

The *Standards of Accreditation for Health Service Psychology* (SoA; effective January 1, 2017), approved in 2015, provide guidance for programs at the doctoral, internship and postdoctoral levels of training. During the development of the SoA, the Commission on Accreditation (CoA) also revised the *Accreditation Operating Procedures* (AOP); the AOP describes the accreditation process. In addition, as part of the development process of the SoA, the CoA began updating Implementing Regulations (IR), the documents that “elucidate, interpret and operationally define” policies and procedures.

Through the process of IR revision, questions have arisen regarding three (3) of the recently approved regulations. The CoA is therefore requesting additional public comment on further proposed revisions to them. The three (3) currently approved IRs for which proposed revisions are presented are:

- Discipline Specific Knowledge for doctoral degree programs;
- Direct Observation for doctoral degree programs; and
- Profession-wide Competencies for doctoral degree and internship programs.

The CoA is also putting forward revisions to two (2) of the regulations in the current IR D.4-7 series. The IR D.4-7 changes reflect how student achievement is monitored throughout the accreditation review cycle. These two IRs are titled:

- Use of Annual Reports for Reaffirmation of Accredited Status and Monitoring of Individual Programs
- Use of Narrative Annual Reports for Reaffirmation of Accredited Status and Monitoring of Individual Programs

A summary description of the proposed changes for each of these five (5) IRs is included in the introduction to each regulation. The Commission is requesting comment on the changes made to these documents.

The CoA is providing an electronic-based comment form for public comment submission. Comments and other information, including the users’ identity, will be public. Email addresses used in the registration will be kept confidential. The CoA will consider all comments received and make any appropriate revisions prior to approval of the final version of IR.

On behalf of the CoA, thank you for your review and comments. Should you have any questions or concerns, please contact:

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Based in part on questions raised during public comment in 2016, the CoA recognized that the currently approved IR for Discipline Specific Knowledge (DSK) should provide information to guide programs in their efforts to ensure that all students demonstrate graduate-level discipline-specific knowledge. Therefore, a proposed revision of this IR has been developed. The current revisions more clearly outline expectations pertaining to the DSK, providing more detail about how programs can determine that all students have foundational and graduate-level knowledge. This IR provides further definitions of training that allow for the assessment of graduate level knowledge, thereby allowing for the demonstration of sufficient knowledge acquisition by the time a program is completed; and it provides further description of the time when training is required within each category of DSK. This IR is presented only in a revised form, due to the number of modifications made to the published document; the current IR C-7 D may be located here (<http://www.apa.org/ed/accreditation/section-c-soa.pdf>).

Below, please find answers to questions we anticipate readers will have regarding the proposed revisions.

1. Why is the CoA revising the IR for Discipline Specific Knowledge?

Answer: Based on feedback from our publics, we recognized the need to be clearer about how we would assess whether students have attained graduate-level discipline specific knowledge.

2. Will the CoA require 3-credit graduate level courses in each of the content areas to establish advanced graduate understanding of the knowledge areas?

Answer: The CoA does not require that DSK is achieved through completion of courses. Rather, it is up to the program to document that it is providing each student with evaluated educational experiences at the graduate level in these areas and that it is evaluating student competency. It is acceptable but not expected for programs to teach entire courses for each area. An evaluated educational experience is 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.

3. If students enter a doctoral program without prior coursework in one of the DSK domains, can they fulfill the requirements of this IR by taking undergraduate courses at our institution?

Answer: Not entirely. While students may gain introductory knowledge about the DSK areas through undergraduate coursework at your institution, all students also must have graduate-level training in these areas in order to complete the doctoral program. By establishing foundation knowledge in this manner, trainees will have the opportunity to have evaluated educational experiences during the graduate program that, while by themselves are considered insufficient to demonstrate foundational discipline specific knowledge, will allow for attainment of graduate-level knowledge when the entirety of their educational records are considered.

C-7 D. Discipline-Specific Knowledge

(Commission on Accreditation, November 2015; revised for public comment, November 2016)

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 graduate-level 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.

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.

Discipline-Specific Knowledge 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 curriculum limited to one developmental period 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.

Discipline-Specific Knowledge Category 3: *Advanced Integrative Knowledge in Scientific Psychology.*

- **Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas**, including graduate-level 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 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.

Discipline-Specific Knowledge Category 4: *Research and Quantitative Methods*

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

In evaluating the sufficiency of coverage of the DSK, the CoA will be seeking to determine whether a program has documented that *at program completion* each of its

students has demonstrated sufficient knowledge *in each 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.

The lists of possible topics within discipline-specific content areas provided above are *not* checklists that reflect comprehensive outlines of required topics. Rather, they are *examples* of the sorts of topics included in each area that are not exhaustive and are expected to be fluid, reflecting the evolution of the field.

As required by the SoA, programs must demonstrate that students are provided with the opportunity to acquire at least a portion of their discipline-specific knowledge at the graduate level *and are evaluated on this knowledge*. Curricular coverage of graduate-level discipline-specific knowledge may be provided through coursework (individual courses or material infused across multiple courses) or through other evaluated educational experience*, for example 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 possible to achieve multiple or even all 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.

The program is reminded to be attentive to the current licensure laws in its jurisdiction.

Considerations specific to Category 1 (History and Systems) and Category 2 (Basic Content Areas in Scientific Psychology)

Graduate-level knowledge in Categories 1 and 2

It is understood that accredited programs will vary in the amount of knowledge of the DSK that is expected at program entry; also, within a single program, students may have variable knowledge bases at program entry. To reiterate, the CoA will be seeking to determine whether programs have documented that *at program completion* each of their students has been exposed to and demonstrated sufficient knowledge of each DSK area to allow 1) graduate-level interaction with the scientific literature that draws on these domains and 2) an understanding of the scientific foundations of the Profession-Wide Competencies.

For some programs, this graduate level of knowledge at program completion may be documented largely through rigorous entry criteria, with less emphasis on foundational content within the graduate program. By establishing foundation knowledge in this manner, trainees will have the opportunity to have educational experiences during the

graduate program that, while by themselves are considered insufficient, will allow for considerable depth when the entirety of their educational records are considered. For other programs that admit students with less undergraduate training in the DSK, the entire curriculum may be taught at the graduate level. It is, however, *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.*

Graduate-level knowledge 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. *Note that History and Systems is unique in the Category I and II areas in that primary source material is not required by the Commission to establish graduate-level knowledge.*

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 at the graduate level 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), they must articulate the evaluation methods that they use to document student knowledge and their minimum criteria for foundational student knowledge. Evaluation methods and minimum criteria must:

- Be relevant to the required discipline-specific knowledge areas (i.e., history and systems; affective, biological, cognitive, social, or developmental aspects of behavior).
- Be sufficiently rigorous to demonstrate students' substantial understanding of discipline-specific knowledge (i.e., this is sufficient to prepare them for advanced knowledge for basic content areas in scientific psychology).
- Be valid for the program's intended use.
- Not discriminate on bases irrelevant to success in the doctoral program
- Be systematic
- Include a substantial evaluated educational experience* on which the student was evaluated at the time of completion of the experience (e.g., undergraduate major, a course, parts of a course, or a supervised independent study).

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 valid 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.

Although rare, the CoA understands that programs may encounter instances in which they deem it appropriate to make exceptions to their established evaluation methods and minimum criteria. For example, this may occur when the program determines that its evaluation methods or minimum criteria may discriminate against an individual student on the basis of issues irrelevant to success in the doctoral program. In this case, the program should document the process by which it determines that alternative methods or criteria are indicated and the specific alternatives 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 and Quantitative Methods*)

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

***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.

The revisions to the Direct Observation IR for doctoral programs provide additional guidance on the characteristics of that which is to be observed, including 1) the settings in which direct observation is to occur, 2) the requirements of the supervisor conducting direct observation of a trainee, and 3) the nature and the minimum number of the competencies to be included in a direct observation. These changes are presented in the IR using a redline method.

C-14 D. Direct Observation

(Commission on Accreditation, November 2015; revised for public comment, November 2016)

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 ~~their~~ 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).”

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.

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~~ Direct observation allows supervisors to ~~develop~~ provide a more accurate assessment and ~~provides an~~ evaluation of observable aspects of trainees’ competency development of competence in regarding one or more profession-wide and program-specific (if any) competencies associated with that training experience.

Direct observation includes in-person observation (e.g., in-room or one-way mirror observation of ~~client~~ direct service contact ~~an intake or test feedback session~~), live simultaneous audio-video streaming, or audio-video recording. Programs may utilize audio recording, but audio recording alone is not sufficient to meet the requirements of direct observation. In the rare event or special circumstances where audio recording is the only feasible method of meeting this requirement, the program must explain any unique circumstances ~~(e.g., supervisor with visual impairment)~~ and why direct observation as defined above is not possible, as well as how the observation being performed is consistent with the spirit of this IR. A training site that does not permit live observation or audio-video recording by policy is not a sufficiently unique circumstance to circumvent this requirement.

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 activity. 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. To these ends, All accredited programs must verify that direct observation of the practicum experience being evaluated is conducted each evaluation period by the appropriately credentialed supervisor(s) immediate supervisor responsible for the activity or experience being evaluated. That is, the appropriately credentialed supervisor (as described above) of a practicum experience must use direct observation as an integral part of the evaluation process of each student for each evaluation period. 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 fellows 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 activities, conduct the observation and evaluation.

In situations in which students complete an extra, elective, or non-required practicum and this experience is considered in the evaluation of a required competency, the training experience must include direct observation as a part of the evaluation of the experience.

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.

As indicated in the SoA (Standard II.B.3.d), a doctoral program must utilize direct observation as part of the practicum evaluation. Each separately evaluated practicum is considered a unique or separate training experience and thus requires direct observation as part of the evaluation process.

This IR was revised to make explicit that psychopathology is a necessary aspect of competency in assessment. Specifically, the IR now states that doctoral students and interns are to exhibit current knowledge of functional and dysfunctional behaviors in the assessment of service recipients, and that an exhibited awareness of the relationship between pathological behaviors and cultural and individual differences is an element. These changes are presented in the IR using a redline method.

C-8 D, C-8 I, and C-9 P. Profession-Wide Competencies

(Commission on Accreditation, October 2015; draft revised for public comment, November 2016)

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 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 the following competencies:

- Current knowledge of functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- The ability to apply the knowledge of client strengths and psychopathology to the assessment process with sensitivity to cultural and individual differences.
- 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.

The Commission has reviewed its methods to monitor and evaluate compliance with the *Standards of Accreditation* (SoA) during annual program reviews. The monitoring of data, including the use of thresholds and narrative responses, will be used to ensure ongoing compliance with the SoA. Programs that are not compliant with one or more thresholds will provide a narrative response to demonstrate compliance with relevant Standards. The Commission will evaluate these narrative responses to determine compliance with the SoA during the annual review of programs and take action as set forth and clarified in the IR. This IR is presented in a redline format.

D.4-7 (a). Use of Annual Reports for Reaffirmation of Accredited Status and Monitoring of Individual Programs

(Commission on Accreditation, adopted as D.4-8 in July 2000; revised January 2007, October 2008, revised and renumbered as D.4-7 (a) July 2011, February 2016: revised for public comment October 2016)

ALL PROGRAMS:

As an accrediting body recognized by the U.S. Department of Education (USDE), the Commission on Accreditation (CoA) is required to have standards in place addressing “success with respect to student achievement in relation to mission, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates” (*Section 602.16 (a)(1)(i) of the Criteria for Recognition by the U.S. Secretary of Education*). The CoA’s *Standards of Accreditation for Health Service Psychology* (SoA) documents the overall standards of performance required of accredited programs for the purposes of accreditation.

The USDE requires that an accrediting agency have and apply a “set of monitoring and evaluation approaches” that allow for the identification of compliance problems with the agency’s standards for accreditation (*Section 602.19 (b) Monitoring and Reevaluation of Accredited Institutions and Programs*). Monitoring approaches also need to account for program “strengths and stability,” through “periodic reports, and collection and analysis of key data and indicators.” Additionally, “fiscal information and measures of student achievement”, must be reviewed consistent with USDE Section 602.16 (f).

In the time period between full accreditation reviews, the CoA views uses annual review processes to monitor programmatic changes as well as potential changes in compliance with the accreditation standards. Part of its responsibility to the public as is to ensuring that programs are engaging in on-going self-assessment and improvement. Therefore, in accordance with Section 1 of the *Accreditation Operating Procedures* (AOP), all accredited programs are reviewed annually by written report. This review includes both the data provided by a program as part of both the Annual Report Online (ARO) and any narrative response required of the program from review of data or from the most recent periodic review. Accurate provision of the information and data required by the CoA each year is a requirement for a program to maintain accreditation on an annual basis. In the context of this requirement, the CoA reviews the data and information provided by the program to monitor individual program performance according to the procedures

outlined in this document. Data is reviewed, recommendations are made and discussed, and are voted on by the Commission. Specific provisions for the review of narrative responses are outlined in Implementing Regulation D.4-7 (c).

The following policy outlines the steps taken in the review of the data provided as part of the Annual Report Online (ARO) consistent with Section 1 of the AOP:

- a. All accredited programs are required to enter their data into the ARO through a secure, password-protected web-based system by the designated due date.
- b. All programs that do not submit the ARO, or that do not fully complete it (i.e., where some data are missing) are identified by office staff and forwarded to the CoA for review. In cases where a program fails to submit the ARO in full and has a demonstrated history of not providing ARO data in a timely manner, the CoA reserves the right to bring this issue to the attention of any program administrator higher than the training director.

DOCTORAL PROGRAMS ONLY:

Since programs are generally accredited for multiple years, CoA needs a mechanism to identify programs that might be experiencing changes in their ability to meet key outcomes in the SoA in the time period between full accreditation reviews. The goal of this identification is to “flag” programs that appear not to be meeting minimal standards between full reviews in order to: ensure that all programs are consistent with the standards of the profession.

- ~~1. Ask these programs to explain their data and, where appropriate; and~~
- ~~2. Develop a plan to ameliorate the difficulty.~~

The CoA ~~uses~~ has developed a number of key thresholds to help determine if a doctoral program’s performance is acceptable on an annual basis. These thresholds in and of themselves do not directly represent specific accreditation standards. Rather they are used to identify either change or drift in a program’s outcomes. Thus, an action on the part of CoA occurs if the CoA believes, based on the thresholds, that a closer look at the program’s adherence to the standards is warranted. The fact that a program is not “flagged” pursuant to these thresholds, or is flagged but is not found out of compliance at that time, does not preclude CoA from taking adverse action in a subsequent review based on non-compliance with the Standards, including noncompliance related to outcome measures.

Six ~~five~~ items are important about these thresholds:

1. These thresholds are constructed from data provided by doctoral programs in their annual reports.
2. Consistent with that, all thresholds are empirically derived, as described in IR D.4-7 (b).

3. In order to accurately represent the current state of programs in the field, because these thresholds are empirically derived, they must be re-calculated on a regular basis.
4. CoA re-calculates these data every three years, with the new numbers being effective in the year following the re-calculation.
5. As indicated above, the goal is to give programs the opportunity to both explain and improve their outcomes in the time between accreditation reviews.
6. If, at any time, the CoA believes the data indicates changes in the program's outcomes that could reflect non-compliance with one or more standards, the CoA must request additional information to make appropriate determinations as to the program's continuing compliance with the Standards.

The CoA has chosen four “success indicators” for which to determine thresholds and then to use to evaluate program performance on a yearly basis. Discussed in more detail in Implementing Regulation (IR) D.4-7 (b), the four indicators are:

1. Number of years to complete program;
2. Percent of students leaving a program for any reason;
3. Proportion of students accepted into an accredited (APA or CPA-accredited) internship; and
4. Changes in faculty-student ratios.

Three of these “success indicators” are reviewed using a three-year moving average. Changes in faculty-student ratios are assessed by reviewing numerical changes from one year to the next.

Thresholds as Indicators of Non-compliance with the Standards of Accreditation in Doctoral Programs

Each of the four thresholds is related to multiple standards in the SoA. Thus any questions or concerns about meeting a threshold may involve requests for additional information about programs compliance with the standards linked to the thresholds. More specifically –

Time to degree – this threshold can be linked to:

1. Standard I. Institutional and Program Context: I.C.2 Length of Degree and Residency;
2. Standard II. Aims, Competencies Curriculum and Outcomes: II.B. Discipline Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession;
3. Standard II. Aims, Competencies Curriculum and Outcomes: II.C. Program-Specific Elements – Degree Type, Competencies, and Related Curriculum;
4. Standard II. Aims, Competencies Curriculum and Outcomes: II.D. Evaluation of Students and Program;
5. Standard III. Students: III.A. Student Selection Process and Criteria;

6. Standard III. Students: III.B. Supportive Learning Environment;
7. Standard III. Students: III.C. Plans to Maximize Student Success; and
8. Standard IV. Faculty: B.4. Faculty Sufficiency.

Percent of students leaving the program – The percentage of students leaving a program can be linked to:

1. Standard I. Institutional and Program Context: I.B.2 Administrative Responsibilities Related to Cultural and Individual Differences and Diversity
2. Standard II. Aims, Competencies Curriculum and Outcomes: II.B. Discipline Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession;
3. Standard II. Aims, Competencies Curriculum and Outcomes: II.C. Program-Specific Elements – Degree Type, Competencies, and Related Curriculum;
4. Standard II. Aims, Competencies Curriculum and Outcomes: II.D. Evaluation of Students and Program;
5. Standard III. Students: III.A. Student Selection Process and Criteria;
6. Standard III. Students: III.B. Supportive Learning Environment;
7. Standard III. Students: III.C. Plans to Maximize Student Success;
8. Standard IV. Faculty: B.4. Faculty Sufficiency.

Percentage of students accepted into accredited internships – The percentage of students that are accepted into accredited internships can be linked to:

1. Standard I. Institutional and Program Context: I.C.4 (f) Resources (Sufficiency and appropriateness of practicum experiences);
2. Standard II. Aims, Competencies Curriculum and Outcomes: II.B.3 Required Practicum Training Elements; and,
3. Standard II. Aims, Competencies Curriculum and Outcomes: II.B.4. Required Internship Training Elements

Changes in the ratio of faculty and students –

Changes in the ratio of faculty to students can be linked to:

1. Standard II. Aims, Competencies Curriculum and Outcomes: II.B. Discipline Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession;
2. Standard II. Aims, Competencies Curriculum and Outcomes: II.C. Program-Specific Elements – Degree Type, Competencies, and Related Curriculum;
3. Standard II. Aims, Competencies Curriculum and Outcomes: II.D. Evaluation of Students and Program;
4. Standard III. Students: III.A. Student Selection Process and Criteria;
5. Standard III. Students: III.B. Supportive Learning Environment;
6. Standard III. Students: III.C. Plans to Maximize Student Success;
7. Standard IV. Faculty: B.4. Faculty Sufficiency

The annual review of doctoral programs on the key indicators supplements the regular review of programs at the designated time for reaccreditation. Thus, the CoA both conducts periodic reviews of accredited programs in accordance with Sections 8.D, 8.I, and 8.P of the AOP and reviews data annually on each accredited program to ensure the maintenance of critical outcomes between periodic reviews. Failure to meet thresholds may require CoA to request additional information to ensure ongoing compliance with the linked Standards. If in the professional judgment of CoA there is insufficient additional information to demonstrate compliance with the linked Standards, CoA will ask the program to show cause why it should not be placed on probation. The CoA adheres to the following review process of threshold data:

ALL PROGRAMS:

~~The following policy outlines the steps taken in the review of the data provided as part of the Annual Report Online (ARO) consistent with Section 1 of the AOP Section:~~

- a. ~~All accredited programs are required to enter their data into the ARO through a secure, password-protected web-based system by the designated due date.~~
 - b. ~~All programs that do not submit the ARO, or that do not fully complete it (i.e., where some data are missing) are identified by Office staff and forwarded to the CoA for review. In cases where a program fails to submit the ARO in full and has a demonstrated history of not providing ARO data in a timely manner, the CoA reserves the right to bring this issue to the attention of any program administrator higher than the training director.~~
1. ~~(Doctoral Programs):~~ After all programs have entered their ARO data, staff produces a list of each doctoral program's "threshold" data. All data are compared against the thresholds developed by the CoA as outlined in IR D.4-7(b).
 2. ~~(Doctoral Programs):~~ Individual doctoral program data for the current year, or 3-year summary as outlined in IR D.4-7(b), are compared with the program's data from the previous year or the listed threshold as identified for the variable of interest. During the review of the thresholds, the Research Committee and CoA take into account issues related to base rate concerns and the 3-year moving average. Given that for two of the thresholds the threshold is a percentage (i.e., attrition and internship placement rate), the CoA looks at the total number of students in the program for a better idea of whether this is a base rate issue. For example, if the total number of students in the program is low, any student leaving the program or not obtaining an accredited internship may lead to a higher percentage than the threshold. Also, the thresholds using a 3-year moving average (i.e., time-to-degree completion, attrition, internship placement), may be determined to be a consequence of one of the prior two years' results, suggesting that improvement is occurring based on a review of the raw data from each year.

3. All programs with threshold data not meeting the parameters in IR D.4-7(b) are identified and brought to the attention of the CoA. The CoA will defer reaffirmation of the program's accredited status pending receipt of additional information from the program to address the threshold(s) of concern in relation to ongoing compliance with the linked Standards. If, in the professional judgment of the CoA, the requested additional information is not sufficient to demonstrate compliance with the linked Standards, the program will be asked to show cause why it should not be placed on probation.
4. **(Doctoral Programs):** Doctoral pPrograms not responding to queries requesting additional information on one or more indicators will be sent a letter about the program's accredited status consistent with AOP Section 1.3 indicating that a lack of programmatic response may mean the program is “deemed to have withdrawn” from accredited status.
5. As noted in Section 1.1 of the AOP, if any aspect of the correspondence raises questions about the program's continued consistency with the SoA, the CoA may, at any time, request additional information or request an invitation for a site visit. Such action may take one of the following forms:
 - Defer reaffirmation pending receipt of additional information from the program
 - Defer reaffirmation pending a special site visit
 - Defer reaffirmation and request that the program invite the CoA to conduct the program's regular site visit earlier than originally scheduled
 - Reaffirm but ask the program to provide information in its next annual report

The Commission has reviewed its methods to monitor and evaluate program compliance with the SoA. As a result of this review, narrative responses are to be evaluated in light of compliance with the SoA in the annual review of programs. The Commission will evaluate these narrative responses to determine compliance with the SoA during the annual review of programs and take action as set forth and clarified in the IR. This IR is presented in a redline format.

D.4-7 (c). Use of Narrative Annual Reports for Reaffirmation of Accredited Status and Monitoring of Individual Programs

(Commission on Accreditation, adopted as D.4-8 in July 2000; revised January 2007, October 2008, revised and renumbered as D.4-7 (c) July 2011; revised for public comment October 2016)

ALL PROGRAMS:

In accordance with Section 1 of the *Accreditation Operating Procedures* (AOP), accredited programs are reviewed annually. Annual reaffirmation of a program's accredited status is based upon the Commission on Accreditation's (CoA) review of the narrative annual report. In the context of that review, the CoA reviews the narrative information and data provided by a program to monitor each program's performance.

The following **policy** outlines the steps taken in the review of the narrative annual report, consistent with the AOP:

1. All programs that do not submit narrative annual reports by the time of the CoA's reaffirmation of accredited status are identified by office staff and forwarded to the CoA for review and response. At that time the CoA will review the program consistent with Section 1.3 of the AOP and determine whether the lack of programmatic response may mean the program is "deemed to have withdrawn" from accredited status.
2. All programs that submitted narrative annual reports and were asked subsequent to their last periodic reviews to respond to a reporting requirement for formal review by the CoA but did not do so are identified by office staff and forwarded to the CoA for review and response.
3. All other program correspondence submitted with the annual reports is reviewed by office staff, including narrative reports the program has been asked to provide in order to demonstrate commitment to ongoing self-study. Major changes and/or program difficulties are noted. If the correspondence indicates problems and/or difficulties, or if there is a question about whether changes and/or difficulties exist, the correspondence is forwarded to the CoA for review and response. All responses to reporting requirements also are forwarded to the CoA for formal review.
4. The results of the staff reviews/analyses of the annual reports (i.e., non-submissions, problems/major changes, reporting requirements) are discussed by

the CoA. If the report is acceptable to the CoA and the issues raised in the review are determined by the CoA to pose no questions about the program's continued consistency with the *Standards of Accreditation in Health Service Psychology* (SoA), the program's report is accepted and accreditation is reaffirmed. This occurs typically at the CoA's fall meeting.

5. As noted in Section 1.1 of the AOP, if the report is not complete or raises questions about the program's continued consistency with the SoA, the CoA may, at any time, request additional information or request an invitation for a site visit. Such action may take one of the following forms:
 - Defer reaffirmation pending receipt of additional information from the program
 - Reaffirm but ask the program to provide information in its next annual report
 - Defer reaffirmation pending a special site visit
 - Defer reaffirmation and request that the program invite the CoA to conduct the program's regular site visit earlier than originally scheduled
 - Defer reaffirmation and ask the program to show cause why it should not be placed on probation
6. If staff determines that no review is needed by the CoA (i.e., no problems or concerns), the program's report is accepted by the CoA and accreditation is reaffirmed. This occurs typically at the CoA's fall meeting.
7. Notice of reaffirmation is made over CoA's web site and in printed materials as appropriate. All programs from which more information or further action is required are notified by letter. In addition, any program that provided a response to a reporting requirement is notified by letter of the outcome of the review.