

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street NE
Washington, DC 20002

March 26, 2024

Dear Colleagues,

The *Standards of Accreditation for Health Service Psychology* (SoA) is a Commission on Accreditation (CoA) policy document that outlines training requirements for programs at the doctoral, doctoral internship, and postdoctoral levels. Correspondent to the SoA are Implementing Regulations (IRs), which are official policy documents that “elucidate, interpret and operationally define” the CoA’s policies and procedures. IRs are divided into several different sections (A through E), which are subject to regular review and revision by the CoA. Through this iterative process, opportunities for clarification have arisen regarding IRs in Section C, which relate specifically to the SoA.

The Commission is providing clarification and/or information in IRs at three different levels of training. At the doctoral level, IR C-18 D includes clarifications regarding the level of specificity and methods of data aggregation for discipline-specific knowledge, the profession-wide competencies, and the program-specific competencies. For the internship level, the CoA has provided more information regarding intern sufficiency through the new IR C-30 I. On the postdoctoral residency level, the Commission has developed IR C-9 (I) P for the Level 3 specialty competencies of programs in Psychoanalytic/Psychodynamic Psychology.

In accordance with the APA "Policies for Accreditation Governance" and U.S. Department of Education regulations for notice and comment, the CoA will make the proposed revisions available for a ninety (90) day period of public review and comment. The comment period is scheduled to begin at **5:00 pm Eastern Standard Time on March 26, 2024 and will continue through 5:00pm Eastern Standard Time on June 24, 2024**. Information about the proposed standards and public comment is available at <http://apps.apa.org/accredcomment/>.

To promote thoughtful discussion, the CoA is providing an electronic-based form for public comment submission. Comments and other information including users' identities will be public, while email addresses used in the registration process will be kept confidential. The CoA will consider all comments received and make appropriate revisions should they be deemed necessary prior to approval of the final versions of the IRs.

Should you have any questions or concerns, please contact the Office of Program Consultation and Accreditation at (202) 336-5979 or apaaccred@apa.org. On behalf of the CoA, thank you for your review and comments.

Public Comment: Changes in the CoA's policy on Outcome Data for Doctoral Programs

Per Doctoral Standard II.D.1 of the SoA, the CoA requires that programs have methods to evaluate students' and graduates' competencies in profession-defined and program-defined areas. Proposed changes to IR C-18 D include clarifications regarding level of specificity and aggregation of data for discipline-specific knowledge, profession-wide competencies, and program-specific competencies for APA-accredited doctoral programs.

C-18 D. Outcome Data for Doctoral Programs

(formerly C-32; Commission on Accreditation, October 2012; revised April 2016; [revised for public comment February 2024](#))

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 competencies, 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 the 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. Programs must provide one or more discrete evaluations with associated minimum levels of achievement for each discipline-specific knowledge category. This requirement applies even when a discipline-specific knowledge category (e.g., cognitive aspects of behavior) is embedded within other educational experiences (e.g., integrated coursework) or is achieved across more than one educational experience.

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, t~~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). Programs may add additional elements that reflect program aims. Programs must assess student performance at the level of the elements using multiple methods yet within time frames appropriate for each PWC and provide feedback to students at the element level. 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.

Data for each method of evaluation must be reported to the CoA at the level of the profession-wide competency. Data need not be reported to the CoA at the element level.

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.

Aggregation of Data

Aggregated data are compilations of proximal or distal data across students, which may be broken down by incoming cohort year, graduation program year, or for each academic year (competency attempted). The program must inform the CoA about which of these methods it is using to present aggregated data. 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. Data must be presented in table form using basic descriptive statistics (the percentage of students meeting the minimum level of achievement; the number of students (N) for each column). ~~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 the program's minimum 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 discipline-specific knowledge area, profession wide competency, or any program-specific competency content area, the program must specify either that 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 reviewing its outcome data to evaluate its effectiveness in promoting discipline-specific knowledge, the program may use multiple measures for a DSK area. However, multiple measures are not required if the program can demonstrate that attainment of graduate level competency is demonstrated through a single educational experience with an associated MLA. When presenting aggregated data to the CoA, programs must provide one or more discrete evaluations with associated minimum levels of achievement for each discipline-specific knowledge category. 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 reviewing its outcome data to evaluate its effectiveness in promoting profession-wide competencies and program-specific competencies (if any), the program must use multiple data points from multiple sources (e.g., course grades, clinical competency examination scores, practicum evaluations ratings, alumni ratings of preparation for practice in competencies). When presenting aggregated data to the CoA, programs must provide two or more discrete evaluations with associated minimum levels of achievement for each profession-wide competency. 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 are should be presented separately. For distal data, the presentation should clearly differentiate between data for those who are 2 years post-graduation and those who are 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.~~

Public Comment: Development of the CoA's Intern Sufficiency IR

Per Internship Standard III.A.3 of the Standards of Accreditation in Health Service Psychology (SoA), the CoA requires that programs have interns with opportunities for peer and professional socialization and interaction as well as an understanding of the program and an officially-recognized training status. The proposed IR C-30 I has been developed to provide policy and procedures regarding monitoring intern sufficiency.

C-30 I. Intern Sufficiency

(Commission on Accreditation, prepared for public comment February 2024)

This Implementing Regulation clarifies the CoA's interpretation of Standard III.A.3 of the *Standards for Accreditation* (SoA) for internship programs regarding 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).*

Accredited programs are expected to have a training cohort of at least **two interns** in order to ensure appropriate peer interaction, support, and socialization. The CoA supports a cohort-based approach to promote learning and engagement and therefore requires that programs are designed to train and support at least two interns each training year.

The CoA understands that rare or unusual circumstances may arise in which a cohort may fall below two interns for reasons not directly within the program's control. Examples include (but are not limited to) unexpected intern departure (e.g., personal circumstances, failed remediation) or lack of success in the APPIC match process.

The CoA will consider exceptional circumstances in which a program may offer quality training to a cohort of one. In such cases, the "burden of proof" lies with the program to demonstrate that having only one intern does not adversely affect morale or quality of training. Further, the program would need to demonstrate alternate ways to provide its one intern with opportunities for peer interaction, support, and socialization. If a program is unable to recruit a cohort of at least two interns over multiple training years, the CoA may request additional information related to this pattern and whether the program is able to maintain consistency with the SoA in terms of intern recruitment efforts, resources, and communication. When a cohort falls below two interns, programs must report this as a substantive change, consistent with IR C-24 I: Notification of Changes to Accredited Programs.

Impact on Site Visits

Accredited Programs:

Currently accredited programs scheduled for a periodic review must move forward with the site visit even if they only have one intern for the training year. The cohort size must be submitted as a substantive change, as noted above.

Applicant Programs:

If an applicant program has a cohort of one intern following unsuccessful attempts to recruit a second intern or has experienced a loss of an intern due to attrition before the site visit, the program may move forward with the initial site visit if the program has at least one additional former intern that may participate in the site visit in addition to the current intern.

It is not consistent with the SoA for an internship to only *recruit* for one intern position. This Implementing Regulation is specific to situations where a program actively recruited at least two interns but were either not successful or lost an intern due to attrition.

Public Comment: Development of the CoA's Level 3 – Specialty Competencies for Psychoanalytic/Psychodynamic Psychology programs

Per Postdoctoral Standard II.B.3 of the SoA, the CoA requires that all trainees who complete accredited training programs in a substantive specialty practice area, develop certain competencies as part of their preparation for practice in health service psychology (HSP) regardless of substantive practice area, degree type, or level of training. The proposed IR C-9(l) P has been developed to address the Level 3 specialty competencies required of postdoctoral residents in APA-accredited programs in Psychoanalytic/ Psychodynamic Psychology specialty programs.

C-9(I) P. Postdoctoral Residency Level 3 – Specialty Competencies
Psychoanalytic/Psychodynamic Psychology
(Commission on Accreditation, reviewed for public comment Feb 2024)

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies must be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Scientific Knowledge and Methods

Postdoctoral residents are expected to:

- use evidence-based theory to inform activities as a psychoanalytic/psychodynamic psychologist.
- demonstrate ongoing critical evaluation of research relevant to one's practice and psychoanalytic/psychodynamic psychology.
- demonstrate attention to interpersonal interaction, individual and cultural diversity, ethics, and legal foundations as related to the application of scientific knowledge and methods.
- be thoroughly grounded in theoretical models, appreciate the strengths and limitations of case study as well as of standard qualitative and quantitative methods, is sensitive to social/cultural and psychological factors operating outside of awareness.

II. Evidence-based Practice

Postdoctoral residents are expected to:

- demonstrate ability to articulate a cogent evidence-based rationale for clinical strategies utilized.
- demonstrate ability to integrate relevant research and stated theoretical orientation to explain why the intervention should attain the desired outcome.
- provide clinical interventions and engage in clinical activities with demonstrated treatment efficacy (culturally contextualized systematic and scientific evidence that treatment works).
- provide interventions and engage in activities with established clinical utility (feasibility and utility within) a specific population or setting).
- demonstrate ability to recognize strengths and limitations of evidence obtained from various data sources or types of research.
- demonstrate awareness of the extensive evidence base for the effectiveness of psychoanalytic/psychodynamic psychology practice.

III. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- demonstrate active participation in psychoanalytic/psychodynamic psychology.
- demonstrate a familiarity with current significant issues facing psychoanalytic/psychodynamic psychology and the implication(s) of those issues.
- seek consultation and supervision when needed.
- engage in continual professional development through ongoing education and training in psychoanalytic/psychodynamic psychology.
- demonstrate a commitment to psychoanalytic/psychodynamic psychology by contributing to the theoretical and research base of the profession and advocating for psychoanalytic/psychodynamic psychology.

IV. Relationships

Postdoctoral residents are expected to:

- demonstrate sensitivity to the welfare, rights, and dignity of others.
- develop and maintain productive relationships with a broad array of individuals including recipients of care, colleagues, students, supervisees, allied professionals, and others.
- effectively negotiate conflictual relationships.
- demonstrate an understanding of one's own impact on others and maintain a non-defensive posture in the receipt and implementation of feedback.
- demonstrate understanding of diverse views in complicated interactions.
- demonstrate the capacity to understand and usefully address the dynamic relational factors that allow for tolerance, trust, repair, and growth.

V. Assessment

Postdoctoral residents are expected to:

- demonstrate awareness of psychoanalytic/psychodynamic procedures for client/patient or program/system evaluation.
- conduct assessments and evaluations with skill and cultural sensitivity and in accordance with standardized procedures.
- interpret assessment and evaluation findings accurately to inform conceptualization.
- demonstrate ability to integrate multiple data sources while considering cultural and social factors to inform a working differential diagnosis.
- develop recommendations based on assessment and evaluation data.

- communicate orally and in writing findings in an understandable, culturally sensitive, and useful fashion.
- demonstrate attention to interpersonal interactions, individual and cultural diversity, ethical and legal foundations, and professional identification as related to assessment.
- demonstrate the ability to assess internal experience and its impact on wellbeing including aspects of experience of which the client/patient may not, at least at the outset, be consciously aware.

VI. Intervention

Postdoctoral residents are expected to:

- demonstrate awareness and management of professional framework responsibly including limits of confidentiality, boundaries of services, and payment.
- demonstrate choice of procedures appropriate for the client/patient and situation.
- demonstrate knowledge of the value of evidence-based practice and the scientific and theoretical basis for psychoanalytic/psychodynamic interventions.
- demonstrate skill in the application of psychoanalytic/psychodynamic interventions.
- demonstrate systematic evaluation of treatment progress and outcome.
- demonstrate attention to interpersonal interactions, individual and cultural diversity, ethical and legal foundations, and professional identification in intervention.

VII. Individual and Cultural Diversity

Postdoctoral residents are expected to:

- convey an awareness of the interaction between one's own diversity characteristics and those of the people or contexts with whom or in which one is functioning as a psychoanalytic/psychodynamic psychologist.
- demonstrate an appreciation of the ways in which cultural and internal factors are co-determinative of personality structure and functioning.

VIII. Interdisciplinary Systems

Postdoctoral residents are expected to:

- effectively communicate across specialties, professions, and organizations.
- demonstrate respectful appreciation and integration of contributions and perspectives of other professions.
- demonstrate ability to share unique contributions that psychoanalytic/psychodynamic psychology may make to the issue at hand.

- demonstrate attention to interpersonal interactions, individual and cultural diversity, ethical and legal foundations, and professional identity related to interdisciplinary functioning.

IX. Consultation

Postdoctoral residents are expected to:

- demonstrate awareness of and use procedures appropriate for the context as informed by research and theory.
- demonstrate awareness of or gather appropriate information as background for the consultation provided.
- skillfully provide consultation consistent with psychoanalytic/psychodynamic psychology.
- communicate findings in a manner that meets the consultee's goals.
- demonstrate attention to interpersonal interactions, individual and cultural diversity, ethical and legal foundations, and professional identification as related to consultation.
- communicate an appreciation of intrapsychic, interpersonal, cultural, and historical factors that impact health, learning, and other functions of which the client may not be fully aware.

X. Reflective Practice/Self-Assessment/Self-Care

Postdoctoral residents are expected to:

- practice with personal and professional self-awareness.
- demonstrate awareness of and practice within the boundaries of one's own competence.
- routinely assesses one's strengths, weaknesses, and competency in psychoanalytic/psychodynamic psychology.
- recognize the need to develop new competencies and engage in efforts to develop those competencies.
- engage in appropriate self-care.
- cultivate self-awareness in interactions with recipients of care and in one's own experiences.