residency leads to a different socialization process and definition of "peers" than would be the case in an internship or doctoral program. For this reason, the Commission believes that some postdoctoral residency programs may be able to achieve meaningful interaction, support, and socialization without having more than one resident. Regardless of the number of residents in any given program, however, it is incumbent upon each program to demonstrate how it encourages peer interaction and provides its residents with opportunities for appropriate interaction, support, and learning.

**C-9 P. Profession-Wide Competencies**
(Commission on Accreditation, October 2015; revised July 2017)

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the doctoral (Section II.B.1.b), internship (Section II.A.2), and post-doctoral (Section II.B.1) levels.

This Implementing Regulation refers specifically to aspects of a program's curriculum or training relevant to acquisition and demonstration of the profession-wide competencies required in all accredited programs. The CoA acknowledges that programs may use a variety of methods to ensure trainee competence, consistent with their program aim(s), degree type, and level of training. However, all programs must adhere to the following training requirements:

- *Consistency with the professional value of individual and cultural diversity* (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent with SoA Introduction, Section II.B.2.a.

- *Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology* (SoA Introduction, Section II.B.2.d). The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.

- *Level-appropriate training*. The CoA expects that training in profession-wide competencies at the doctoral and internship levels will provide broad and general preparation for entry level independent practice and licensure (SoA Introduction, Section II.B.2.b) Training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B.2.c). For postdoctoral programs that are accredited in a specialty area rather than a developed practice area of HSP, the program will provide advanced preparation for practice within the specialty.

- *Level-appropriate expectations*. The CoA expects that programs will require trainee demonstrations of profession-wide competencies that differ according to the level of training provided (i.e., doctoral, internship, post-doctoral). In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training.

- *Evaluation of trainee competence*. The CoA expects that evaluation of trainees' competence in each required profession-wide competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance that are consistent with the SoA (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

## I. Research
This competency is required at the doctoral and internship levels. Demonstration of the integration of science and practice, but not the demonstration of research competency per se, is required at the post-doctoral level

The CoA recognizes science as the foundation of HSP. Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. Trainees are expected to:

*Doctoral students:*

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Conduct research or other scholarly activities.
- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

*Interns:*

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

## II. Ethical and legal standards

This competency is required at the doctoral, internship, and post-doctoral levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

*Trainees at all levels* are expected to demonstrate competency in each of the following areas:

- Be knowledgeable of and act in accordance with each of the following:

    o  the current version of the APA Ethical Principles of Psychologists and Code of Conduct;

    o  relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and

    o  relevant professional standards and guidelines.

- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.

- Conduct self in an ethical manner in all professional activities.

## III. Individual and cultural diversity

This competency is required at the doctoral, internship, and post-doctoral levels.

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness,

sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

*Trainees at all levels* are expected to demonstrate:

- an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;

- knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;

- the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. Trainees are expected to:

*Doctoral students:*

- Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

*Interns:*

- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

*Post-doctoral residents:*

- Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

## IV. Professional values and attitudes
This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

*Doctoral students and Interns* are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

- actively seek and demonstrate openness and responsiveness to feedback and supervision.

- respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

## V. Communication and interpersonal skills

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies.

*Doctoral students and interns* are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

## VI. Assessment

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

*Doctoral students and Interns* are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

## VII. Intervention

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population or other systems.

*Doctoral students and Interns* are expected to demonstrate the ability to:

- establish and maintain effective relationships with the recipients of psychological services.
- develop evidence-based intervention plans specific to the service delivery goals.
- implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- demonstrate the ability to apply the relevant research literature to clinical decision making.
- modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,
- evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

## VIII. Supervision

This competency is required at the doctoral and internship level.

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Trainees are expected to:

*Doctoral students:*

- Demonstrate knowledge of supervision models and practices.

*Interns:*

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

## IX. Consultation and interprofessional/interdisciplinary skills
This competency is required at the doctoral and internship level.

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees are expected to:

*Doctoral students and Interns:*

- Demonstrate knowledge and respect for the roles and perspectives of other professions.

*Doctoral students:*

- Demonstrates knowledge of consultation models and practices.

*Interns:*

- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- role-played consultation with others.
- peer consultation, provision of consultation to other trainees.

**C-10 P. Diversity Education and Training**
(formerly C-23; Commission on Accreditation, November 2009; revised March 2013; November 2015)

In accordance with Standard II.B.1.b of the *Standards of Accreditation* (SoA) for postdoctoral programs, a program has and implements a thoughtful and coherent plan to provide residents with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. Although the Commission asks for demographic information about faculty/staff and residents in the tables of the self-study and annual report, the information requested is limited to the data collected in federal reports, which is not sufficient in demonstrating a program's compliance with Standard II.B.1.b. Consistent with Standard I.B.3, as described in the postdoctoral program SoA, cultural and individual diversity includes but is not limited to  age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

An accredited program is expected to articulate and implement a specific plan for integrating diversity into its didactic and experiential training. This training should be based on the multicultural conceptual and theoretical frameworks of worldview, identity, and acculturation, rooted in the diverse social, cultural, and political contexts of society, and integrated into the science and practice of psychology. Programs are expected to train residents to respect diversity and be competent in addressing diversity in all professional activities including research, training, and service.

The program should demonstrate that it examines the effectiveness of its education and training efforts in this area. Steps to revise/enhance its strategies as needed should be documented.

## C-11 P. Residency Didactics

The purpose of this IR is to clarify the type of information required from postdoctoral residency programs about their didactic activities. Didactic activities are defined as planned sessions of instruction that are included within the postdoctoral residency training curriculum. When didactic activities are used to meet or partially meet any of the program's aim(s) or required curriculum areas, it is the program's responsibility to include adequate information on those didactics within the self-study to convey their nature and content. A title alone would not be sufficient; descriptions may include an abstract/description of the content, learning objectives, or any other additional material necessary (e.g., bibliography, readings) to demonstrate the material covered.

**C-12 P. Positive Identification of Students Consistent with Higher Education Opportunity Act**
(formerly C-25; Commission on Accreditation, November 2009; revised November 2015)

Consistent with the 2008 Higher Education Opportunity Act, all accrediting agencies recognized by the U.S. Department of Education are required by federal law to engage in a review of the methods used by its accredited programs for positive identification of residents who are enrolled in any form of distance/online/electronically mediated education.

As such, the APA Commission on Accreditation (CoA) requires that if a student in an APA-accredited program is engaged in any form of distance, online, or electronically mediated education for any part of their educational sequence (doctoral, internship, residency), the program must provide CoA with information in its self-study regarding the methods it and its host institution use to identify that resident. In particular, the program must provide CoA with information about how it ensures that a student who registers or receives credit for a course that uses any form of distance, online, or electronically mediated education is the same student who participates in and completes that course. Whatever methodology is used must clearly protect resident privacy. Finally, residents must be provided with information at the time of registration or enrollment of any projected additional student charges associated with verification of resident identity.

**C-13 P. Jurisdiction of Licensure for Supervisors in Postdoctoral Residencies**
(formerly C-15(a); Commission on Accreditation, January 2002; revised November 2003; November 2015)

Standard II.C.4.c of the *Standards of Accreditation* (SoA) for postdoctoral residency programs states that:

*"A postdoctoral resident must have an appropriately trained and licensed doctoral-level psychologist serving as primary supervisor in order to ensure continuity of the training plan."*

Standard IV.A.1.a states that:
*"The program has a designated director who is a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located, who is primarily responsible for directing the training program, and who has administrative authority commensurate with those responsibilities."*

Standard IV.B.1.d states that formally designated supervising psychologists:
*"Are appropriately trained and credentialed (i.e. licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located."*

In interpreting this provision for postdoctoral residency programs, the CoA looks to determine appropriate licensure of the supervisor on the basis of jurisdiction governing the practice or service that is being supervised.

For example:

1) When the services on which supervision is being provided are conducted in a context where a state or provincial credential is required for practice, then the appropriate credential would be that provided by the state or province.

2) When services on which supervision is being provided are being conducted in a federal jurisdiction (e.g., the VA, Bureau of Prisons), then the credentialing rules pertaining to practice in a federal setting would apply.

3) For those residents providing services in multiple jurisdictions (such as a Bureau of Prisons internship that has an external community rotation), the jurisdiction governing the resident's service that is being supervised would determine the appropriate supervisor credential.

**C-14 P. Required Supervision in Postdoctoral Training Programs**
(formerly C-15(b); Commission on Accreditation, January 2007; November 2009; November 2015)

Standard II.C.4 of the *Standards of Accreditation* (SoA) for postdoctoral residency programs states that:

a. *At least two hours per week of individual supervision focused on resident professional activities must be conducted by an appropriately trained and licensed doctoral-level psychologist.*
b. *Supervisors must maintain an ongoing supervisory relationship with the resident and have primary professional clinical responsibility for the cases for which they provide supervision.*
c. *A postdoctoral resident must have an appropriately trained and licensed doctoral-level psychologist serving as primary supervisor in order to ensure continuity of the training plan.*
d. *The primary supervisor must maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other health professionals.*

The purpose of this Implementing Regulation is to clarify the supervision required for postdoctoral residents. **Supervision** is characterized as an interactive educational experience between the resident and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard and Goodyear, 2009).

Two weekly hours of individual supervision must be conducted by a doctoral-level licensed psychologist who is involved in an ongoing supervisory relationship with the resident and has primary professional clinical responsibility for the cases on which he/she provides supervision. A postdoctoral resident must have a minimum of two doctoral level licensed psychologist supervisors, at least one of whom serves as the resident's primary supervisor. Supervisory hours beyond the two hours of individual supervision must be supervised by professionals who are appropriately credentialed for their role/contribution to the program. The primary doctoral-level licensed psychologist supervisor maintains overall responsibility for all supervision, including oversight and integration of supervision provided by other mental health professionals with psychological research and practice.

# C-15 P. Telesupervision
(formerly C-28; Commission on Accreditation, July 2010; revised November 2015, July 2017)

The CoA recognizes that accredited programs may utilize telesupervision in their program curriculum. At the same time, the CoA recognizes there are unique benefits to in-person supervision. Benefits to in-person supervision include, but are not limited to, creating opportunities for especially flexible professional socialization and assessment of trainee competence as well as for enhancing recognition and processing of subtle, nonverbal, and emotional or affective cues and interactions in supervision, all of which are essential aspects of professional development, ensuring quality, and protecting the public. Therefore, the CoA recognizes that there must be guidelines and limits on the use of telesupervision in accredited programs.

The following applies only to the MINIMUM number of required hours of supervision. Supervision beyond the minimum number of required hours may utilize methods or modalities that are deemed appropriate by the accredited program. Nothing in this Implementing Regulation contravenes other requirements in the *Standards of Accreditation for Health Service Psychology* (SoA). It only clarifies the utilization of telesupervision at the postdoctoral level.

## *Definitions:*

**Telesupervision** is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee. (See the definition of supervision as noted in the Glossary)

**In-person supervision** is supervision of psychological services where the supervisor is physically in the same room as the trainee. (See the definition of supervision as noted in the Glossary)

## *Guidelines and Limits:*

Telesupervision may not account for more than one hour (50%) of the minimum required (as defined in the SoA) two weekly hours of face-to-face supervision.

Programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including but not limited to:

- An explicit rationale for using telesupervision;
- How telesupervision is consistent with their overall aims and training outcomes;
- How and when telesupervision is utilized in clinical training;
- How it is determined which trainees can participate in telesupervision;
- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience;
- How an off-site supervisor maintains full professional responsibility for clinical cases;
- How non-scheduled consultation and crisis coverage are managed;
- How privacy and confidentiality of the client and trainees are assured;
- The technology and quality requirements
- Contingency plan for technology failures or unanticipated lack of availability; and
- Education in the use of this technology that is required by either trainee or supervisor.

**C-16 P. Outcome Data for Postdoctoral Residency Programs**
(formerly C-30; Commission on Accreditation, July 2011; revised April 2016)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on postdoctoral residency programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s), required profession-wide competences; program specific competencies (if any); and specialty area competencies (as appropriate). As stated in the *Standards of Accreditation* (SoA) for postdoctoral residency programs (II.D.1):

> *a) An evaluation is made of the resident's progress toward satisfactory attainment of the program's expected competencies, as reflected in the completion of the program's stated minimum levels of achievement and other program requirements.*
>
> *b) Data on residents' competencies must include competency-based assessments of residents as they progress through, and at completion of, the program (proximal data), as well as information regarding their attainment of competencies after they complete the program (distal data).*
>
>> *i. Proximal data will, at the least include evaluations of residency by knowledgeable others (i.e., supervisors or trainers). The evaluation process and assessment forms must parallel the program's expected competencies. These evaluations include the feedback provided to residents as required in Standard I.C.1(d).*
>>
>> *ii. At each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated.*
>>
>> *iii. Distal data reflect the program's effectiveness in achieving its aims, as reflected by resident attainment of program-defined competencies.*
>>
>> *iv. Distal data typically include information obtained from alumni surveys assessing former residents' perceptions of the degree to which the program achieved its aims by preparing them in the competencies identified as important by the program. The data may also include graduates' professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations).*

Also, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews resident achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster resident development of required profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate). Expected minimal levels of achievements must be specified for all profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate). It is each program's responsibility to collect, present, and utilize <u>aggregated proximal and distal outcome data</u> that are <u>directly tied</u> to profession wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate).

**Definitions:**

**Proximal data** are defined as outcomes on residents <u>as they progress through and complete the program,</u> which are tied to the required profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate).

- Proximal data at a minimum must include the evaluations of residents by others responsible for their training (e.g., by supervisors/trainers), including mid-point and end-of-year evaluations. This is most easily accomplished when the evaluation mechanisms parallel the profession wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate). It is expected that these data would at least include the semi-annual feedback provided to residents as required by Standard I.C.2 of the SoA.
- While resident *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting attainment of profession wide competencies ; program specific competencies (if any); and specialty area competencies (as appropriate).

**Distal data** are defined as outcomes on residents <u>after they have completed the program</u>, which are tied to the profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate).

- Distal data typically include information obtained from alumni surveys addressing former residents' perceived assessments of the degree to which the program promoted mastery of profession wide competencies, program specific competencies (if any), and specialty area competencies (as appropriate).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former residents' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.
- Although CoA does not specify the interval at which distal data should be collected, the interval should be appropriate to allow the program to evaluate its success in promoting expected competencies to determine if changes need to be made, consistent with Standard II.

**Level of Specificity:**

**Profession-Wide Competencies**
According to the Standards of Accreditation (cite appropriate section), accredited programs are required to provide a training/educational curriculum that fosters the development of three advanced competencies, two of which are profession-wide competencies. Accredited programs are required to operationalize competencies in terms of multiple elements. At a minimum, those elements must reflect the content description all advanced competencies (including the two profession-wide competencies as defined in IR C-8P, including the bulleted content), and must be consistent with the program aim(s). It is incumbent upon the program to demonstrate that there is a sufficient number of elements articulated for each PWC so as to demonstrate adequate trainee attainment of competence. Programs must assess resident performance at the level of the elements, give feedback to residents at the level of elements, but then report to CoA at the level of the superordinate competency.

**Aggregated data** are compilations of proximal data and compilations of distal data across residents, which may be broken down by cohort or years. Aggregate data demonstrate the effectiveness of the program as a whole, rather than the accomplishment of an individual resident over time.

- To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., sample sizes, means, percentages). The program should choose statistics that allow for evaluation of whether all trainees are acquiring competencies in relation to its defined minimal levels of achievement for required profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate).
- If data are aggregated over a number of years (i.e., not broken down by cohort or years), the program needs to demonstrate how aggregating the data in this way facilitates the program's self-improvement.

**Program Specific Competencies**
Accredited programs may choose to include program specific competencies as part of their educational curriculum. These should be consistent with the program's aim(s) and professional standards and practices of Health Service Psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess resident performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that residents reach expected levels of performance.

Similar to the expectations for profession wide competencies, programs that choose to have program-specific competencies are expected have multiple elements for each of those competencies, assess resident performance at the level of the elements, give feedback to residents at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregated data must be presented in a manner that demonstrates the success of the program as a whole while allowing for an assessment of how well residents are performing in relation to defined minimal levels of achievement.

**Specialty Competencies**
Programs accredited in a recognized specialty practice area must include competencies specific to the specialty area as part of their educational curriculum. These must be consistent with the program's aim(s) and with the education and training guidelines of the recognized speciality. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess resident performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that residents reach expected levels of performance.

Similar to the expectations for profession-wide competencies and program specific competencies, programs that have specialty competencies are expected have multiple elements for each of those competencies, assess resident performance at the level of the elements, give feedback to residents at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregated data must be presented in a manner that demonstrates the success of the program as a whole while allowing for an assessment of how well residents are performing in relation to defined minimal levels of achievement.

**C-17 P. Direct Observation**
(Commission on Accreditation, July 2015; revised February 2017)

This Implementing Regulation is intended to clarify the expectations of CoA with regard to "direct observation" as described in the *Standards of Accreditation* (SoA) for postdoctoral residency programs as follows:

**Standard II.D.1.b.ii.**

> *"At each evaluation interval, the evaluation must be based in part on direct observation (either live or electronically) of the competencies evaluated."*

**Definitions and Guidelines:**

Direct observation provides essential information regarding trainees' development of competencies, as well as the quality of the services provided, that cannot be obtained through other methods. This allows supervisors to provide a more accurate assessment and evaluation of observable aspects of trainees' competency development regarding one or more profession-wide and program-specific competencies (if any) associated with that training experience.

Direct observation includes in-person observation (e.g., in room or one-way mirror observation of client contact an intake or test feedback session,), live synchronous audio-video streaming, or video recording. A training site that does not permit live observation, audio or video recording by policy is not a sufficiently unique circumstance to circumvent this requirement.

To these ends, all accredited programs must verify on the evaluation form that direct observation is conducted by the immediate supervisor responsible for the activity or experience being evaluated.

As indicated in the SoA (Standard I.C.2), at a minimum a residency must provide written feedback on a semiannual basis. Each of these written evaluations must be based in part on at least one instance of direct observation. In the case that a resident completes multiple rotations within a training year, each is considered a unique and separate training experience and requires direct observation as part of the resident evaluation process for that rotation.

**C-18 P. Program Names, Labels, and Other Public Descriptors**
(formerly C-6(a); Commission on Accreditation, January 2002; revised January 2003; November 2015)

**What the postdoctoral residency program is called:**

Because accreditation is available to both doctoral internships and postdoctoral residencies, programs must portray themselves in a manner that does not misrepresent their level of training. Thus, in general, doctoral internship programs should not describe themselves as "residencies," and postdoctoral residency programs should not describe themselves as "internships." It is recognized, however, that agencies and institutions providing training at either or both of these levels may have local or state regulations about, or restrictions on, the terms used to portray programs that prepare individuals for practice. In the event that it is not possible to use the term "internship" for doctoral internship training programs, and "residency" for postdoctoral residency training programs, the program in question should include in all public documents (e.g., brochures, materials, web sites, certificates of completion) a statement about the program's accredited status.

> Preferred:
> ➢ "Postdoctoral residency in Clinical Psychology"
> ➢ "Postdoctoral residency in Health Service Psychology"

**How the program describes itself:**

It is recognized that programs have many possible reasons why they choose the self-descriptors or labels that they do. Some are bound by state law, others by institutional regulation, and others simply seek to assign a label to their program to describe their focus to the public. Given that these self-descriptors do not necessarily coincide with recognized areas of accreditation, any program whose label does not reflect the specific area in which it received accreditation must portray its accredited status in a manner consistent with the SoA.

Postdoctoral programs accredited in substantive or specialty areas may offer training in areas of emphasis. Areas of emphasis may be described in all public materials except the certificate of completion. Programs will state clearly that accreditation is specific to the substantive or specialty area only.

> Preferred:
> • "Postdoctoral residency in Clinical Psychology"
> • "Postdoctoral residency in health service psychology"
>
> Example with accurate accreditation status:
> • "Postdoctoral residency with an emphasis in geropsychology, accredited as a postdoctoral residency in clinical psychology"

**What trainees are called:**

For postdoctoral residencies, trainees (per the SoA) have a title commensurate with the title carried in that setting by other professionals in training who have comparable responsibility and comparable education and training, consistent with the laws of the jurisdiction in which the program is located.

The title assigned to the trainee should not mislead the public about their level of training.

## Certificate of completion of residencies:

Certificates of completion for <u>postdoctoral residencies</u> reflect only the major area of training in Health Service Psychology (clinical, counseling, or school) or the recognized specialty practice areas in which the program has been accredited. Areas of emphasis may not be identified on the certificate.

   Examples:
   - "completed a postdoctoral residency in clinical psychology"
   - "completed a postdoctoral residency in clinical health psychology"

## C-19 P. Accreditation Status and CoA Contact Information
(formerly C-6(b); Commission on Accreditation, November 2010; March 2015; November 2015)

Standard V.A.1.b of the *Standards of Accreditation for Health Service Psychology* (SoA) for postdoctoral residency programs states that the program must include in its public materials:

> *The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program makes available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.*

Programs that are accredited by agencies recognized by the U.S. Department of Education (e.g., CoA) are required to provide the contact information for the accrediting body when the accreditation status is cited. The intent of this Implementing Regulation is to clarify how this information should be presented in order to ensure consistency across programs as well as provide useful information to the public.

Accreditation status:
- The only official accredited statuses are: "Accredited on contingency," "Accredited," "Accredited on probation," and "Accredited inactive,"
- Programs may indicate their appropriate status (see above) by referring to "APA" accredited or accredited "by the Commission on Accreditation of the American Psychological Association," For example, "APA-accredited," APA-accredited on contingency," "accredited by the Commission on Accreditation of the American Psychological Association, "accredited on contingency by the Commission on Accreditation of the American Psychological Association," etc.
- Programs should not use the term "APA-approved," since at APA this term is used to denote approved sponsors of continuing education rather than accreditation of academic/training programs.
- If there are multiple programs in the same department, institution, or agency, it should be clearly indicated in public materials which programs are APA-accredited. Multiple accredited programs should refer to their accredited status individually and in accordance with IR C-18 P.

CoA contact information:
- In ALL public documents, including the program's website (if applicable), where the program's accreditation status is cited as above, the name and contact information for the CoA must be provided.
- Information must include the address and <u>direct</u> telephone number for the APA Office of Program Consultation and Accreditation. Other information (i.e., website, e-mail address) may also be included.
- Programs should clarify that this contact information should be used for questions related to the program's accreditation status. In doing so, the program should also ensure that its <u>own</u> contact information is clearly indicated in its materials so that the public knows how to contact the program directly with any other questions.
- Programs are encouraged to use the following format to provide this information:

> *\*Questions related to the program's accredited status should be directed to the Commission on Accreditation:*
>
> *Office of Program Consultation and Accreditation*
> *American Psychological Association*
> *750 1ˢᵗ Street, NE, Washington, DC 20002*
> *Phone: (202) 336-5979 / E-mail:* *apaaccred@apa.org*
> *Web: www.apa.org/ed/accreditation*

**C-20 P. Notification of Changes to Accredited Programs**
(formerly C-19; Commission on Accreditation, February 2005; revised October 2006; November 2015)

In accordance with Standard V.B.2 of the *Standards of Accreditation* (SoA) and Section 8.7 P of the *Accreditation Operating Procedures* (AOP), all accredited programs (doctoral, internship and postdoctoral residencies) whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in degree offered, policies/procedures, administrative structure, faculty resources, supervision resources, area of emphases, or tracks/rotations. This includes new, additional, or eliminated rotation or training sites. For example, consortium programs must inform the CoA of any substantial changes in structure, design or training sites. It also includes requests for changes in accreditation status (e.g., request to transition from inactive back to active status prior to recruitment).

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. In the case of a substantive change (such as a change in consortium membership), the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.

The only exception to the policy of informing the Commission *in advance* is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above.

Consultation on program changes is available from the Office of Program Consultation and Accreditation.

**C-21 P. "Intent to Apply"**
(Commission on Accreditation, October 2015; revised October 2016)

All programs can seek public notification of "intent to apply" prior to seeking accreditation. The application for intent to apply includes documentation related to key standards of the SoA. This review is a document review only and does not include a site visit. The review is conducted to verify that the essential elements are adequately described. "Intent to apply" is a declaration and is not an accredited status. This declaration does not constitute a judgment by the CoA regarding the quality of the program. Rather, this serves as public notice of the program's intent to seek accreditation in the near future.

**Overview/Logistics:**

A program may seek "intent to apply" declaration at any time, including prior to or after admitting residents. The "intent to apply" declaration indicates that once residents are in place, the program intends to apply for an APA accredited status (either "on contingency" or full accreditation). A program may be listed as "intent to apply" for a maximum of two years. The "intent to apply" declaration is effective as of the date of the Commission's decision to acknowledge the declaration. If the program exceeds its two year period for full-time 1-year programs and four years for full-time programs that are more than 1-year, it will need to inform its publics and residents that it is no longer designated as an "intent to apply" program. Declaration of "intent to apply" is not a requirement for an application for "accredited, on contingency" or "full accreditation."

For programs seeking the" intent to apply" declaration, the application process is intended to provide the program an opportunity to systematically describe the infrastructure upon which it will be building a program consistent with the Standards of Accreditation (SoA). The Commission on Accreditation will provide feedback to the program in response to their application for "intent to apply." Although the application includes completion and review of only certain sections of Standards I-V of the SoA, the program clearly intends to seek an accreditation status and be in compliance with all aspects of the SoA.

**Process to Apply:**

To apply for this declaration, programs are asked to submit documentation in accordance with the self-study instructions with the provisions listed below. It is recognized that a program will have elements in place and others in development, both of which will be reviewed by the CoA for prospective alignment with the SoA.

The program must address the following:
- Standard I, describing the type of program, institutional and program setting and resources, program policies and procedures, and program climate.
- Standard II, describing its aim(s), required Level 1: advanced competency areas, Level 2: program-specific or area-of-focus competencies (if any), Level 3: specialty competencies (if applicable), its learning elements to develop competencies, its plans to measure proximal and distal outcomes, and its plan to review outcome measures to evaluate and improve the program.
- Standard III, describing its plan for resident selection processes and criteria, including a plan for recruitment of residents who are diverse, and its plan for providing evaluation, feedback, and remediation, if necessary, to trainees.
- Standard IV, describing the designated director of the program who is in place, plans for providing a sufficient number of appropriately qualified supervisors to accomplish the program's aim(s), and plans for the recruitment and retention of faculty/staff who are from diverse backgrounds.

- Standard V in the areas of general disclosure and communication with prospective and current trainees, and its plan for communicating with the doctoral program (in the case of internship programs). Additionally, the program will provide all materials currently available to its publics. These materials must include:
  - The program's timeline to apply for "accredited, on contingency," or "full accreditation;"
  - The date that the declaration expires; and
  - The contact information for the APA CoA.

The program is advised to consider its timeline in light of the requirements for application for accreditation status.

# C-22 P. "Accredited, on Contingency"
(Commission on Accreditation, October 2015)

"Accredited, on contingency" is an accredited status, which reflects a program's adherence to the Standards of Accreditation (SoA). Programs seeking "accredited, on contingency" will be reviewed for adherence with all aspects of the SoA. Programs will be granted this status if the postdoctoral residency program sufficiently meets all standards with the exception of outcome data on residents while they are in the program and after program completion.

## Process to Apply:
Programs may apply for "accredited, on contingency" status prior to the arrival of residents on site provided that residents will be on site by the time of the site visit. Programs applying for "accredited, on contingency" status are not required to provide outcome data at the time of application, though they must submit any proximal and distal data collected to date. If data are presented at the time of the site visit, the program must send a copy of these data to the CoA.

The postdoctoral program will submit a self-study detailing all SoA components except a complete set of outcome data. However, the self-study must include plans for how the program will evaluate proximal and distal outcomes required to demonstrate minimum levels of achievement in profession-wide competencies, program-specific competencies (if any), and specialty competencies (if applicable).

## Components of the self-study submission for "accredited, on contingency":

With the exception of the provision of complete outcome data (Standard II), each standard will be addressed with respect to the program's plans and policies to meet the requirements of the SoA. The program must submit its evaluation plans and forms to evaluate resident outcomes and when possible, provide existing outcome data.

## Term of accredited, on contingency status:
The maximum amount of time a postdoctoral program can be "accredited, on contingency" is two years for a program lasting one year, or four years for a program that is more than one year in duration. The program is advised to consider its timeline in light of requirements to apply for full accreditation status. To apply for full accreditation, programs must provide aggregated proximal and distal data.

Residents in the program as well as the public must be kept informed of any change in the program's timeline that could negatively impact accreditation. Such notice must include current information on in all the program's public documents (e.g., brochure, APPIC Directory listing). Additionally, the program's public documents must refer all interested parties to the CoA website, on which is maintained a current listing of accredited program statuses.

The program must publish the date of expiration of the status in its public materials.

In the event that a program does not provide required proximal and distal data at the end of two years, the program will be considered to have voluntarily withdrawn from accreditation. Consistent with 8.2(b)P of the AOP, "failure to do so (provide outcome data) will lead to the program's being deemed to have withdrawn from accreditation, following completion of the program by the residents currently on-site at the program." That is, if the program is deemed to have voluntarily withdrawn from accreditation, residents in the program at the time will have completed an accredited program. Programs that submit proximal and distal data will be eligible for an additional three years as a "fully accredited" program.

**C-23 P. Trainees Admissions, Support, and Outcome Data**
(Commission on Accreditation, April 2016)

Standard V.A. of the Standards of Accreditation for Postdoctoral Programs requires that programs provide potential and current trainees and the public with accurate information on the program and on program expectations. This information is meant to describe the program accurately and completely, using the most up-to-date data about important admissions, support, and outcome variables, and must be presented in a manner that allows applicants to make informed decisions about entering the program.

The CoA requires each accredited program to provide information in its public materials regarding program admissions expectations, program support provided to residents, and initial post-training placement in a standardized way. This information is required to be posted in the program's public material(s) (e.g., website, brochure), and should be updated annually. This information will be reviewed by the CoA as part of periodic program review.
_____

Presentation of Required Information

To ensure that the required information for each program is available to the public in a consistent fashion, programs are required to update information annually, no later than December 1.

- The information must all be located in a single place and be titled "Postdoctoral Residency Admissions, Support, and Initial Placement Data";
- If the program has a website, the information must be located no more than one click away from the main/home program landing page (e.g., within the program's online brochure);
- If the program has more than one source of public materials (e.g., website and brochure), the information must be included in the primary recruiting document used to educate potential applicants about the program For instance, if a brief brochure is provided and then applicants are directed to a website, then the information would be located on the website. Alternatively, if a program has a website "introductory page" and then applicants are instructed to download an extensive brochure, the information can be contained in the brochure;
- Table cells must not be left blank; instead, please enter "NA" if not applicable;
- The data must be presented in tables consistent with those listed at the end of this regulation. Programs may choose to provide other data to supplement the requirements of this regulation, but these tables must be provided. If the program chooses to provide supplemental information, it should be provided below the corresponding required tables.

# POST-DOCTORAL RESIDENCY PROGRAM TABLES
## Date Program Tables are updated:_____

### Postdoctoral Program Admissions

| |
|---|
| Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements: |
| |
| Describe any other required minimum criteria used to screen applicants: |
| |

### Financial and Other Benefit Support for Upcoming Training Year*

| | | |
|---|---|---|
| Annual Stipend/Salary for Full-time Residents | | |
| Annual Stipend/Salary for Half-time Residents | | |
| Program provides access to medical insurance for resident? | Yes | No |
| If access to medical insurance is provided | | |
|     Trainee contribution to cost required? | Yes | No |
|     Coverage of family member(s) available? | Yes | No |
|     Coverage of legally married partner available? | Yes | No |
|     Coverage of domestic partner available? | Yes | No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | | |
| Hours of Annual Paid Sick Leave | | |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes | No |
| Other Benefits (please describe) | | |

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

## Initial Post-Residency Positions
(Provide An Aggregated Tally for the Preceding 3 cohorts)

| | 2012-15 | |
|---|---|---|
| Total # of residents who were in the 3 cohorts | | |
| Total # of residents who remain in training in the residency program | | |
| | PD | EP |
| Community mental health center | | |
| Federally qualified health center | | |
| Independent primary care facility/clinic | | |
| University counseling center | | |
| Veterans Affairs medical center | | |
| Military health center | | |
| Academic health center | | |
| Other medical center or hospital | | |
| Psychiatric hospital | | |
| Academic university/department | | |
| Community college or other teaching setting | | |
| Independent research institution | | |
| Correctional facility | | |
| School district/system | | |
| Independent practice setting | | |
| Not currently employed | | |
| Changed to another field | | |
| Other | | |
| Unknown | | |

Note. "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

**C-24 P. Consortium**
(Commission on Accreditation, October 2016)

A postdoctoral residency program may consist of, or be located under, a single administrative entity (e.g. institution, agency, school, department) which controls its program resources, or a consortium, where each administrative entity contributes to consortium program resources. A consortium is comprised of two or more independently administered entities, which have agreed to share resources and centralized decision-making essential to the establishment, implementation, and maintenance of a training program. The CoA seeks to understand the stability of a consortium's shared resources through this Implementing Regulation which specifically details the components that must be in place and described via a consortial agreement when two or more independent entities meet the above criteria to provide postdoctoral training. The written consortial agreement must articulate these components (a-g):

a) The nature and characteristics of the participating entities;
b) The rationale for the consortial partnership;
c) Each partner's commitment to the training/education program and its aim(s);
d) Each partner's obligations regarding contributions, financial support, and access to resources.
e) Each partner's agreement to adhere to central control and coordination of the training program by the consortium's administrative structure;
f) Each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee admission, training resource access, potential performance expectations, and evaluations; and
g) Approval by each entity's administrative authority (with authority to sign contracts for the entity) to honor this agreement including signature and date.

Consistent with IR C-20 P, any change in components a-g above and/or in the leadership of the programs in the consortium must be communicated to the CoA.

An individual consortial partner (member entity) of an accredited consortium may not publicize itself as independently accredited unless it also has independently applied for and received accreditation.

# *SoA*

# STANDARDS *of* ACCREDITATION *for* HEALTH SERVICE — PSYCHOLOGY —

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**Standards of Accreditation for Programs in Health Service Psychology**

**I. Scope of Accreditation**

The accreditation process is intended to promote consistent quality and excellence in education and training in health service psychology. Education and training provides tangible benefits for prospective students; the local, national, and international publics that are consumers of psychological services; and the discipline of psychology itself.

For the purposes of accreditation by the APA Commission on Accreditation (CoA) "health service psychology" is defined as the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders.

Programs that are accredited to provide training in health service psychology prepare individuals to work in diverse settings with diverse populations. Individuals who engage in health service psychology have been appropriately trained to be eligible for licensure as doctoral-level psychologists.

The Commission reviews programs for accreditation at doctoral, internship, and postdoctoral levels.

**A.  Scope of Accreditation for Doctoral Programs:**

The CoA reviews doctoral programs in psychology that provide broad and general training in scientific psychology and in the foundations of practice in health service psychology. Practice areas include clinical psychology, counseling psychology, school psychology, and other developed practice areas. The CoA also reviews programs that combine two or three of the above-listed practice areas.

**B. Scope of Accreditation for Internship Programs:**

The CoA reviews internship training programs in practice areas in health service psychology, which may include clinical psychology, counseling psychology, school psychology, and other developed practice areas.

**C. Scope of Accreditation for Postdoctoral Residency Programs:**

The CoA reviews postdoctoral residency programs providing education and training in preparation for health service psychology practice at an advanced level of competency in: a) the developed practice areas that have been defined within the scope of accreditation at the doctoral level; b) a focus area that promotes attainment of advanced competencies in a content within one or more of the developed practice areas that have been defined within the scope of accreditation

at the doctoral level; and/or c) in a recognized specialty practice area in health service psychology.

## II. Guiding Principles of Accreditation

The accreditation standards and procedures are greatly influenced by the following principles and practical concerns.

**A.      The Purpose and Practice of Accreditation**

Accreditation is a voluntary, non-governmental process of self-study and external review intended to evaluate, enhance, and publicly recognize quality in institutions and in programs of higher education. As such, it serves:

1.      General, liberal education;

2.      Technical, vocational education and training; and

3.      Education and training for the professions.

Accreditation is intended to protect the interests of students, benefit the public, and improve the quality of teaching, learning, research, and practice in health service psychology. Through its standards, the accrediting body is expected to encourage dual attainment of a common level of professional competency, and ongoing improvement of educational institutions and training programs, sound educational experimentation, and constructive innovation.

The accreditation process involves judging the degree to which a program has achieved its educational aims and the standards described in this document, and its students/trainees and graduates have demonstrated adequate mastery of the discipline-specific knowledge and profession-wide competencies. The accreditation body should not explicitly prescribe the processes by which competencies should be reached; rather, it should judge the degree to which a program achieves outcomes consistent with the standards in this document and its training aims.

Thus, accreditation in psychology is intended to "achieve general agreement on the goals of training ... encourage experimentation on methods of achieving those goals and ... suggest ways of establishing high standards in a setting of flexibility and reasonable freedom[1]."

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1      The APA Committee on Training in Clinical Psychology (1947).  First report of the new accreditation process in psychology.  *American Psychologist, 2,* 539-558.

**B.    Professional Values**

　　1. There are certain principles and values that are at the core of the profession and impact the way in which the CoA functions and the decisions it makes. The following overarching values govern the policies, standards, and procedures of the CoA.

　　　　**a.  Quality**

　　　　The primary goal of the accreditation process is to ensure quality in the education of psychologists, and to ensure that students/trainees receive the requisite knowledge, skills, attitudes, and values required for competent and safe practice. The focus on quality ensures that those most vulnerable in the educational process, students/trainees and the public to whom students/trainees and future psychologists will provide services, are adequately protected.

　　　　**b. Transparency**

　　　　As part of its commitment to accountability, the CoA is transparent regarding the policies, standards, and procedures by which it operates. It is open to and values input regarding these from the public, students, faculty and practitioners. The CoA is also committed to transparency regarding its decisions, within the limits imposed by the confidentiality of the information it receives from programs as part of their application process.

　　　　**c. Peer Review**

　　　　Peer-review is fundamental to the decision making of the CoA. This process ensures that the education students/trainees receive is assessed by peers nominated for their expertise in health service psychology. Peer review, following carefully developed policies, standards, and procedures, further ensures that the program review process will be fair and objective. A goal of the peer-review process is to promote trust and credibility of the process and outcomes of program review.

　　2. In addition to the principles and values that regulate the functions of the CoA, the following five principles guide accreditation decisions, such that programs whose policies and procedures violate them would not be accredited.

　　　　**a.  Commitment to Cultural and Individual Differences and Diversity**

　　　　The Commission on Accreditation is committed to a broad definition of cultural and individual differences and diversity that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

### b.  Broad and General Preparation for Practice at the Entry Level

Education in health service psychology resides on a continuum: progressing from broad and general preparation for practice at the entry level at the doctoral and internship levels to advanced preparation at the postdoctoral level in a focus area and/or recognized specialties.

Doctoral and internship education and training in preparation for entry-level practice in health service psychology should be broad and professional in its orientation rather than narrow and technical. This preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the declared substantive practice area(s) and should be well integrated with the broad theoretical and scientific foundations of the discipline and field of psychology in general.

### c. Advanced Preparation for Practice at the Postdoctoral Level in a Focus Area and/or Recognized Specialty

Postdoctoral residency education and training in health service psychology reflects advanced and focused knowledge of the science and practice of psychology. It builds upon the breadth of knowledge attained in earlier doctoral and internship education so as to ensure competence in health service psychology and is of sufficient depth and focus to ensure advanced competence in the practice area for which the residents are being prepared. This preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the practice area(s), and should be well integrated with the broad theoretical and scientific foundations of the discipline and field of psychology in general.

### d. Science and Practice

The competent practice of psychology requires attention to the empirical basis for all methods involved in psychological practice, including a scientific orientation toward psychological knowledge and methods. Therefore, education and training as a psychologist should be based on the existing and evolving body of general knowledge and methods in the science and practice of psychology, whether in preparation for entry-level practice or in preparation for advanced-level practice in a substantive traditional or specialty practice area. Broad and general knowledge in the discipline of psychology is foundational to and should be well integrated with the specific knowledge, skills, attitudes, and values that define a particular area of interest in health service psychology. The relative emphasis a particular program places on science and practice should be consistent with its training aims and the intended career path of its students/trainees. However, all programs should enable their students to understand the value of science for the practice of psychology and the value of practice for the science of psychology.

### e. Program Aims and Student/Trainee Competencies

A program or institution will be evaluated in light of its educational aims and the educational principles described above, the demonstrated competencies of its students/trainees, and the career paths of its graduates. There are certain educational aims that are accepted by the profession as necessary, including adequate mastery by students/trainees of the discipline-specific knowledge in psychology and the profession-wide competencies.

The program should be consistent with the stated aims, its policies, and with the standards of the CoA described herein. Consistent with these parameters, a program should have a clear, coherent, and well-articulated description of the principles underlying its aims, as well as a clear description of the resources, methods, and processes by which it proposes to attain its desired training outcomes. A program may describe program-specific competencies in addition to profession-wide competencies. Such program-specific competencies should be consistent with the stated aims of the program and with the general requirements of accreditation and should include clear demonstration by students/trainees of attainment of discipline-specific knowledge and profession-wide competencies.

The program's aims and desired training outcomes should be consistent with that of its parent or sponsor institution's mission. The program should also address the validity and consistency of the its aims and mission in relation to current professional standards and regional and national needs.

## C. Outcome Oriented Evaluation Focus

The accreditation review process places great emphasis on the outcomes of a program's training efforts. The accreditation process reviews resources and processes to ensure that they are adequate to meet the program's aims and the SoA. However these evaluations are not meant to discourage experimentation, innovation, or modernization with regard to the delivery of education.

Consistent with this outcomes-oriented approach, the accreditation standards do not contain a "checklist" of criteria. Rather, they identify and describe the profession-wide competencies and the discipline-specific knowledge that all programs must address as well as general areas that are considered essential to the success of any training program in health service psychology. Programs are expected to document their record of achievements in these areas (in the case of already accredited programs), or their potential for success (in the case of applicant programs).

It is assumed that, with reasonable guidance about the kind of information needed by the CoA, programs can decide how best to present their aims, competencies, and outcomes.

Similarly, it is assumed that with adequate information from a program, the CoA can reach an informed, fair, and reasonable decision about that program without relying solely on highly restrictive lists of specific criteria.

Protection of the interests of the program and the public will be ensured by the creation of procedures which utilize fair and reasonable evaluative methods to assess:

1.  The clarity of program aims and outcomes and their consistency with accreditation standards;

2.  The sufficiency of resources and adequacy of processes to support the accomplishment of the program's aims;

3.  The effectiveness of a program to achieve its aims and outcomes; and

4.  The likelihood that such outcomes can be maintained or improved over time.

## D. Function of the CoA:  Professional Judgment

This document reflects shared assumptions about the attributes of high-quality education. It is assumed that the CoA will use these shared assumptions, the collective professional judgment of its members, and the accreditation standards to reach an informed, fair, and reasonable decision about a program's readiness for accreditation review and/or its accreditation.

The CoA, in representing a broad array of constituencies, has the authority to adopt implementing regulations which elucidate, interpret, and operationally define its standards, principles, and procedures. The implementing regulations are meant to convey to programs and the publics the criteria used by the CoA in determining a program's compliance with a standard, while recognizing that application of these criteria and standards requires the exercise of professional judgment. The CoA may in its decision-making processes refer to or adopt definitions, aims, practices, and principles developed by certain health service psychology training communities or reference groups. By creating procedures which utilize fair and reasonable evaluative methods designed to assess program compliance with accreditation standards, principles, and areas the CoA seeks to ensure protection of the interests of the program and the public.

**Standards of Accreditation in Health Service Psychology:**

**Doctoral**

**I.  Institutional and Program Context**

A. **Type of Program**

1. **Health Service Psychology.** The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:

   a. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.

   b. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.

   c. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

2. **Practice Area.** Health service psychology includes several practice areas in which an accredited program may focus, including the areas of clinical psychology, counseling psychology, school psychology, combinations of these areas, and other developed practice areas.

B. **Institutional and Administrative Structure**

1. **Administrative Structure.** The program's purpose must be pursued in an institutional setting appropriate for doctoral education and training in health service psychology. The institution must have a clear administrative structure and commitment to the doctoral program.

   a. The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate graduate degree-granting authority. This includes state authorization and accreditation of the institution by a nationally recognized regional accrediting body in the United States.

   b. The program is an integral part of the mission of the academic department, college, school, or institution in which it resides. It is represented in the institution's operating budget and plans in a manner that supports the training mission of the program. Funding and resources are stable and enable the program to achieve its aims.

2. **Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.The program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, students, faculty, and staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare graduates to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

C. **Program Context and Resources**

1. **Program Administration and Structure**

   a. **Program Leadership.** The program has consistent and stable leadership with a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise must be in an area covered by HSP accreditation and must be consistent with the program's aims. This leadership position may be held by more than one individual.

   b. **Program Administration.** The program has designated procedures and personnel responsible for making decisions about the program, including curriculum, student selection and evaluation, and program maintenance and improvement. The

program's decision-making procedures, including who is involved in decision making, must be consistent with the missions of the institution and department, and with the program's aims. The program ensures a stable educational environment through its personnel and faculty leadership.

2. **Length of Degree and Residency.** The program has policies regarding program length and residency that permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to promote student development, socialization and peer interaction, faculty role modeling and the development and assessment of student competencies. Residency provides students with mentoring and supervision regarding their development and socialization into the profession, as well as continuous monitoring and assessment of student development through live face-to-face, in-person interaction with faculty and students. These obligations cannot be met in programs that are substantially or completely online. At a minimum, the program must require that each student successfully complete:

    a. a minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;

    b. at least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted;

    c. at least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of one year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement.

3. **Partnerships/Consortia.** A graduate program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or in a partnership or consortium among separate administrative entities. A consortium is comprised of multiple independently administered entities that have, in writing, formally agreed to pool resources to conduct a training or education program.

4. **Resources.** The program has, and appropriately utilizes, the resources it needs to achieve its training aims, including student acquisition and demonstration of competencies. The program works with its academic unit and/or the administration of the sponsor institution to develop a plan for the acquisition of additional resources that may be necessary for program maintenance and development. The resources should include the following:

    a. financial support for training and educational activities;

    b. clerical, technical, and electronic support;

    c. training materials and equipment;

    d. physical facilities;

e.  services to support students with academic, financial, health, and personal issues;

f.  sufficient and appropriate practicum experiences to allow a program to effectively achieve the program's training aims.

D. **Program Policies and Procedures**

1. **Areas of Coverage.** The program has and adheres to formal written policies and procedures that govern students as they enter, progress through, and matriculate from the program. These must include policies relevant to:

    a.  academic recruitment and admissions, including general recruitment/admissions and recruitment of students who are diverse.

    b.  degree requirements;

    c.  administrative and financial assistance;

    d.  student performance evaluation, feedback, advisement, retention, and termination decisions;

    e.  due process and grievance procedures;

    f.  student rights, responsibilities, and professional development;

    g.  nondiscrimination policies. The program must document nondiscriminatory policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.

2. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to their sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. If the program utilizes policies developed at another level (e.g., department or institution), it must demonstrate how it implements these policies at the program level.

3. **Availability of Policies and Procedures.** The program makes the formal written policies and procedures available to all interested parties. By the time of matriculation, the program provides students with written policies and procedures regarding program and institution requirements and expectations regarding students' performance and continuance in the program and procedures for the termination of students.

4. **Record Keeping.** The program is responsible for keeping information and records related to student training and complaints/grievances against the program. Records must be maintained in accord with federal, state, and institution policies regarding record keeping and privacy. The Commission on Accreditation will examine student records and programs' records of student complaints as part of its periodic review of programs.

a. **Student Records.** The program must document and maintain accurate records of each student's education and training experiences and evaluations for evidence of the student's progression through the program, as well as for future reference and credentialing purposes. The program should inform students of its records retention policies.

b. **Complaints/Grievances.** The program must keep records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of student complaints as part of its periodic review of the program.

## II. Aims, Competencies, Curriculum, and Outcomes

A. **Aims of the Program**

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.

2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

B. **Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession**

1. **Discipline-Specific Knowledge and Profession-Wide Competencies**

Discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health services psychology. Thus, all students in accredited programs should acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.

a. Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:

i. Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.

ii. Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.

b. Profession-wide competencies include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession-wide competency. Although in general, the competencies appearing at or near the top of the following list serve as foundations upon which later competencies are built, each competency is considered critical for graduates in programs accredited in health service psychology. The specific requirements for each competency are articulated in *Implementing Regulations*. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence-base when training students in the following competency areas. Students must demonstrate competence in:

   i. Research

   ii. Ethical and legal standards

   iii. Individual and cultural diversity

   iv. Professional values, attitudes, and behaviors

   v. Communication and interpersonal skills

   vi. Assessment

   vii. Intervention

   viii. Supervision

   ix. Consultation and interprofessional/interdisciplinary skills

2. **Learning/Curriculum Elements Related to the Program's Aims.** The program must describe the process by which students attain discipline-specific knowledge and each profession-wide competency (i.e., the program's curriculum) and provide a description of how the curriculum is consistent with professional standards and the program's aims.

3. **Required Practicum Training Elements**

   a. Practicum must include supervised experience working with diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The doctoral program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, that ensures that by the time the student applies for internship the student has attained the requisite level of competency.

   b. Programs must place students in settings that are committed to training, that provide experiences that are consistent with health service psychology and the

program's aims, and that enable students to attain and demonstrate appropriate competencies.

c.   Supervision must be provided by appropriately trained and credentialed individuals.

d.   As part of a program's ongoing commitment to ensuring the quality of their graduates, each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically).

4.   **Required Internship Training Elements.** The program must demonstrate that all students complete a one year full-time or two year part-time internship. The program's policies regarding student placement at accredited versus unaccredited internships should be consistent with national standards regarding internship training.

   a.   **Accredited Internships.** Students are expected to apply for, and to the extent possible, complete internship training programs that are either APA- or CPA-accredited. For students who attend accredited internships, the doctoral program is required to provide only the specific name of the internship.

   b.   **Unaccredited Internships.** When a student attends an unaccredited internship, it is the responsibility of the doctoral program to provide evidence demonstrating quality and adequacy of the internship experience. This must include information on the following:

      i.   the nature and appropriateness of the training activities;

      ii.  frequency and quality of supervision;

      iii. credentials of the supervisors;

      iv.  how the internship evaluates student performance;

      v.   how interns demonstrate competency at the appropriate level;

      vi.  documentation of the evaluation of its students in its student files.

C.   **Program-Specific Elements – Degree Type, Competencies, and Related Curriculum**

   1.   **Degree Type.** All accredited programs in psychology support the development of disciplinary knowledge and core competencies associated with the profession, and support the acquisition and integration of knowledge, skills, and attitudes from two major domains within the discipline: research and evidence-based practice. Programs are accredited either to offer the PhD degree or to offer the PsyD degree. Other doctoral degree designations that meet these general parameters may be eligible for consideration as appropriate. Although all doctoral degrees contain all the required elements common to programs accredited in HSP, they differ in the balance among, and relative emphasis on, program components, based on specific training aims or likely career paths of their graduates.

In general, PhD programs place relatively greater emphasis upon training related to research, and PsyD programs place relatively greater emphasis on training for engaging in professional practice. Graduates of each type of program or other doctoral degree designations, however, must demonstrate a fundamental understanding of and competency in both research/scholarly activities and evidence-based professional practice.

Programs that confer the PhD must have a substantial proportion of faculty who conduct empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PhD programs are trained to both create and disseminate the scholarly research upon which science and practice are built, as well as utilize such research to engage in evidence-based practice.

Programs that confer the PsyD must have a substantial proportion of faculty who engage in scholarship and/or empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PsyD programs are trained to engage in evidence-based practice, as well as in scientific inquiry and evaluation.

2. **Program-Specific Competencies and Related Curriculum.** Doctoral programs accredited in health service psychology may require that students attain additional competencies specific to the program.

   a. If the program requires additional competencies of its students, it must describe the competencies, how they are consistent with the program's aims, and the process by which students attain each competency (i.e., curriculum).

   b. Additional competencies must be consistent with the ethics of the profession.

D. **Evaluation of Students and Program**

1. **Evaluation of Students' Competencies**

   a. The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:

      i. Specify how it evaluates student performance, and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.

      ii. Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of achievement in

each profession-wide competency as well as in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.

iii. Present formative and summative evaluations linked to exit criteria, as well as data demonstrating achievement of competencies, for each student in the program.

b. For program graduates, the program must provide distal evidence of students' competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.

i. Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency. The program must also provide data on students' job placement and licensure rates.

ii. At 5 years post-graduation, the program must provide data on graduates, including data on graduates' licensure (as appropriate for their current job duties) and their scholarly/research contributions (as consistent with the program's aims).

2. **Evaluation of Program Effectiveness and Quality Improvement Efforts**

a. The program must demonstrate a commitment to ensure competence in health service psychology through ongoing self-evaluation in order to monitor its performance and contribution to the fulfilment of its sponsor institution's mission.

b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:

i. Involves program stakeholders, including faculty, students, graduates, and others involved in the training program.

ii. Evaluates its effectiveness in training students who, by the time of graduation, demonstrate the competencies required by the profession and the program, and who after graduation are able to engage in professional activities consistent with health service psychology and with the program's aims.

iii. Evaluates the currency and appropriateness of its aims, curriculum, and policies and procedures with respect to the following: its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.

iv. Identifies potential areas for improvement.

3. **Documenting and Achieving Outcomes Demonstrating Program's Effectiveness.** All accredited doctoral programs are expected to document student achievement while in the program and to look at post-graduation outcomes. Accredited programs are also expected to prepare students for entry-level practice and the program's achievement of this should be reflected in student success in achieving licensure after completion of the program.

a. The outcomes of program graduates including licensure rate and other proximal and distal outcomes of program graduates shall be evaluated within the context of: the requirement that all accredited doctoral programs prepare students for entry-level practice; each program's expressed and implied stated educational aims and competencies; and statements made by the program to the public.

b. Doctoral programs' specific educational aims and expected competencies may differ from one another; therefore there is no specified threshold or minimum number for reviewing a program's licensure rate. Instead the Commission on Accreditation shall use its professional judgment to determine if the program's licensure rate, in combination with other factors, such as attrition of students from the program and their time to degree, demonstrates students' successful preparation for entry-level practice in health service psychology.

## III. Students

A. **Student Selection Processes and Criteria**

1. The program has an identifiable body of students at different levels of matriculation who:

   a. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.

   b. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.

      i. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.

      ii. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.

   c. By prior achievement, students have demonstrated appropriate competency for the program's aims as well as expectations for a doctoral program.

     i.   If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.

     ii.   If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.

   d.   By interest and aptitude, they are prepared to meet the program's aims.

   e.   They reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.

B.  **Supportive Learning Environment**

1. Program faculty are accessible to students and provide them with guidance and supervision. They serve as appropriate professional role models and engage in actions that promote the students' acquisition of knowledge, skills, and competencies consistent with the program's training aims.

2. The program recognizes the rights of students and faculty to be treated with courtesy and respect. In order to maximize the quality and effectiveness of students' learning experiences, all interactions among students, faculty, and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see the current *APA Ethical Principles of Psychologists and Code of Conduct*). The program has an obligation to inform students of these principles, put procedures in place to promote productive interactions, and inform students of their avenues of recourse should problems with regard to them arise.

3. To ensure a supportive and encouraging learning environment for students who are diverse, the program must avoid any actions that would restrict program access on grounds that are irrelevant to success in graduate training.

C.  **Plans to Maximize Student Success**

1. Program faculty engage in and document actions and procedures that actively encourage timely completion of the program and maximize student success. The program minimizes preventable causes of attrition (e.g., flawed admission procedures or unsupportive learning environments) and engages in tailored retention/completion efforts as appropriate (e.g., accommodation of student needs and special circumstances).

2. **Program Engagement.** The program engages in specific activities, approaches, and initiatives to implement and maintain diversity and ensure a supportive learning environment for all students. The program may participate in institutional-level

initiatives aimed toward retaining students who are diverse, but these alone are not sufficient. Concrete program-level actions to retain students who are diverse should be integrated across key aspects of the program and should be documented. The program should also demonstrate that it examines the effectiveness of its efforts to retain students who are diverse and document any steps needed to revise/enhance its strategies.

3. **Feedback and Remediation.** Students receive, at least annually and as the need is observed for it, written feedback on the extent to which they are meeting the program's requirements and performance expectations. Such feedback should include:

   a. timely, written notification of any problems that have been noted and the opportunity to discuss them;

   b. guidance regarding steps to remediate any problems (if remediable);

   c. substantive, written feedback on the extent to which corrective actions have or have not been successful in addressing the issues of concern.

## IV. Faculty

A. **Program Leadership, Administration, and Management**

   1. Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

   2. The program leader(s) together with program core faculty have primary responsibility for the design, implementation, and evaluation of the program's administrative activities (e.g., policies and procedures for student admissions, student evaluations, and arrangement of practicum experiences) and for its educational offerings (e.g., coursework, practicum experiences, and research training).

B. **Faculty Qualifications and Role Modeling**

   1. **Core Faculty.** The program has an identifiable core faculty responsible for the program's activities, educational offerings, and quality, who:

      a. function as an integral part of the academic unit of which the program is an element;

      b. are sufficient in number for their academic and professional responsibilities;

      c. have theoretical perspectives and academic and applied experiences appropriate to the program's aims;

d. demonstrate substantial competence and have recognized credentials in those areas that are at the core of the program's aims;

e. are available to function as appropriate role models for students in their learning and socialization into the discipline and profession.

2. **Additional Core Faculty Professional Characteristics**

a. Core faculty must be composed of individuals whose education, training, and/or experience are consistent with their roles in the program in light of the substantive area in which the program seeks accreditation.

b. Core faculty must be composed of individuals whose primary professional employment (50% or more) is at the institution in which the program is housed, and to whom the institution has demonstrated a multiyear commitment. At least 50% of core faculty professional time must be devoted to program-related activities.

c. Core faculty must be identified with the program and centrally involved in program development, decision making, and student training. "Identified with the program" means that each faculty member is included in public and departmental documents as such, views himself or herself as core faculty, and is seen as core faculty by the students.

d. Core faculty activities directly related to the doctoral program include program-related teaching, research, scholarship, and/or professional activities; supervising students' research, students' dissertations, and students' teaching activities; mentoring students' professional development; providing clinical supervision; monitoring student outcomes; teaching in a master's degree program that is an integral part of the doctoral program; and developing, evaluating, and maintaining the program.

e. Core faculty activities not directly related to the doctoral program and not seen as aspects of the core faculty role include undergraduate teaching in general and related activities; teaching and related activities in terminal master's or other graduate programs; and clinical work or independent practice not directly associated with training, such as at a counseling center.

3. **Associated and Adjunct Faculty.** In addition to core faculty, programs may also have associated program faculty, contributing faculty, and adjunct (visiting, auxiliary, or "other") faculty. Associated program faculty do not meet the criteria for core faculty. They are not centrally involved in program development and decision making, but they still make a substantial contribution to the program and take on some of the tasks often associated with core faculty. Adjunct faculty are hired on an ad hoc basis to teach one or two courses, provide supervision, etc.

4. **Faculty Sufficiency**

   a. Consistent with the program's model, the program faculty, and in particular the core faculty, needs to be large enough to advise and supervise students' research and practice, conduct research and/or engage in scholarly activity, attend to administrative duties, serve on institutional or program committees, provide a sense of program continuity, provide appropriate class sizes and sufficient course offerings to meet program aims, and monitor and evaluate practicum facilities, internship settings, and student progress.

   b. The program faculty, and in particular the core faculty, needs to be large enough to support student engagement and success within the program, from admissions, to matriculation, to timely completion of program requirements and graduation.

   c. At least one member of the core faculty needs to hold professional licensure as a psychologist to practice in the jurisdiction in which the program is located.

   d. The program faculty must themselves be engaged in activities demonstrating the skills they are endeavoring to teach their students, such as delivering psychological services, conducting psychological research, publishing scholarly work, presenting professional work at conferences/meetings, teaching classes/workshops, and supervising the professional work of others.

5. **Cultural and Individual Differences and Diversity**

   a. **Recruitment of Faculty who are Diverse.** Each accredited program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) and retain faculty from differing backgrounds. The program has developed a systematic, long-term plan to attract faculty from a range of diverse backgrounds and implemented it when possible (i.e., when there have been faculty openings). The program may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient. The program should document concrete actions it has taken to achieve diversity, addressing the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. It should demonstrate that it examines the effectiveness of its efforts to attract faculty who are diverse and document any steps needed to revise/enhance its strategies.

   b. **Retention of Faculty who are Diverse.** The program has program specific activities, approaches, and initiatives it implements to maintain diversity among its faculty. A program may include institutional-level initiatives aimed toward retaining faculty who are diverse, but these alone are not sufficient. The program demonstrates that it examines the effectiveness of its efforts to maintain faculty who are diverse and documents any steps needed to revise/enhance its strategies.

## V. Communication Practices

A. **Public Disclosure**

1. **General Disclosures**

   a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.

   b. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

2. **Communication with Prospective and Current Students**

   a. All communications with potential students should be informative, accurate, and transparent.

   b. The program must be described accurately and completely in documents that are available to current students, prospective students, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.

   c. Descriptions of the program should include information about its requirements for admission and graduation; tuition and other costs; curriculum; time to completion; faculty, students, facilities, and other resources, including distance learning technologies; administrative policies and procedures; the kinds of research, practicum, and internship experiences it provides; and its education and training outcomes.

      i. If the program has criteria for selection that involve competence-based assessments (e.g., GRE subject tests), it must describe how those criteria are appropriate for the aims of the program, how the curriculum is structured in terms of students' initial assessed competency at entry to the program, and how the criteria maximize student success.

      ii. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), it must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.

d. The program must provide reasonable notice to its current students of changes to its aims, curriculum, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its educational quality.

3. **Communication Between Doctoral and Doctoral Internship Programs**

a. Throughout the internship year, communication between the doctoral program and the internship should be maintained. This ongoing interaction can remain largely informal, depending on the needs of the program and the trainee. The doctoral program should initiate this contact at the start of the training year.

b. Any formal, written internship evaluations must be retained in student files and used to evaluate the student competencies required for degree completion.

B. **Communication and Relationship With the Accrediting Body**

The program must demonstrate its commitment to the accreditation process through:

1. **Adherence.** The program must abide by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program must respond in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to all questions.

a. **Standard Reporting.** The program must respond to regular, recurring information requests (e.g., annual reports and narrative reports) as required by the accrediting body's policies and procedures.

b. **Nonstandard Reporting.** The program must submit timely responses to any additional information requests from the accrediting body.

c. **Fees.** The program must be in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

2. **Communication.** The program must inform the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in practice area or degree conferred or changes in faculty or administration.

**Standards of Accreditation in Health Service Psychology:**

**Doctoral Internship**

**I. Institutional and Program Context**

A. **Type of Program**

1. **Sponsoring Institution.** The program is sponsored by an institution or agency that provides service to a population sufficient in number and variability to give interns adequate experiential exposure to meet training purposes, aims, and competencies.

2. **Length of Program.** Accredited internships may be structured as full-time or part-time. The program requires interns to have the equivalent of 1 year of full-time training to be completed in no fewer than 12 months (or 10 months for school psychology internships), or the equivalent of half-time training to be completed within 24 months. The sponsoring doctoral program, internship program, and intern must have a clear understanding of the intern's plan if internship time is to be divided among two or more agencies for half-time training.

3. Programs can be single-site or multiple sites.

B. **Institutional and Program Setting and Resources**

1. **Internship program setting descriptions must include:**

   a. a description of the sponsoring institution/agency;

   b. a description of the training setting and how it is appropriate for the aims/purposes of the training program;

   c. a description of how the setting functions primarily as a service provider;

   d. information on required hours.

2. **Administrative Structure.** The program offers internship education and training in psychology that prepares interns for the practice of health service psychology.

   a. The program is an integral part of the mission of the institution in which it resides.

   b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.

3. **Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural

and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain interns and faculty/staff from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, interns, faculty, and staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare interns to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

4. **Funding and Budget**

   a. Interns are provided financial support. Financial support should be set at a level that is representative and fair in relationship to both the geographic location and clinical setting of the training site.

   b. The program must have financial support for faculty/staff and sufficient and dependable training activities for the duration of the year or years of the contract with interns.

   c. Funding for the program should be represented in the institution's operating budget and plans in a manner that enables the program to achieve its training aims.

5. **Training Resources and Support Services.** The program must demonstrate adequacy of its educational and training resources, including:

a. clerical, technical, and electronic support sufficient to meet the program's needs;

b. training materials, equipment, and access to the current knowledge base in the profession, including access to appropriate technology and resources to stay current with the scholarly literature;

c. physical facilities that are appropriate for confidential interactions, including facilities and resources that are compliant with the Americans With Disabilities Act.

C. **Program Policies and Procedures**

1. **Areas of Coverage.** The program has and adheres to, and makes available to all interested parties, formal written policies and procedures that govern interns as they enter and complete the program. These must include policies relevant to:

   a. intern recruitment and selection;

   b. any required prior doctoral program preparation and experiences;

   c. administrative and financial assistance;

   d. requirements for successful internship performance (including expected competencies and minimal levels of achievement for completion);

   e. intern performance evaluation, feedback, retention, and termination decisions;

   f. identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing and appeal;

   g. grievance procedures for interns including due process;

   h. supervision requirements;

   i. maintenance of records;

   j. documentation of non-discrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.

2. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must demonstrate how it incorporates and implements departmental and institutional policies at the program level, whenever such policies impact the program specifically.

3. **Availability of Policies and Procedures.** At the start of internship, the program must provide interns with written or electronic policies and procedures regarding program and institution requirements and expectations regarding interns' performance and continuance in the program and procedures for the termination of interns.

4. **Record Keeping**

   a. **Intern Performance.** The program must document and permanently maintain accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program as well as for future reference and credentialing purposes. The program should inform interns of its records retention policies.

   b. **Complaints and Grievances.** The program must keep information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

D. **Program Climate**

   1. **Cultural and Individual Differences and Diversity.** The program ensures a welcoming, supportive, and encouraging learning environment for all interns, including interns from diverse and underrepresented communities.

      a. Program climate is reflected in the recruitment, retention, and development of training supervisors and interns, as well as in didactic and experiential training that fosters an understanding of cultural and individual differences and diversity as it relates to professional psychology.

      b. The program conducts periodic self-assessment of its training climate in regards to diversity and takes steps to maintain an atmosphere that promotes the success of all interns.

   2. **Supportive Learning Environment**

      a. The program recognizes the rights of interns and faculty/staff to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and faculty/staff should be collegial and conducted in a manner that reflects the highest standards of the profession. (See the current *APA Ethical Principles of Psychologists* and *Code of Conduct*.) The program has an obligation to inform interns of these principles and of their avenues of recourse should problems arise.

b. Program faculty/staff are accessible to interns and provides them with a level of guidance and supervision that encourages successful completion of the internship. Faculty/staff members serve as appropriate professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the program's training aims.

## II. Aims, Training, Competencies, and Outcomes

A. **Required Profession-Wide Competencies**

1. Certain competencies are required for all interns who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their interns to achieve and demonstrate that each required profession-wide competency has been met.

2. The role of the internship is to build upon a trainee's competencies in all of the competency areas. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing interns in the competency areas. Interns must demonstrate competence in:

   a. Research

   b. Ethical and legal standards

   c. Individual and cultural diversity

   d. Professional values, attitudes, and behaviors

   e. Communication and interpersonal skills

   f. Assessment

   g. Intervention

   h. Supervision

   i. Consultation and interprofessional/interdisciplinary skills

B. **Program-Specific Aims and Competencies**

1. **Specific Aims of the Training Program.** Consistent with profession-wide competencies required of all programs, the program must provide information on the specific aims of the training program. The program's aims should be aligned with the program's training activities and intended outcomes.

2. **Program-Specific Competencies.** While internship programs accredited in health service psychology must encompass profession-wide competencies required of all programs, they may also elect to demonstrate program-specific competencies.

   a. The program must specify if its intended training outcomes will place special emphasis on the development of any competencies in addition to those expected for all psychology interns or to a greater degree of achievement than might be expected for all psychology interns.

   b. Additional competencies, if any, must be current and consistent with the definition of health service psychology, ethics of the profession, and aims of the program.

C. **Learning Elements to Develop Competencies**

   1. **Educational Activities.** It is the responsibility of the program to have a clear and coherent plan for educational activities that support interns' achievement of both profession-wide and any program-specific competencies.

   2. **Learning Elements**

      a. The program's primary training method must be experiential (i.e. service delivery in direct contact with service recipients) and include sufficient observation and supervision by psychologists to facilitate interns' readiness to enter into the general practice of psychology on training completion.

      b. The program must follow a logical training sequence that builds on the skills and competencies acquired during doctoral training.

      c. Training for practice must be sequential, cumulative, and graded in complexity in a manner consistent with the program's training structure.

      d. The program must demonstrate that intern service delivery tasks and duties are primarily learning-oriented and training considerations take precedence over service delivery and revenue generation.

   3. **Supervision**

      a. Supervision is regularly scheduled.

      b. Interns receive at least 4 hours of supervision per week.

      c. One or more doctoral level psychologists, who are appropriately trained and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided. The

supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.

d. Supervisory hours beyond the 2 hours of individual supervision must be consistent with the definition of supervision in the glossary, and must be supervised by health care professionals who are appropriately credentialed for their role/contribution to the program. These interactive experiences can be in a group or individual format.

e. Interns should have access to consultation and supervision during times they are providing clinical services.

f. The doctoral-level licensed psychologist supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals.

D. **Outcomes and Program Effectiveness**

1. **Evaluation of Interns' Competencies**

   a. **Current Interns.** As part of its ongoing commitment to ensuring the quality of its graduates, the program must evaluate intern in both profession-defined and program-defined competencies. By the end of the internship, each intern must demonstrate achievement of both the profession-wide competencies and any additional competencies required by the program. For each competency, the program must:

      i. specify how it evaluates intern performance;

      ii. identify the minimum level of achievement or performance required of the intern to demonstrate competency;

      iii. provide outcome data that clearly demonstrate all interns successfully completing the program have attained the minimal level of achievement of both the profession-wide and any program-specific competencies;

      iv. base each intern evaluation in part on direct observation (either live or electronic) of the intern;

      v. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with professionally accepted practices in intern competencies evaluation.

   b. **Internship Program Alumni.** The program must evaluate the functioning of alumni in terms of their career paths in health service psychology. Each program must provide data on how well the program prepared interns in each of the profession-wide and any

program-specific competencies. The program must also provide data on interns' job placement and licensure status.

2. **Evaluation of Program Effectiveness and Quality Improvement Efforts**

   a. The program must demonstrate ongoing self-evaluation to monitor its performance to ensure competence in health service psychology and contribute to fulfilment of its sponsor institution's mission.

   b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:

      i. involves program stakeholders, including training faculty/staff, interns, program graduates, and others involved in the training program;

      ii. evaluates its effectiveness in training interns who, by the completion of the internship, demonstrate competencies required by the profession and the program, and who are able to engage in professional activities consistent with health service psychology and with the program's aims;

      iii. has procedures in place to use proximal and distal data to monitor, make changes in, and improve the program;

      iv. provides resources and/or opportunities to enhance the quality of its training and supervision faculty/staff through continual professional development;

      v. evaluates the currency and appropriateness of its aims, educational activities, policies and procedures with respect to its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.

## III. Interns

A. **Intern Selection Process and Criteria**

   1. **Identifiable Body of Interns.** The program has an identifiable body of interns who are qualified to begin doctoral internship training.

      a. They are currently enrolled in a doctoral program accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the internship accepts an intern from an unaccredited program, the program must discuss how the intern is appropriate for the internship program.

b. Interns have interests, aptitudes, and prior academic and practicum experiences that are appropriate for the internship's training aims and competencies.

c. Adequate and appropriate supervised practicum training for the internship program must include face-to-face delivery of health service psychological services.

2. **Recruitment of Interns who are Diverse**

   a. The program has made and continues to make systematic, coherent, and long-term efforts to attract interns from different ethnic, racial, gender, and personal backgrounds into the program.

   b. Consistent with such efforts, the program acts to ensure the provision of training opportunities appropriate for the training of diverse individuals. It reviews its success with these efforts and makes changes as appropriate.

3. **Intern Sufficiency**

   The program has at least two interns who:

   a. are provided with opportunities that ensure appropriate peer interaction, support, and socialization;

   b. are provided with opportunities for socialization and interaction with professional colleagues in a manner consistent with the program's training structure;

   c. have an understanding of the program's philosophy, aims, and expected competencies;

   d. have a training status at the site that is officially recognized in the form of a title or designation such as "psychology intern" (consistent with the licensing laws of the jurisdiction in which the internship is located and with the sponsoring institution).

B. **Feedback to Interns**

1. Interns receive, at least semiannually and as the need is observed for it, written feedback on the extent to which they are meeting stipulated performance requirements. Feedback is linked to the program's expected minimal levels of achievement for profession-wide competencies and any program-specific competencies.

2. Such feedback should include:

   a. timely written notification of all problems that have been noted and the opportunity to discuss them;

   b. guidance regarding steps to remediate all problems (if remediable);

c. substantive written feedback on the extent to which corrective actions are or are not successful in addressing the issues of concern;

d. documentation that the intern evaluation was reviewed and discussed by the intern and the supervisor.

## IV. Supervisor/Faculty/Staff Leadership

A. **Program Leadership**

1. **Internship Program Director**

   a. The program director is primarily responsible for directing the training program and has administrative authority commensurate with that responsibility.

   b. The director should have appropriate administrative skills to ensure the success of the program and serve as a role model for the interns.

   c. The director must be a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located.

   d. The director's credentials and expertise must be consistent with the program's aims and the expected competencies of its interns.

2. **Administrative and Program Leadership Structure.** The program's administrative structure and processes facilitate appropriate review and continuous program improvement to ensure the program achieves its aims and provides the training environment needed for interns to attain all competencies.The program must describe how faculty/staff and interns contribute to the planning and implementation of the training program.

3. **Intern Training Supervisors**

   a. Supervisors function as an integral part of the site where the program is housed and have primary responsibility for professional service delivery.

   b. The program must have a sufficient number of supervisors to accomplish the program's service delivery and to supervise training activities and program aims. An accredited internship program must have a minimum of two doctoral-level psychologists on-site.

   c. Supervisors are doctoral-level psychologists who have primary professional responsibility for the cases for which they provide supervision and are appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the internship is located.

     i.   When supervision services are conducted in a context where a state or territory credential is required for practice, the supervisor holds that required credential.

     ii.   When supervision services are conducted in a federal jurisdiction (e.g., the VA or Bureau of Prisons), the credentialing rules pertaining to practice in a federal setting apply.

     iii.   Supervision requirements of school settings are governed by Federal general education and special education laws.

d. Supervisors are responsible for reviewing with the interns the relevant scientific and empirical bases for the professional services delivered by the interns.

e. Supervisors participate actively in the program's planning, implementation, and evaluation and serve as professional role models to the interns consistent with the program's training aims and expected competencies.

f. Other professionals who are appropriately credentialed can participate in the training program. These individuals may augment and expand interns' training experiences, provided that they are integrated into the program and are held to standards of competence appropriate to their role/contribution within the program.

B. **Faculty/Staff Diversity:** The program must demonstrate systematic and long-term efforts to recruit and retain faculty/staff who are from diverse backgrounds.

## V. Communication Practices

A. **Public Disclosure**

1. **General Disclosures**

a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum this includes general program information pertaining to its aims, required training sequence, program-specific competencies, and expected outcomes in terms of its interns' careers.

b. The program also demonstrates commitment to public disclosure by providing current information on its use of distance education technologies for training and supervision.

c. The program articulates its commitment to attracting and training diverse interns.

d. The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate

through its sponsor institution, such reports or other materials that pertain to the program's accreditation status.

2. **Communication With Prospective and Current Interns**

   a. All communications with potential interns should be informative, accurate, and transparent.

   b. The program is described accurately and completely in documents that are available to current interns, prospective interns, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.

   c. The program describes its aims; requirements for admission and completion; curriculum; training supervisors, facilities, and other resources; administrative policies and procedures, including vacation, sick leave, maternity and paternity leave policies; the kinds of experiences it provides; anticipated workload requirements; and training outcomes in documents available to current interns, prospective interns, and other publics.

   d. The program provides reasonable notice to its current interns of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its training quality.

   e. The program issues a certificate of completion to all interns who have successfully met all program requirements. The certificate of completion must include a statement about the program's scope of accreditation (e.g., Internship in Health Service Psychology).

3. **Communication Between Doctoral and Internship Programs**

   a. Throughout the internship year, there should be communication between the doctoral program and the internship program. The nature and frequency of this communication will depend on needs. Communication must take place when problems arise with interns.

   b. The internship should send formal written intern evaluations to the doctoral program at or near the midpoint of the training year and again at internship completion.

B. **Communication and Relationship with Accrediting Body**

The program demonstrates its commitment to the accreditation process through:

1. **Adherence.** The program abides by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program, and the program responds in a

complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to questions from the accrediting body.

a. **Standard Reporting.** The program responds to regular recurring information requests (e.g., annual reports and narrative reports) as identified by the accrediting body's policies and procedures.

b. **Nonstandard Reporting.** The program submits timely responses to any additional information requests from the accrediting body consistent with its policies and procedures.

c. **Fees.** The program is in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

2. **Communication.** The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty changes, and changes in administration.

**Standards of Accreditation in Health Service Psychology:**

**Postdoctoral Residency**

**I.    Institutional and Program Context**

A. **Type of Program**

1. **Areas of Postdoctoral Accreditation.** Programs providing training in health service psychology (HSP) may be accredited in one or more areas:

   a. Advanced competencies in the major areas of training in health service psychology that are recognized within the scope of accreditation(i.e., clinical, counseling, school, and other developed practice areas).

      A focus area that promotes attainment of advanced competencies in a context within one or more of the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).

   b. Specialty practice areas in health service psychology. If accreditation is sought in a recognized specialty practice area, the specialty practice area must meet at least two of the following requirements:

      i.   The specialty is recognized by the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association or by the American Board of Professional Psychology (ABPP).

      ii.  The specialty is recognized by and holds membership on the Council of Specialties (CoS).

      iii. The specialty has provided the Commission on Accreditation with specialty-specific postdoctoral educational and training guidelines endorsed by the Council of Specialties.

2. **Length of Program.** Each resident must complete a minimum of 1 year of full-time training in no less than 12 months (10 months for school psychology postdoctoral training programs), or 2 years of half-time training in no more than 24 months. Specialty practice residencies may require longer training periods, as specified in their respective education and training guidelines.

3. **Direct Service Delivery.** This is an essential element of training that promotes advanced competencies in health service psychology. Programs must allocate sufficient time to various training activities in order to promote the development of advanced competencies (e.g., direct service, didactics, supervision, and research). Programs that require substantial research activities must demonstrate how these research activities are directly related to the program's aims, competencies and outcomes as described in Section II.

4. **Learning**. Learning must take precedence over service delivery. The program must demonstrate that residents' service delivery activities are primarily learning-oriented and that training considerations take precedence over service needs and revenue generation.

B. **Institutional and Program Setting and Resources**

1. **Training Setting.** The setting must be appropriate for the program's aims and the development of residents' advanced competencies. Resources to support training must be sufficient to meet the program's aims and various expected learning outcomes. The service population must be appropriate and sufficient to meet the direct service activities that foster development of advanced competencies.

2. **Administrative Structure**

   a. The program's aims are consistent with the mission of the larger institution in which it resides. The program is represented in the institution's operating budget and plans in a manner that enables it to achieve its aims.

   b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.

   c. A postdoctoral training program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or may take the form of a consortium.

3. **Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain residents and faculty/staff from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in postdoctoral training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, residents, and faculty/staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics

set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare residents to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

4. **Funding and Budget Sources**

    a. A program must have stable and sufficient funding to conduct the training necessary to meet its aims.

    b. All postdoctoral residents must be financially supported at a level consistent with comparable doctoral-level professionals training at the same site or in the region.

5. **Training Resources and Support Services**

    a. The program provides sufficient and appropriate resources to fulfill the aims of the program (e.g., office space, supplies, computers, clerical support, library, and test equipment).

    b. These resources and facilities must be compliant with the Americans with Disabilities Act.

C. **Program Policies and Procedures**

    1. **Administrative**

        a. **Resident Recruitment and Selection**

            i. The program has procedures for resident selection that ensure residents are appropriately prepared for the training offered.

            ii. At the initiation of training, residents will have completed doctoral and internship training in programs accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the program accepts residents who attended unaccredited programs, the residency must describe how the program ensures that selected residents are otherwise qualified and appropriately prepared for advanced training in the residency program.

b. **Program Policies and Procedures.** The program has and adheres to, and makes available to all interested parties, formal written policies and procedures that govern residents as they enter and complete the program. These must include policies relevant to:

    i.   resident recruitment and selection;

    ii.   any required prior doctoral program and internship preparation and experiences;

    iii.   administrative and financial assistance;

    iv.   requirements for successful resident performance (including expected competencies and minimal levels of achievement for completion);

    v.   resident  performance evaluation, feedback, retention, and termination decisions;

    vi.   identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing and appeal

    vii.   grievance procedures for residents including due process;

    viii.   supervision requirements;

    ix.   maintenance of records;

    x.   documentation of non-discrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in post-doctoral training or the profession.

2. **Resident Evaluation.** Residents must receive written feedback on the extent to which they are meeting performance requirements at least semiannually (or more often as the need arises).

3. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must demonstrate how it incorporates and implements departmental and institutional policies at the program level, whenever such policies specifically impact the program.

4. **Availability of Policies and Procedures.** At the start of residency, the program must provide residents with written or electronic copies of policies and procedures regarding program and institution requirements and expectations regarding residents' performance and continuance in the program and procedures for the termination of residents.

5. **Record Keeping**

   a. The program documents and permanently maintains accurate records of the residents' supervised training experiences and evaluations for future reference, certification, licensing, and credentialing purposes.

   b. Each program is responsible for maintaining records of all formal complaints and grievances against the program of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of residents' complaints as part of its periodic review of the program.

D. **Program Climate**

   1. **Cultural and Individual Differences and Diversity.** The program ensures a welcoming, supportive, and encouraging learning environment for all residents, including residents from diverse and underrepresented communities.

      a. Program climate is reflected in the recruitment, retention, and development of training supervisors and residents, as well as in didactic and experiential training that fosters an understanding of cultural and individual diversity as it relates to professional psychology.

      b. The program conducts periodic self-assessment of its training climate in regards to diversity and takes steps to maintain an atmosphere that promotes the success of all residents.

   2. **Resident/Faculty/Staff Relationship Climate**

      a. The program recognizes the rights of residents and training supervisors to be treated with courtesy and respect. To maximize the quality and effectiveness of residents' learning experiences, interactions among residents, training supervisors, and program staff should be collegial and conducted in a manner that reflects psychology's ethical principles and professional conduct standards.

      b. The program provides opportunities for socialization into the profession.

      c. The program encourages peer interaction, and residents are provided with opportunities for appropriate peer interaction, support, and learning.

      d. Residents are provided with opportunities for collegial interaction with professionals and/or trainees in other disciplines.

## II. Aims, Competencies, Training, and Outcomes

A. **Aims of the Program.** The program must describe its aims in residency training (i.e., the overall, long-term expected outcome of the residency program).

B. **Competencies.** Postdoctoral programs ensure that residents attain advanced competencies relevant to the program's specialty or area of focus. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing residents in the competency areas. All programs provide experiences to promote advanced competencies fundamental to health service psychology (Level 1). Additionally, programs ensure that residents attain advanced competencies relevant to the program's aims or area of focus (Level 2), or that are consistent with the program's designated specialty (Level 3).

   1. **Level 1—Advanced Competency Areas Required of All Programs at the Postdoctoral Level**

      a. **Integration of Science and Practice**. This includes the influence of science on practice and of practice on science.

      b. **Individual and Cultural Diversity.** This includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

      c. **Ethical and Legal.** This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

   2. **Level 2—Program-Specific or Area of Focus Competencies**

      a. The program specifies expected learning outcomes appropriate and relevant for the area of health service psychology that is emphasized in training (i.e., residents' expected competencies upon program completion).

      b. The program requires all residents to demonstrate competencies at an advanced level in those domains integral to achieving its aims. These may include some or all CoA profession-wide competencies or other competencies identified by the program.

   3. **Level 3—Specialty Competencies.** To be accredited in a specialty practice area, the program must fulfill the standards for accreditation as well as the training and education guidelines endorsed by the recognized specialty**.**

C. **Learning Experiences that Promote the Development of Advanced Competencies**

   1. A formal, goal-directed training plan describing planned training experiences must be developed for each resident. An individualized training plan should include the resident's level of competence at entry in planning for how he or she will successfully attain the program's exit criteria. The educational activities listed below may occur in an interprofessional context or may make use of existing didactics occurring in the setting if they are appropriate for an advanced level of training.

2. **Educational Activities** (e.g. didactics, clinical conferences, grand rounds, group supervision). The program must demonstrate how structured educational activities complement experiential training and how they are linked to competencies in Levels 1–3 above.

3. **Clinical Activities.** The program must provide supervised service delivery experiences in an appropriate setting that promote the development of the advanced competencies identified in Levels 1–3.

4. **Individual Supervision**

   a. At least two hours per week of individual supervision focused on resident professional activities must be conducted by an appropriately trained and licensed doctoral-level psychologist.

   b. Supervisors must maintain an ongoing supervisory relationship with the resident and have primary professional clinical responsibility for the cases for which they provide supervision.

   c. A postdoctoral resident must have an appropriately trained and licensed doctoral-level psychologist serving as primary supervisor in order to ensure continuity of the training plan.

   d. The primary supervisor must maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other health professionals.

D. **Evaluation**

   1. **Evaluation of Resident Competencies**

      a. An evaluation is made of the resident's progress toward satisfactory attainment of the program's expected competencies, as reflected in the completion of the program's stated minimum levels of achievement and other program requirements.

      b. Data on residents' competencies must include competency-based assessments of residents as they progress through, and at completion of, the program (proximal data), as well as information regarding their attainment of competencies after they complete the program (distal data).

         i. Proximal data will, at the least, include  evaluations of residents by knowledgeable others (i.e., supervisors or trainers). The evaluation process and assessment forms must parallel the program's expected competencies. These evaluations include the feedback provided to residents as required in Standard I.C.1(d).

         ii. At each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated.

         iii. Distal data reflect the program's effectiveness in achieving its aims, as reflected by resident attainment of program-defined competencies.

iv. Distal data typically include information obtained from alumni surveys assessing former residents' perception of the degree to which the program achieved its aims by preparing them in the competencies identified as important by the program. The data may also include graduates' professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations).

2. **Quality Improvement of the Program.** The program must demonstrate continuous self-evaluation, ensuring that its aims are met, that the quality of its professional education and training are enhanced, and that it contributes to the fulfillment of its host institution's mission.

   a. The program, with appropriate involvement of its training supervisors, residents, and former residents, engages in a self-study process that addresses:

      i. its expectations for the quality and quantity of the resident's preparation and performance in the program;

      ii. its effectiveness in achieving program aims for residents in terms of outcome data (while residents are in the program and after completion), taking into account the residents' views regarding the quality of the training experiences and the program;

      iii. its procedures to maintain current achievements or to make changes as necessary;

      iv. its aims and expected outcomes as they relate to local, regional, state/provincial, and national needs, as well as advances in the knowledge base of the profession and the practice area in which the program provides its training;

   b. The program provides resources and/or opportunities to enhance the quality of its training and supervision staff through continued professional development.

   c. The program and its host institution value and recognize the importance of resident training and of the supervisors' training and supervisory efforts, and demonstrate this in tangible ways.

   d. The program demonstrates how it utilizes proximal and distal data to monitor and improve the program.

### III. Program Residents

**A. Resident Selection Processes & Criteria**

1. **Resident Selection.** As evidence that residents meet the program's entry requirements, the program ensures that its residents:

   a. have completed appropriate doctoral education and training in health service psychology or appropriate respecialization, either of which must include the completion of an appropriate internship;

b. have interests and abilities that are appropriate for the postdoctoral training program's aims and expected competencies.

2. **Postdoctoral Psychology Residents.** The program has one or more postdoctoral psychology residents who:

   a. have an understanding of the program's aims and expected competencies;

   b. have meaningful involvement in those activities and decisions that serve to enhance resident training and education;

   c. have a title commensurate with the title used in that setting by other professionals in training who have comparable responsibility, education, and training, consistent with the laws of the jurisdiction in which the program is located.

3. **Resident Diversity.** The program has made systematic and sustained efforts to attract residents from diverse backgrounds into the program.

   a. Consistent with such efforts, it acts to provide a supportive and encouraging learning environment for all residents, including those with diverse backgrounds, and to provide learning opportunities appropriate for the training of diverse individuals.

B. **Program Activities, Resources, and Processes.** These are designed to maximize the likelihood of all residents' success in completing the program. The program must provide professional mentoring to residents in addition to supervision.

## IV. Program Faculty/Staff

A. **Program Leadership and Faculty/Staff Qualifications**

   1. **Program Leadership**

      a. The program has a designated director who is a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located, who is primarily responsible for directing the training program, and who has administrative authority commensurate with those responsibilities.

      b. The program director's credentials and expertise must be consistent with the program's aims.

      c. For programs that include a recognized specialty practice area, the individual providing leadership of that area must have appropriate expertise and credentials in that specialty.

2. **Program Leadership Structure.** The program must describe how faculty/staff and residents contribute to the planning and implementation of the training program.

## B. Faculty/Staff

1. **Sufficiency.** The formally designated supervisors include at least two psychologists, who:

   a. deliver services in the practice area in which postdoctoral training occurs;

   b. function as an integral part of the program at the site where the program is housed;

   c. have primary professional and clinical responsibility for the cases on which they provide supervision;

   d. are appropriately trained and credentialed (i.e. licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located;

   e. are of appropriate quality for the program's aims and have appropriate qualifications for advanced training in the focus area or specialty;

   f. participate actively in the program's planning, its implementation, and its evaluation;

   g. serve as professional role models for the residents.

2. **Recruitment and Retention of Diverse Faculty/Staff**

   a. The program makes systematic and sustained efforts to attract and retain faculty/staff from diverse backgrounds into the program.

   b. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment and the provision of continuing educational opportunities appropriate for a broad spectrum of professionals.

   c. The program avoids any actions that would restrict program access on grounds that are irrelevant to a career in health service psychology.

## C. Ancillary Faculty/Staff

1. The program may utilize ancillary faculty/staff in achieving its aims and competencies.

2. An accredited program must demonstrate that the ancillary faculty/staff are appropriate and sufficient to achieve the program's aims and ensure appropriate competencies for the residents.

## V. Communication Practices

**A. Public Disclosure**

1. **General Disclosures**

   a. The program demonstrates its commitment to public disclosure by providing accurate and complete written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, recruitment and selection, implementation of strategies to ensure resident cohorts that are diverse, required training experiences, use of distance education technologies for training and supervision, and expected training outcomes.

   b. The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program makes available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

2. **Communication With Prospective and Current Residents**

   a. The program provides current information on training outcomes deemed relevant by the profession.

   b. The program is described accurately and completely in documents available to current residents, prospective residents, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. At a minimum, descriptions of the program should include the licensure status, employment status, and advanced certifications residents can expect to obtain. Program descriptions should be updated regularly as new cohorts begin and complete the program.

   c. The program describes its aims and expected resident competencies; its selection procedures and requirements for completion; its training supervisors, residents, facilities, service recipient populations, training settings, and other resources; its administrative policies and procedures, including the average amount of time per week residents spend in direct service delivery and other educational, training and program activities; and the total time to completion.

   d. The program provides reasonable notice to its current residents of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any program transitions that may impact training quality.

   e. The program issues a certificate of completion to residents who successfully attain the expected competencies and complete the contracted learning period.

**B.** **Communication and Relationship with Accrediting Body.** The program demonstrates its commitment to the accreditation process through:

1. **Adherence.** The program abides by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program responds in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to questions from the accrediting body.

   a. **Standard Reporting.** The program responds to regular recurring information requests (e.g., annual reports and narrative reports) as identified by the accrediting body's effected policies and procedures.

   b. **Nonstandard Reporting.** The program submits timely responses to information requests from the accrediting body consistent with its effected policies and procedures.

   c. **Fees.** The program remains in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

2. **Communication.** The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty/staff changes, or changes in administration.

<div align="center">

**Information on Custodian of Records**
**Oregon Board of Licensed Professional Counselors and Therapists**

</div>

# Overview*

OAR 833-075-0080 mandates that all licensees (LPCs and LMFTs) and registered associates must notify the Board of a "custodian of record" who will take care of client files and referrals in the case of death or incapacity of the licensee/registered associate. The custodian must be:

- An Oregon licensed mental health professional;
- An Oregon licensed medical professional;
- A health care or mental health organization that the licensee/registered associate is employed by;
- An attorney;
- A school; or
- A medical records company.

# Update your Custodian of Record

Login to the Licensee Portal and select the Custodian of Record menu item. Click here for information on the Board's new licensing system.

Custodian of Record Form

## Q & A

**Q1:** May the custodian of record requirement be waived for licensees and registered associates working for a state agency?
A: No; submit the form listing the state agency and contact information.

**Q2:** Do you have a list of duties of a custodian of record?
A: We do not have a list. The purpose of having a custodian is so that if you are no longer available, clients have someone to ask about their records and possibly referrals to other counselors or therapists.

**Q3:** I have worked for two organizations. Should I submit two custodians?
A: Yes, submit two forms.

**Q4:** I am not practicing and do not have any client records. Do I need to submit a custodian of record form?
A: Yes; please submit the form and write on it that you are not practicing and have no client records.

**Q5:** I am practicing out of the country. Do I need to identify a custodian of record in this country?
A: No; as long as you do not have client records in Oregon from the last 7 years.

**Q6:** What if my custodian of record has changed?
A: You must notify the Board immediately by submitting a new form.

**Q7:** My spouse is an LPC; may I designate her as the custodian?
Yes, since she is licensed.

**Q8:** I am licensed and in an academic setting not seeing clients. Do I need to respond in some way to indicate that?
A: Yes; please submit the form and write on it that you are not practicing and have no client records.

**Q9:** Is the Custodian of Record's signature necessary?
A: Not required but may be helpful for you and assures us that the custodian knows you have named them as such.

**Q10:** Do I need to submit a custodian of record for my registered associate practice clients?
A: Yes.

**Q11:** In order to maintain confidentiality, the custodian will have access to my records, so do I need an additional release of information?
A: You should work that out with the custodian and make sure that your clients know that someone else may access their records.

**Q12:** May I designate someone who is licensed in another state, but not Oregon?
A: No. The OAR specifies Oregon licensure.

**Q13:** May I designate a registered associate, even though he or she is not licensed?
A: Yes.

**Q14:** I provide counseling for my church. May the church be the custodian of those records?
A: No.

**Q15:** This requirement does not seem to fit my situation; what should I do?
A: Call or write the Board's office to discuss what to do.

# OREGON BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS
## CUSTODIAN OF RECORD
## DESIGNATION FORM

Your
Name: _____ License/Registration # _____

I designate one of the following as the custodian of my clients' records:

        A licensed health or mental health care individual
        A records management company
        An attorney
        A health care organization
        A mental health care organization
        A school

_____
Name of designated custodian

Address: _____

Phone number: _____    Email: _____

_____    _____
Signature of Custodian of Record (if appropriate)    Date

I understand that I must promptly inform the Board of any change to this custodian of record. I swear/affirm that the information provided above is accurate.

_____    _____
Signature (required)    Date (required)

Please return the completed and signed form to the Board office. If you need to change your designation for the Custodian of Record, the form can be downloaded from the Board's website at **www.oregon.gov/oblpct** . You may send the form by mail, facsimile, or as an attachment to an email message to:

Oregon Board of Licensed
Professional Counselors & Therapists    Fax: 503-373-1427
3218 Pringle Road SE Suite 120    Email:lpct.board@state.or.us
Salem, OR 97302-6312

October, 2012

# Mental Health Regulatory Agency

## Oregon Board of Licensed Professional Counselors and Therapists - Chapter 833

### Division 75
### GENERAL LICENSURE PROVISIONS

**833-075-0080**
**Custodian of Record**

(1) A licensee, registered associate, or person granted a temporary practice authorization must:

(a) Arrange for the maintenance of and access to client records that ensure the client's right to confidentiality and access to records in the event of the death or incapacity of the practitioner;

(b) Register with the Board the name and contact information of a custodian of record that will have case files and can make necessary referrals in the event the practitioner becomes incapacitated or dies; and

(c) Notify the Board of changes of the custodian of record.

(2) If the practitioner is an employee of an organization, the organization may be named as the custodian of record.

(3) The Board will not release the name of the custodian of record except in the following cases:

(a) The death or incapacity of the practitioner; or

(b) When a client is unable to locate the practitioner.

(4) A custodian of record under this rule must be a licensed mental health professional licensed under Oregon law, a licensed medical professional, a health care or mental health organization, an attorney, a school, or a medical records company.

**Statutory/Other Authority:** ORS 675.705 - 675.835
**Statutes/Other Implemented:** ORS 675.705 - 675.835
**History:**
BLPCT 5-2021, amend filed 10/08/2021, effective 10/08/2021
BLPCT 3-2021, temporary amend filed 08/11/2021, effective 08/11/2021 through 02/06/2022
BLPCT 1-2019, amend filed 12/18/2019, effective 01/01/2020
BLPCT 4-2016, f. & cert. ef. 10-10-16

# Mental Health Regulatory Agency

## Oregon Board of Psychology - Chapter 858

**858-010-0060**
**Psychological Records**

(1) Maintenance and retention of records. The psychologist or psychologist associate, or person granted a limited permit or temporary practice authorization, who is rendering professional services to an individual client or services billed to a third party payer, shall maintain professional records for a client for a minimum of seven years from the date of last service. The records shall include:

(a) The name of the client and other identifying information;

(b) The presenting problem(s) or purpose or diagnosis;

(c) The fee arrangement;

(d) The date and substance of each billed or service-count contact or service;

(e) Any test results or other evaluative results obtained and any basic test data from which they were derived;

(f) Notation and results of formal consults with other providers;

(g) A copy of all test or other evaluative reports prepared as part of the professional relationship;

(h) Any releases executed by the client;

(i) Any signed informed consents.

(2) Disposition in case of death or incapacity of the licensee. Psychologists and psychologist associates shall make necessary arrangements for maintenance of and access to client records to ensure confidentiality in case of death or incapacity of the licensee.

(3) Oregon licensees shall name a qualified person to intercede for client welfare and to make necessary referrals, when appropriate, and shall keep the Board notified of the name of the qualified person. The Board shall not release the name of the qualified person except in the case of the death or incapacity of the licensee or if the licensee is inactive or has resigned and the former client is unable to locate the licensee.

(4) A "qualified person" under this rule means an active or semi-active Oregon licensed psychologist.

**Statutory/Other Authority:** ORS 675.030, 675.040, 675.045, 675.050, 675.065 & 675.110
**Statutes/Other Implemented:** ORS 675.030, 675.040, 675.045, 675.050, 675.065 & 675.110
**History:**
OBP 1-2019, amend filed 11/19/2019, effective 01/01/2020
BPE 3-2013, f. & cert. ef. 9-30-13
BPE 1-2010, f. & cert. ef. 1-8-10
BPE 4-2002, f. & cert. ef. 10-11-02
PE 1-1996, f. & cert. ef. 6-25-96

# Behavioral Sciences Regulatory Board

## BOARD GOVERNANCE POLICY

**I.      Mission Statement**

The mission of the BSRB, in accordance with the intent of the Kansas Legislature, is to protect and serve the consumers of mental health services and the professionals that offer them, through the issuance of licenses, resolution of complaints and the creation of appropriate regulations, accomplished through efficiency, fairness and respect to all those involved.

**II.     Guiding Principles**

**A.**     Persons in Kansas shall expect that licensed mental health providers are qualified, competent, and professional.

B.      Persons regulated by the BSRB shall expect equitable and fair treatment in relation to licensing activities, disciplinary processes and administrative regulations.

C.      The BSRB shall provide all services in a manner that is timely, cost efficient, courteous and competent.

D.      The BSRB shall be guided and led by ethical principles, clear policies, progressive thinking and strategic decision making.

E.      The BSRB shall respect the dignity and worth of all individuals.

**III.    Services**

A.      Process license applications, and license renewals in a timely manner as defined by pre-established performance goals. These goals are to be set by the Executive Director and communicated to applicants and licensees at the time they initiate a service request.

B.      Take disciplinary action when appropriate.

C.      Provide timely information to the Public (i.e., mailing lists, list of licensees, maintain current website)

D.      Maintain Rules/Regulations and Statutes

## IV.     Code of Conduct

The purpose of the Code is to instill and assure the public's trust and confidence in its regulatory board for the licensed professions. That trust must embrace the people who serve on the board, including the qualifications for public service that attracted their appointment.

### A.      Integrity

1.      A member of the BSRB shall have no criminal or professional misconduct record, nor is under any investigation of charges or complaints.

2.      A member of the BSRB possesses sound moral principles, e.g. is upright, honest, sincere.

3.      A member of the BSRB has courage of convictions to withstand pressures to be swayed from the public protection agenda.

4.      A member of the BSRB is honest about personal agendas and leaves them outside the boardroom.

5.      A member of the BSRB shall reveal any actual or perceived conflicts of interest and appropriately recuse themselves from decisions or actions in those areas of interest.

6.      A member of the BSRB shall not represent their personal opinion as that of the Board.

7.      A member of the BSRB shall be limited to one unexcused absence a year.

### B.      Conflict of Interest

A member of the BSRB shall guard against conflict of interests.

1.      Compliance

Common components of conflicts of interest policies include, but are not limited to, some or all of the following:

a.      A member of the BSRB shall have no personal financial benefit as a result of service to the BSRB except sustenance and mileage;

b.      A member of the BSRB who may have a conflict of interest according to stated criteria shall refrain from voting on the matter;

c. A member of the BSRB shall disclose any relationship with any other agency or individual involved with the BSRB and be excluded from matters involving such a conflict;

d. A member of the BSRB serving as part of an organization working in any way with the BSRB shall inform the Board Chair;

e. A member of the BSRB or staff shall not accept any gifts or promotional items received as

part of their affiliation with the agency for personal use;

f. A member of the BSRB or staff shall not use the agency's name or agency information for personal gain;

## C. Definitions

1. Direct financial interest — is any situation that will result in **a** pecuniary benefit in the form of cash, salary, or property to the person or their spouse.

2. Indirect financial interest — is any situation that will result in a financial advantage to another person or organization with which a person has a relationship or association.

3. Pecuniary benefit — is any benefit in the form of property, but does not include:
 1. Property with a value of less than twenty dollars ($20.00);
 2. Food or drink or entertainment authorized as a property deductible expense for income tax purposes under the U.S. Internal Revenue Code up to an amount of one hundred dollars ($100.00) per year; or
 3. Contributions to a political campaign as a public servant.

## D. Confidentiality

Board discussion involving any of the following matters shall remain confidential, unless the Board expressly agrees to the contrary:

 1. Any discussion that occurs during executive session;
 2. Any discussion concerning actual or potential litigation;

## V. Board Meetings

## A. Board Composition

Quote K.S.A.
## B. Meeting Schedule and Agenda Formation

Board meetings shall take place the second Monday of each month, unless the Board determines otherwise.

1.      The following items will always appear on the agenda:

      a.      Roll Call
      b.      Approval of Agenda


      c.      Approval of the Minutes
      d.      Public comments
      e.      Staff Reports
      f.      Complaint Review Committee (CRC) Report
      g.      Reports from Professional Board members


**C.      Chairman Authority/Responsibility**

1.      Chair — The Chair of the BSRB shall:
      a.      Preside at all meetings.
      b.      Appoint members of the Advisory Committees.
      c.      Appoint members of the CRC
      d.      Appoint members to other ad hoc committees

2.      Vice-Chair — The Vice-Chair shall discharge the duties of the Chair in his/her absence, disability, resignation, or death.

**D.      Emergency Executive Succession**

1.      In the event that the Board Chair is unable to perform the duties of the Office discharge the duties of the Office to the Vice-Chair.

2.      In the event that the Executive Director is unable to perform the duties of the office of Executive Director, the BSRB may request an interim Director. If the BSRB is unable to meet immediately, the Board Chair will seek an interim Director until the Board can meet.

**VI.      Board-Executive Director Relationship**

**A.      Organizational Structure**

1.      Staff will communicate personnel issues to the Executive Director;
2.      The Executive Director will communicate matters that should be addressed by the Board to the Chair of the Board;

3.    The Chair of the Board will present these Board related issues to the Board;

4.    The Executive Director will communicate to the staff the Board wishes, intentions, policies, etc.


B.    **Delegation to the Executive Director**

1.    The Executive Director shall be the administrative head of the organization, serving at all


times under the Board. The Executive Director will be responsible for implementing and executing the policies and activities approved by the Board. She/He shall assist in the developing of the over-all program and shall recommend policies and activities for consideration by the Board.

2.    The Executive Director shall have sole authority to employ, eliminate, and fix the duties and salaries of other employees or independent contractors of the organization, subject to

policies, regulations and limitations approved by the State of Kansas.


C.    **Executive Expectations**

1.    The Executive Director shall keep the Board advised of BSRB activities by issuing a monthly report to the Board, which summarizes pertinent information.

2.    The Executive Director shall prepare the agenda for Board meetings in consultation with the Board Chair.

3.    The Executive Director shall prepare the agenda in consultation with the Board Chair for an annual Board retreat which shall allow for issues before the Board that need in depth consideration.


D.    **Monitoring the Executive Director's Performance**

1.    The Board shall, when necessary, utilize executive session to discuss issues concerning the Executive Director. The Board shall also formally evaluate the Executive Director on an annual basis, with emphasis on whether set outcomes are attained.


**VII.    Advisory Committees**

Purpose:    A BSRB Advisory Committee, as a creation of the Board, has the purpose of supporting the Board in carrying out its mission to protect the public. Members serve at the pleasure of the Board. Actions pertaining to informing, licensing, and disciplining of those persons regulated by the Board are the methods for accomplishing the mission.

Process:	An Advisory Committee fulfills its purpose by addressing issues referred to it by the Board through the Advisory Committee Chairperson or the Executive Director. A Committee may suggest issues it believes the Board should consider by referring those through the Chairperson of the Advisory Committee. When the latter occurs the Board has three courses of action from which to choose:

1.	The Board can agree the issue needs to be addressed at the Board level.

2.	The Board can agree the issue should be addressed and refer the matter to the appropriate person or committee for additional information, review, or analysis, which will then be brought back to the Board.

3.	The Board can decide to not address the issue.

Structure of the Committee:   The Chairperson of the Committee will be a Board member licensed in the discipline of the committee. A public member of the Board will also be a member. There will be a minimum of three additional members appointed. These members shall provide representation of the levels of licensing for that discipline. It is suggested that those members be selected from among public and private practitioners and educators. The Executive Director will be a non-voting, ex officio member. The Credentialing Specialist and the Assistant Attorney General representing the Board are encouraged to attend. Former BSRB Board members may serve on the Advisory Committee.

Terms for Advisory Committee members will be two years. They will be appointed by the Chairperson of the BSRB and can serve up to four terms. Appointments to the committee should be staggered so that approximately one third of the committee terms will be expiring each year. The policies and procedures under which the BSRB Board Members are expected to operate will apply also to the Advisory Committee Members. The Chairperson of the BSRB can remove members.

Selection:	Members for the Committee may be nominated by anyone, including the public, committee members, members of a professional organization — either the discipline's own or other's — or through self-nomination. In reviewing nominations the Committee should work to ensure that there is representation based on geographical, gender, and public vs. private settings.

The Committee as a whole discusses nominations. The nominee's resume, a letter stating the reasons why he or she desires to be appointed, and a copy of the Board's mission and goals to which the nominee has indicated agreement, are reviewed. The Chairperson of the Committee will submit the names of the nominee(s) to the BSRB Board Chairperson at the Board meeting. The Chairperson will review the nominations and may request input before making a decision, which will be announced at the next Board meeting.

After the appointment has been approved the Executive Director will inform the Advisory

Committee appointee by letter. The Executive Director may assist the new member by providing information, which will help orient the member to the Board's, and Advisory Committee's, role and function.

VIII.   Complaint Review Committee Policy

The CRC operates as part of the Investigations Policy document.  That document is attached in Appendix A.

**Summary of Board Governance Policy Recommended Changes**
**and Items for the Board's Review and Consideration**
Behavioral Sciences Regulatory Board

   The Behavioral Sciences Regulatory Board (BSRB) was created by the Kansas Legislature in 1980 by combining the then-existing regulatory bodies for social workers and licensed psychologists. In the years that have followed, additional professions have been added under the Board's jurisdiction. As a creation of the Legislature, the BSRB is bound first by statutes, then by regulations, and then by any other policies the Board or the agency chooses to adopt.

   In October 2011, the Board of the BSRB adopted a revised Board Governance Policy (Governance Policy), which provides general direction concerning expectations for Board membership, Board responsibilities, advisory committees, and Board staff. The document has not been revised since that time. At the Board meeting on July 12, 2021, the Executive Director noted he would review the Governance Policy for potential updates and changes and would bring recommendations for changes back to the Board for review and consideration.

In Summary, the Governance Policy is divided in the following ways:

- Section 1 – Mission Statement (page 1)
- Section 2 – Guiding Principles (page 1)
- Section 3 – Services (page 1-2)
- Section 4 – Code of Conduct (pages 2-3)
    - A. Integrity;
    - B. Conflict of Interest;
    - C. Definitions; and
    - D. Confidentiality.
- Section 5 – Board Meetings (pages 3-4)
    - A. Board Composition;
    - B. Meeting Schedule and Agenda Formation;
    - C. Chairman Authority/Responsibility; and
    - D. Emergency Executive Succession.
- Section 6 – Board-Executive Director Relationship (pages 4-5)
    - A. Organizational Structure;
    - B. Delegation to the Executive Director;
    - C. Executive Expectations; and
    - D. Monitoring the Executive Director's Performance.
- Section 7 – Advisory Committees (pages 5-7)
- Section 8 – Complaint Review Committee Policy (page 7)


In the pages that follow, items the Executive Director has recommended be changed are highlighted in yellow and items for the Board's review and consideration are highlighted in blue. These highlighted items are not meant to be a comprehensive list of items the Board could consider changing, but is meant to aid the Board in evaluating and updating the existing language.

**Potential Change #1 – Adding Language to Clarify Authority of Governance Policy (Pg 1)**

As was mentioned earlier, as a creation of the Kansas Legislature, the Board of the BSRB is subject first to applicable statutes, then to regulations, then to any other agreement the Board agrees to be bound by.

I recommend adding the following language at the beginning of the Governance Policy to clarify where the Policy fits within the structure of the other rules the Board and the BSRB are subject to: "***Insofar as the Board Governance Policy conflicts with or limits any federal or state statute or regulation, the statute or regulation controls.***"

**Potential Change #2 – Chair Reference (Throughout Governance Policy)**

Throughout the Governance Policy, the following names are used interchangeably: Chairperson, Chairman, and Chair.

I recommend that all references to "Chair," "Chairman," and "Chairperson" be changed to "**Chair**" and I recommend making this action consistent with references to the "**Vice-Chair**."

**Potential Change #3 – Reference to Frequency of Board Meetings and Corresponding Reports**

Language in the Governance Policy states that the Board meets each month and that the Executive Director will issue a monthly report, however the Board currently meets every other month.

I recommend the following language be modified:

On page 4, replace "*Board meetings shall take place the second Monday of **each month**, unless the Board determines otherwise*" with "*Board meeting shall take place the second Monday of **every other month**, unless the Board determines otherwise*."

On page 5, replace "*The Executive Director shall keep the Board advised of BSRB activities by issuing a **monthly report** to the Board, which summarizes pertinent information*" with "The Executive Director shall keep the Board advised of BSRB activities by issuing a **report to the Board at each full Board meeting**, which summarizes pertinent information."

## Potential Change #4 - Adjust Language on Board Member Code of Conduct

Under Section 4, certain language notes that a Board member of the BSRB "*shall*" not have certain criminal or professional misconduct, shall not represent their personal opinion as that of the Board, shall reveal any actual or perceived conflicts of interest, etc. A determination of the qualifications for membership on the Board is under the discretion of the Governor's office, so I would recommend changing the language from "shall" to "should," to express the expectations of Board membership, while not appearing to limit the authority of the Governor in terms of Board membership. Additionally, to avoid confusion, it may be helpful to replace "A member of the BSRB" with "A Board member of the BSRB." Also, language under "1" states that a Board member shall not be under investigation or charges or complaints. Anyone can file a complaint against a practitioner and those complaints will be investigated, so the language should reflect avoiding actions that would lead to investigations and complaints.

## Recommended Changes to Code of Conduct, Integrity (#4a)

On page 2, "**Section 4. Code of Conduct, A. Integrity**," the language current states:

"*1. A member of the BSRB shall have no criminal or professional misconduct record, nor is under any investigation of charges or complaints.*

*2. A member of the BSRB possesses sound moral principles, e.g. is upright, honest, sincere.*

*3. A member of the BSRB has courage of convictions to withstand pressures to be swayed from the public protection agenda.*

*4. A member of the BSRB is honest about personal agendas and leaves them outside the boardroom.*

*5. A member of the BSRB shall reveal any actual or perceived conflicts of interest and appropriately recuse themselves from decisions or actions in those areas of interest.*

*6. A member of the BSRB shall not represent their personal opinion as that of the Board.*

*7. A member of the BSRB shall be limited to one unexcused absence a year.*"

I recommend the following changes:

"*1. A **Board** member of the BSRB **should** have no criminal or professional misconduct record, nor **commit acts that would lead to investigations or complaints.***

*2. A **Board** member of the BSRB possesses sound moral principles, e.g. is upright, honest, sincere.*

*3. A **Board** member of the BSRB has courage of convictions to withstand pressures to be swayed from the public protection agenda.*

*4. A **Board** member of the BSRB **should be** honest about personal agendas and leave them outside the boardroom.*

*5. A **Board** member of the BSRB **should** reveal any actual or perceived conflicts of interest and appropriately recuse themselves from decisions or actions in those areas of interest.*

*6. A **Board** member of the BSRB **should** not represent their personal opinion as that of the Board.*

*7. A **Board** member of the BSRB **should** be limited to one unexcused absence a year."*


**Recommended Changes to Code of Conduct, Conflict of Interest, Compliance (#4b)**

On page 2, **"Section 4. Code of Conduct, Conflict of Interest, Compliance,"** the language currently states:

*"Common components of conflicts of interest policies include, but are not limited to, some or all of the following:*

*a. A member of the BSRB shall have no personal financial benefit as a result of service to the BSRB except sustenance and mileage;*

*b. A member of the BSRB who may have a conflict of interest according to stated criteria shall refrain from voting on the matter;*

*c. A member of the BSRB shall disclose any relationship with any other agency or individual involved with the BSRB and be excluded from matters involving such a conflict;*

*d. A member of the BSRB serving as part of an organization working in any way with the BSRB shall inform the Board Chair;*

*e. A member of the BSRB or staff shall not accept any gifts or promotional items received as part of their affiliation with the agency for personal use;*

*f. A member of the BSRB or staff shall not use the agency's name or agency information for personal gain;"*


I recommend the following changes:

*"Common components of conflicts of interest policies include, but are not limited to, some or all of the following:*

*a. A **Board** member of the BSRB **should** have no personal financial benefit as a result of service to the BSRB except sustenance and mileage;*

*b. A **Board** member of the BSRB who may have a conflict of interest according to stated criteria **should** refrain from voting on the matter;*

*c. A **Board** member of the BSRB **should** disclose any relationship with any other agency or individual involved with the BSRB and be excluded from matters involving such a conflict;*

*d. A **Board** member of the BSRB serving as part of an organization working in any way with the BSRB **should** inform the Board Chair;*

*e. A **Board** member of the BSRB or staff **should** not accept any gifts or promotional items received as part of their affiliation with the agency for personal use;*

*f. A **Board** member of the BSRB **should** not use the agency's name or agency information for personal gain. **Staff of the BSRB shall not use the agency's name or agency information for personal gain;"***

### Potential Change #5 - Code of Conduct. C. Definitions (Pg 3)

The Definitions section of the document contains definitions of "Direct Financial Interest" and "Indirect Financial Interest," however these definitions are not included elsewhere in the document. The Governance Policy also defines Pecuniary Benefit, though this term is only mentioned in the Governance Policy within the definition of "Direct Financial Interest." Other statutes exist which indicate the limits by which

I recommend modifying the language in this section as follows: **Strike the Definitions section.**

### Item for Board Review and Discussion #1 – Yearly Formal Evaluation of Executive Director (Pg 5)

In the Governance Policy, Section 6, Board-Executive Director Relationship, "Monitoring of the Executive Director's Performance" includes language that "*The Board shall also formally evaluate the Executive Director on an annual basis, with emphasis on whether set outcomes are attained*."

**Item for the Board's review and consideration: Is it the will of the Board for this language to remain in the Governance Policy?**

### Advisory Committees

Section 7 of the Governance Document includes language on Advisory Committees, including separate sections on the Purpose, Process, Structure of Committee, and Selection of members. Advisory Committee are not mentioned specifically in statute or regulation, though there is reference to subcommittees, which advisory committee should fall under.

### Potential Change #6 – Structure of Committee – Professional Board Members

Language in the Governance Policy "Structure of Committee" section states "*The Chairperson of the Committee will be a Board member licensed in the discipline of the committee. A public member of the Board will also be a member*." No other language is included regarding Board members serving on Advisory Committees. However, two BSRB Advisory Committees, Licensed Psychology and Social Work, have two professional Board members on the Advisory Committee.

I recommend modifying language in this section as follows: "*The Chairperson of the Committee will be a Board member licensed in the discipline of the committee **and appointed by the Governor to represent that discipline on the Board. Any other Board members appointed by the Governor to represent that discipline on the Board will serve as a member of that advisory committee.** A public member of the Board will also be a member.*"

### Potential Change #7 – Structure of Committee - References of Certain Attendees

Language in the Governance Policy "Structure of the Committee" section states "*The Credentialing Specialist and the Assistant Attorney General representing the Board are encouraged to attend.*" Currently, no employee for the BSRB holds the title "Credentialing Specialist," however I believe the current position that most closely would fit this reference is the Assistant Director and Licensing Manager. Additionally, while it may be helpful to have a representative from the Attorney General's office attend meetings when needed, recommending that individual attend all Advisory Committee meetings would seem unnecessary for most meetings and would likely cause the amount for the yearly contract to escalate quickly.

I recommend modifying the language in this section as follows: "**The Assistant Director or Licensing Manager is encouraged to attend. The Assistant Attorney General representing the Board should attend meetings when their attendance is requested**."

### Item for Board Review and Discussion #2 – Number of Non-Board Members on Advisory Committee

Language in the Governance Policy, "Structure of the Committee" section, states (in addition to Board members on the Advisory Committee) "*There will be a minimum of three additional members appointed.*" The Governance Policy does not list a maximum number of non-Board members on the Advisory Committee. I have heard it mentioned that there has been discussion in the past that the number of non-Board members on the Advisory Committee should not exceed 10 individuals, however this language is not in the Governance Policy.

**Item for the Board's review and consideration: Should there be a maximum number of non-Board members on the Advisory Committee? If so, what should the limit on non-Board members be?**

### Item for Board Review and Discussion #3 – Former Board Members on Advisory Committees

Language in the Governance Policy, "Structure of the Committee" section, states "*BSRB Board members may serve on the Advisory Committee.*" This sentence appears to be vague. It appears a past practice in certain situations has been that when a Board member ends their service on the Board, membership on an Advisory Committee may be offered. If this is the intent of this phrase, it would be helpful to clarify that understanding in the language of the Advisory Committee policy.

**Item for the Board's review and consideration: What is the will of the Board?**

### Item for Board Review and Discussion #4 – Representation of Advisory Committee Members

Language in the Governance Policy "Structure of Committee" and "Selection" sections include three specific statements concerning the criteria that should be considered when individuals are being reviewed for potential Advisory Committee membership:

- "*These members shall provide representation of the **levels of licensing** for that discipline;*"
- "*It is suggested that those members be selected from among **public and private practitioners and educators**;*"
- "*In reviewing nominations the Committee should work to ensure that there **is representation based on geographical, gender, and public vs. private settings.***"

While it may be implied that candidates for membership should hold a general level of competence in their discipline and be ethical practitioners, due to language in the "Structure of the Committee" section that states "*The policies and procedures under which the BSRB Board Members are expected to operate will apply also to the Advisory Committee Members,*" it would be helpful to clarify whether this is the intent of the Board by adding such a sentence to the "Selection" of the Governance Policy when discussing the selection process for recommending candidates.

Items for the Board's review and consideration: **(1) should language be added to clarify that the criteria for evaluating candidates for the advisory committee should include the policies and procedures under which the Board is expected to operate? (2) Is the bulleted list of criteria above sufficient or should other areas of representation be mentioned?**

### Item for Board Review and Consideration #5 – Two-Year Terms, Four Term Maximum

Language in the Governance Policy "Structure of the Committee" section states that terms for Advisory Committee members will be two years and that members may serve up to four terms. In the past, terms of service have run together, however if the Board would like to keep this language concerning the

length of term being two years, then we will begin submitting all reappointments to the Chair of the Board whenever a two-year term ends**.**

**Item for the Board's review and consideration:** <mark>Does the Board wish to keep terms at two years in length? Does the Board wish to keep the current limit of four terms?</mark>

### Potential Change #8 – Staggering of Advisory Committee Terms

Language in the Governance Policy "Structure of the Committee" section states "*Appointments to the committee should be staggered so that approximately one third of the committee terms will be expiring each year.*" While staggering of appointments is a preferred practice, if Advisory Committee members serve two-year terms, and members can serve up to four terms, it would be impossible for one third of the committee terms to be expiring each year.

I recommend the following modified language "<mark>***Appointments to the committee should be staggered to avoid having too many members of the Advisory Committee reach their maximum length of service at the same time***</mark>."

### Potential Change #9 – Changing Terminology of "Nomination" to "Recommendation"

Language in the Governance Policy "Selection" section states "*Members for the Committee may be nominated by anyone, including the public, committee members, members of a professional organization — either the discipline's own or other's — or through self-nomination.*" The language further states "*The Committee as a whole discusses the nominations.*" The section then states "*The Chairperson of the Committee will submit the names of the nominee(s) to the BSRB Board Chairperson at the Board meeting.*" The overuse of the term "nominations," creates some confusion, as in the first two sentences, it is used to identify individuals who were nominated for consideration of becoming Advisory Committee members, but in the last sentence, it is used to mean the recommendations of the Advisory Committee.

I recommend the following modified language <mark>"The Committee as a whole discusses the nominations **and reaches recommendations on new members**</mark>" and "<mark>The Chairperson of the Committee will submit the **Committee's recommendations for new members** to the BSRB Board Chairperson at the Board meeting.</mark>"

### Potential Change #10 – Notification of Advisory Committee Membership

Language I the Governance Policy "Selection" section states "After the appointment has been approved the Executive Director will inform the Advisory Committee appointee by letter." Currently, for most licensees, the preferred method of communication is e-mail.

I recommend the following modified language "<mark>After the appointment has been approved the Executive Director will inform the Advisory Committee appointee by letter **or e-mail**.</mark>"

**K.S.A. 2020 Supp. 65-6306** *(as published in the Kansas Register on May 6, 2021)*. (a) The board shall issue a license as a baccalaureate social worker to an applicant who *has*:

(1) ~~Has~~ A baccalaureate degree from an accredited college or university, including completion of a social work program recognized and approved by the board, pursuant to rules and regulations adopted by the board;

(2) ~~has~~ passed an examination approved by the board for this purpose; and

(3) ~~has~~ satisfied the board that the applicant is a person who merits the public trust.

(b) The board shall issue a license as a master social worker to an applicant who has:

(1) ~~Has~~ A master's degree from an accredited college or university, including completion of a social work program recognized and approved by the board, pursuant to rules and regulations adopted by the board;

(2) ~~has~~ passed an examination approved by the board for this purpose; and

(3) ~~has~~ satisfied the board that the applicant is a person who merits the public trust.

(c) The board shall issue a license in one of the social work specialties to an applicant who *has*:

(1) ~~Has~~ A master's or doctor's degree from an accredited graduate school of social work, including completion of a social work program recognized and approved by the board, pursuant to rules and regulations adopted by the board;

(2) ~~has~~ had two years of full-time post-master's or post-doctor's degree experience under the supervision of a licensed social worker in the area of the specialty in which such applicant seeks to be licensed;

(3) ~~has~~ passed an examination approved by the board for this purpose; and

(4) ~~has~~ satisfied the board that the applicant is a person who merits the public trust.

(d) (1) The board shall issue a license as a specialist clinical social worker to an applicant who:

(A) Has met the requirements of subsection (c);

(B) has completed 15 credit hours as part of or in addition to the requirements under subsection (c) supporting diagnosis or treatment of mental disorders with use of the American psychiatric association's diagnostic and statistical manual, through identifiable study of the following content areas: Psychopathology, diagnostic assessment, interdisciplinary referral and collaboration, treatment approaches and professional ethics;

(C) has completed a graduate level supervised clinical practicum of supervised professional experience including psychotherapy and assessment, integrating diagnosis and treatment of mental disorders with use of the American psychiatric association's diagnostic and statistical manual, ~~with not less than 350 hours of direct client contact or additional postgraduate supervised experience as determined by the board;~~

(D) has completed as part of or in addition to the requirements of subsection (c) not less than two years of postgraduate supervised professional experience in accordance with a clinical supervision plan approved by the board of not less than 3,000 hours of supervised professional experience including at least 1,500 hours of direct client contact conducting psychotherapy and assessments with individuals, couples, families or groups and not less than 100 hours of *face-to-face* clinical supervision, *as defined by the board in rules and regulations,* including not less than ~~75~~ *50* hours of ~~person to person~~ individual supervision, *except that the board may waive the requirement that such supervision be face-to-face upon a finding of extenuating circumstances,* integrating diagnosis and treatment of mental disorders with use of the American psychiatric association's diagnostic and statistical manual;

(E) for persons earning a degree under subsection (c) prior to July 1, 2003, in lieu of the education and training requirements under ~~parts~~ *subparagraphs* (B) and (C) ~~of this subsection~~, has completed

the education requirements for licensure as a specialist clinical social worker in effect on the day immediately preceding the effective date of this act;

(F) for persons who apply for and are eligible for a temporary license to practice as a specialist clinical social worker on the day immediately preceding the effective date of this act, in lieu of the education and training requirements under ~~parts~~ *subparagraphs* (B), (C) and (D) ~~of this subsection~~, has completed the education and training requirements for licensure as a specialist clinical social worker in effect on the day immediately preceding the effective date of this act;

(G) has passed an examination approved by the board; and

(H) has paid the application fee.

(2) A licensed specialist clinical social worker may engage in the social work practice and is authorized to diagnose and treat mental disorders specified in the edition of the diagnostic and statistical manual of mental disorders of the American psychiatric association designated by the board by rules and regulations. When a client has symptoms of a mental disorder, a licensed specialist clinical social worker shall consult with the client's primary care physician or psychiatrist to determine if there may be a medical condition or medication that may be causing or contributing to the client's symptoms of a mental disorder. A client may request in writing that such consultation be waived and such request shall be made a part of the client's record. A licensed specialist clinical social worker may continue to evaluate and treat the client until such time that the medical consultation is obtained or waived.

(3) Notwithstanding any other provision of this subsection, a licensed master social worker who has provided to the board an acceptable clinical supervision plan for licensure as a specialist clinical social worker prior to the effective date of this act shall be licensed as a specialist clinical social worker under this act upon completion of the requirements in effect for licensure as a specialist clinical social worker at the time the acceptable training plan is submitted to the board.

(4) A person licensed as a specialist clinical social worker on the day immediately preceding the effective date of this act shall be deemed to be a licensed specialist clinical social worker under this act. Such person shall not be required to file an original application for licensure as a specialist clinical social worker under this act.

(e) The board shall adopt rules and regulations establishing the criteria which a social work program of a college or university shall satisfy to be recognized and approved by the board under this section. The board may send a questionnaire developed by the board to any college or university conducting a social work program for which the board does not have sufficient information to determine whether the program should be recognized and approved by the board and whether the program meets the rules and regulations adopted under this section. The questionnaire providing the necessary information shall be completed and returned to the board in order for the program to be considered for recognition and approval. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about a social work program of a college or university. In entering such contracts the authority to recognize and approve a social work program of a college or university shall remain solely with the board.

# "In Residence" Regulatory Language for BSRB Disciplines

## Addiction Counseling

**K.A.R. 102-7-3.** Educational requirements.

(a)(1) ''Core faculty member'' means an individual who is part of the teaching staff of a program covered by this regulation and who meets the following conditions:

(A) Has education, training, and experience consistent with the individual's role within the program and consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) has primary professional employment at the institution in which the program is housed; and

(C) is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

(2) ''In residence,'' when used to describe a student, means that the student is present at the physical location of the institution or at any other location approved by the board for the purpose of completing coursework, during which the student and one or more core faculty members, adjunct faculty members, or agency internship supervisors are in face-to-face contact.

(3) ''Primary professional employment'' means at least 20 hours each week of instruction, research, or any other service to the institution in the course of employment, and related administrative work.

(4) ''Skill-based coursework'' means those courses that allow students to work on basic helping skills including open-ended questions, clarification, interpretation, response to feelings, and summarization.

(c) Each applicant for licensure as an addiction counselor shall have satisfactorily completed formal academic coursework that contributes to the development of a broad conceptual framework for addiction counseling theory and practice. This formal academic coursework shall be distributed across the substantive content areas specified in this subsection. For applicants who graduate on or after July 1, 2013, two of the following courses shall be completed while the student is in residence: methods of individual counseling, methods of group counseling, practicum one, or practicum two. A maximum of three semester hours, or the academic equivalent, may be completed in independent study. Except for the required courses in a practicum or its equivalent, there shall be at least three discrete and unduplicated semester hours, or the academic equivalent, in each of the following content areas:

## Marriage and Family Therapy

**K.A.R. 102-5-3**. Education requirements.

(a) Definitions. For purposes of this regulation, the following terms shall be defined as follows:

(1) ''Core faculty member'' means an individual who is part of the program's teaching staff and who meets the following conditions:

(A) Is an individual whose education, training, and experience are consistent with the individual's role within the program and are consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) is an individual whose primary professional employment is at the institution in which the program is housed; and

(C) is an individual who is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

**Marriage and Family Therapy - K.A.R. 102-5-3**. Cont.

(2) ''In residence,'' when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing coursework during which the student and one or more core faculty members are in face-to-face contact.

(3) ''Primary professional employment'' means a minimum of 20 hours per week of instruction, research, any other service to the institution in the course of employment, and the related administrative work.

## Master's Level Psychology

**K.A.R. 102-4-3a.** Educational requirements. To academically qualify for licensure as a master's level psychologist or a clinical psychotherapist, the applicant's educational qualifications and background shall meet the applicable requirements specified in the following subsections. (a) Definitions.

(1) "Core faculty member" means an individual who is part of the program's teaching staff and who meets the following conditions:

(A) Is an individual whose education, training, and experience are consistent with the individual's role within the program and are consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) is an individual whose primary professional employment is at the institution in which the program is housed; and

(C) is an individual who is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

(2) "In residence," when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing coursework during which the student and one or more core faculty members are in physical proximity and face-to-face contact.

(3) "Primary professional employment" means a minimum of 20 hours per week of instruction, research, any other service to the institution in the course of employment, and the related administrative work.

## Professional Counseling

**K.A.R. 102-3-3a.** Education requirements. To qualify for licensure as a professional counselor or a clinical professional counselor, the applicant's education shall meet the applicable requirements provided in the following subsections.

(a) (1) "Core faculty member" means an individual who is part of the program's teaching staff and who meets the following conditions:

(A) Is an individual whose education, training, and experience are consistent with the individual's role within the program and are consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) is an individual whose primary professional employment is at the institution in which the program is housed; and

(C) is an individual who is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

## Professional Counseling - K.A.R. 102-3-3a cont.

(2) "In residence," when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing coursework during which the student and one or more core faculty members are in face-to-face contact.

(3) "Primary professional employment" means at least 20 hours per week of instruction, research, any other service to the institution in the course of employment, and the related administrative work.

## Psychology
### K.A.R. 102-1-12

(a) Definitions. (1) ``Core faculty member'' means an individual who is part of the program's teaching staff and who meets the following conditions:

(A) Is an individual whose education, training, and experience are consistent with the individual's role within the program and are consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) is an individual whose primary professional employment is at the institution in which the program is housed; and

(C) is an individual who is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

(2) ``In residence,'' when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing coursework during which the student and one or more core faculty members are in physical proximity and face-to- face contact.

(3) ``Primary professional employment'' means a minimum of 20 hours per week of instruction, research, any other service to the institution in the course of employment, and the related administrative work.

## Social Work
### K.A.R. 102-2-6

(a) Definitions. The following terms shall be defined as follows:

(1) "Core faculty member" means an individual who is part of the program's teaching staff and who meets the following conditions:

(A) Is an individual whose education, training, and experience are consistent with the individual's role within the program and are consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) is an individual whose primary professional employment is at the institution in which the program is housed; and

(C) is an individual who is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

(2) "In residence," when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing coursework during which the student and one or more core faculty members are in face-to-face contact.

(3) "Primary professional employment" means a minimum of 20 hours per week of instruction, research, any other service to the institution in the course of employment, and the related administrative work.