

**Implementing Regulations
Public Comment Period
Phase I**

May 1, 2015 - June 30, 2015

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Intent to Apply IR for Doctoral Programs

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

Overview/Logistics:

A program may seek “intent to apply” status at any time, including prior to or after admitting students. The “intent to apply” status indicates that once students are in place, the program intends to apply for an APA accredited status (either contingent or full accreditation). A program may be listed as “intent to apply” for a maximum of three years. The “intent to apply” status is effective as of the date of the Commission’s decision. If the program exceeds its three year period it will need to inform its publics and students that it is no longer designated as an “intent to apply” program.

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

For programs seeking the “intent to apply” designation, the application process is primarily intended to provide the program an opportunity to systematically describe the infrastructure upon which it will be building a program consistent with the Standards of Accreditation (SoA). Although the eligible application includes completion and review of only certain section of Standards I-V of the SoA, the program clearly intends to seek an accreditation status and be in compliance with all Standards.

Process to Apply:

To apply for this status, programs are asked to submit documentation in accordance with the SS instructions with the following provisions: It is recognized that a program will have elements in place and others in development, both of which will be reviewed for prospective alignment with the SoA.

The program will address Standard I in its entirety, describing the type of program and degree, the administrative structure of the program, program context, structure, and resources, and its policies and procedures. The program will address Standard II in its entirety, describing its aims, its curriculum plan with course descriptions, its plans to measure profession-wide competencies and program-specific competencies, if any, its training elements including plans

for practicum and internship, its plans to measure proximal and distal outcomes, and its plan to review outcome measures to evaluate and improve the program. The program will address Standard III in its entirety, describing selection processes and criteria for admission to the program, its plans to provide a supportive learning environment, and its plans to facilitate student success in the program, providing evaluation, feedback, and remediation, if necessary. A plan for the size of each cohort of students should be included for each year up to full implementation of the curriculum. The program will address Standard IV in its entirety, describing the designated leader of the program who is in place, plans for recruitment of qualified faculty of the program, plans for how faculty will contribute to the development of curriculum and training experiences, evaluation of program effectiveness, and its plan for faculty sufficiency as the program develops. A plan for numbers of core faculty in place at each year of the program as it develops to full curriculum implementation should be included. The program will address Standard V in general disclosure and communication with prospective and current students, and will provide all materials currently available to its publics. The materials must include an accurate description of the “intent to apply” status, and contact information for the APA CoA. The program will also describe a timeline for its intention to apply for “accredited, on contingency,” or “full accreditation” of the program. The program is advised to consider its timeline in light of the requirements for application for accreditation status.

Doctoral Programs “Accredited, on Contingency” IR

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

Process to Apply:

A doctoral program may submit a self-study to attain “accredited, on contingency” status after it has enrolled a minimum of two student cohorts, one of which must be engaged in practicum training. The program will submit any proximal and distal data collected to date, but at a minimum, evaluation data for one practicum term must be provided at the time of the site visit. If data are presented at the time of the site visit, the program must send a copy of these data to the CoA.

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

Components of the self-study submission for “accredited, on contingency”:

With the exception of the provision of complete outcome data (Standard II), each standard will be addressed with respect to the program’s plans and policies to meet the requirements of the SoA. The program must submit its evaluation plans and forms to evaluate student outcomes and when possible, provide existing outcome data. At this stage, the program is also expected to submit all syllabi for required courses, including courses that have not yet been offered. The program will describe faculty sufficiency to effectively administer the program as it exists at time of submission and the plans for ensuring faculty sufficiency as the program grows to include students at all levels of matriculation and to meet the full implementation of the curriculum plan.

Term of accredited, on contingency status:

The maximum amount of time a doctoral program can be “accredited, on contingency” is five years. The program is advised to consider its timeline in light of requirements to apply for full accreditation status. To apply for full accreditation the program will provide an updated self-study, including formative and summative outcome data, within three years of receiving “accredited, on contingency” status. Upon successful review of the updated self-study, a site visit will be approved (See AOP Section 6.2 D). A program that has not met the requirements to obtain a site visit within five years will be deemed to have withdrawn from accreditation.

Students in the program and the public must be kept informed of any change in the program's timeline that could negatively impact accreditation.

DRAFT

D.3-1. Site Visitor Nomination Proposed Draft
(Commission on Accreditation, amended March 1998)

The CoA invites nominations or self-nominations of individuals to serve as APA accreditation site visitors. Site visitors are classified either as health service psychology site visitors (psychologists trained and qualified within the scope of accreditation), or generalist site visitors (trained and qualified in areas of psychology outside the scope of accreditation).

The CoA relies on site visitors who are engaged in educational activities and participate in training programs like those accredited by the CoA. Criteria are maintained for inclusion and retention in the site visitor pool. Nominators of potential site visitors should consider the following background characteristics before submitting a nomination:

Health service psychology site visitors:

- Have a doctoral degree from an APA accredited program and have a minimum of five years of professional experience
- Are involved as faculty or training staff in an APA accredited training program, or have an association with an APA accredited training program within the past five year, or if primarily engaged in independent service delivery, have current knowledge of accredited training programs in health service psychology.
- Are knowledgeable about, educational, professional, and scientific issues in psychology
- Are active members of professional organizations within psychology

Generalist site visitors:

- Have a doctoral degree from a regionally accredited institution and have a minimum of five years of professional experience
- Have involvement as faculty in a department or school, within a regionally accredited institution, with responsibility for delivering graduate psychology education that is not substantially online (or if retired, had such association within the last five years).
- Are knowledgeable about, educational, professional, and scientific issues in psychology
- Are active members of professional organizations within psychology

The CoA makes a special effort to ensure diversity among site visitors. The Commission encourages the nomination members of underrepresented groups.

Nominators should provide a brief statement about why they think the nominee has the appropriate background and expertise to be included in the site visitor pool. A copy of the nominee's resume should accompany the nomination. All nominations should be mailed to the Office of Program Consultation and Consultation, American Psychological Association, 750 First Street, N.E., Washington, DC 20002-4242.

Proposed Revisions to D.3-1. Site Visitor Nomination (redlined version)

New Language is underlined and removed text is bracketed and struck through

The CoA invites nominations or self-nominations of individuals to serve as APA accreditation site visitors. Site visitors are classified either as [~~“professional” psychologists (i.e., the areas of clinical, counseling, and school)~~] health service psychology site visitors (psychologists trained and qualified within the scope of accreditation), or [~~“generalists” (from areas of psychology outside the scope of accreditation)~~] generalist site visitors (trained and qualified in areas of psychology outside the scope of accreditation).

~~[Because]~~The CoA ~~[needs]~~ relies on site visitors who are engaged in educational activities and participate in training programs like those accredited by the CoA~~[, strict]~~. Criteria are maintained for inclusion and retention in the site visitor pool. Nominators of potential site visitors should consider the following background characteristics before submitting a nomination:

~~[For site visitors who are in professional psychology]~~ Health service psychology site visitors:

- ~~[Received]~~Have a doctoral degree from an APA accredited program and have a minimum of five years of professional experience
- ~~[Have an involvement as faculty in an accredited training program, or an association with an accredited training program within the past five years.]~~
- ~~[If primarily engaged in private practice, have a formal ongoing association (such as adjunct faculty or external supervisor) with a training program]~~
- Are involved as faculty or training staff in an APA accredited training program, or have an association with an APA accredited training program within the past five year, or if primarily engaged in independent service delivery, have current knowledge of accredited training programs in health service psychology.
- ~~[Considered to be concerned with and]~~ Are knowledgeable about educational, professional, and scientific issues in psychology
- Are active members of professional ~~[and/or research]~~ organizations within psychology

~~[For site visitors who are generalists]~~ Generalist site visitors:

- ~~[Received]~~Have a doctoral degree from a regionally accredited institution and have a minimum of five years of professional experience
- Have involvement as faculty in a department or school ~~[which has an accredited training program]~~ , within a regionally accredited institution, with responsibility for delivering graduate psychology education that is not substantially online (or if retired, had such association within the last five years).
- ~~[Considered to be concerned with, and]~~ Are knowledgeable about educational, professional, and scientific issues in psychology
- Are active members of professional ~~[and/or research]~~ organizations within psychology

The CoA makes a special effort to ensure diversity among site visitors. ~~[Therefore,]~~ The Commission encourages the nomination ~~[of women]~~ members of underrepresented groups.

~~[In submitting a nomination,]~~ Nominators should provide a brief statement about why ~~[he or she]~~ they think the nominee has the appropriate background and ~~[personal qualities]~~ expertise to be included in the site visitor pool. A copy of the nominee's resume should accompany the nomination. All nominations should be mailed to the Office of Program Consultation and Consultation, American Psychological Association, 750 First Street, N.E., Washington, DC 20002-4242.

D.3-2. Site Visitor Selection Proposed Revision

Background:

Peer review is a central feature of the accreditation process. Maintaining and enhancing quality in education and training programs is accomplished through review by knowledgeable and experienced professional peers. In the process of peer review by the CoA, the Commission enlists site visitors as direct observers in order to provide a more complete assessment of a program's operations. In this way, site visitors serve as the "eyes and ears" of the Commission. Due to the critical importance of fair and unbiased review, the CoA establishes procedures for the selection of site visitors. These procedures are intended to maintain integrity of the peer review process and are designed to ensure that site visitors are knowledgeable about the characteristics of the program under review. In meeting these goals, the Commission is responsible for the process of overseeing site visitor assignment. This responsibility is consistent with practices of other professional accrediting bodies, particularly in the health professions, and serves as an important safeguard to ensure both the appearance and practice of a thorough, unbiased, and fair peer review process.

Composition of site visit teams:

1. The Secretary of the U.S. Department of Education requires that an accrediting body shall have:
"602.15 (a) (4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession". In accordance with this standard for recognition, the Commission requires that each doctoral, internship, and postdoctoral site visit team includes a designated visitor who represents the educational perspective and one who represents the practice perspective. The designated educator will be a psychologist who regularly engages within his/her professional role in teaching and training in psychology. The designated practitioner must be licensed or credentialed at the doctoral level and regularly engage within his/her professional role in the delivery of psychological services.
2. Site visit teams for doctoral programs will include a Chair and at least two other members. Site visit teams for internship and postdoctoral residency programs will include a Chair and at least one other member.

Selection of site visitors:

1. In order to enhance a fair and unbiased peer review process, the Commission appoints the Chair of site visit teams. The CoA will maintain a database of psychologists qualified to chair the site visit team based on experience as a site visitor and professional

background and experience compatible with the program under review. The selected Chair will be notified prior to his/her appointment in order to confirm availability during the relevant review cycle and to identify issues of bias or conflict of interest (see IR E.3-2). Similarly, the program will be responsible for notifying CoA of issues of bias or conflict of interest following notification of the Chair appointment and must provide the CoA with documentation of the perceived bias or conflict of interest. An alternative Chair appointment will be made only if the initial appointment raises issues of bias or conflict of interest. The Chair will consult with the program regarding the specific dates of the site visit.

2. The second (and third) member of the site visit team will be selected by the program from a list of five eligible visitors for each position on the team. For all programs, the list of eligible members for the second visitor will be constructed based on experience in an area of health service psychology compatible with the training aims of the program under review. For doctoral programs, the list of eligible members for the third visitor will be constructed based on experience in psychology in an area outside the scope of accreditation. For internship and residency programs, the list of eligible members will be constructed based on familiarity with the type of training setting. For postdoctoral residencies in a recognized specialty, the additional member will have experience and expertise in the recognized specialty.
3. The second (and third) members will be notified prior to their inclusion on a list in order to confirm their availability during the relevant review cycle and to identify issues of bias or conflict of interest. Identification of such issues shall be an ongoing duty of the site visitors and the program. Additional names for the second (and third) member will be provided only for cases in which the program notifies the CoA in writing of either a potential or actual conflict of interest or bias, or unavailability of all the individuals on the list(s). In such cases, the program must provide the CoA with documentation of perceived conflict of interest or bias.
4. In special circumstances, programs may request an additional site visitor (e.g., if two programs at one institution are having a combined visit). The CoA also may request that a program have an additional site visitor (e.g., if a specific SoA-related concern is being investigated).
5. Following selection of the site visit team, the program is responsible for coordinating the dates of the site visit within the assigned cycle, and ensuring the availability of site visitors for those specific dates.

Direct Observation IR

This Implementing Regulation is intended to clarify the expectations of CoA with regard to “direct observation” as described in doctoral, internship and postdoctoral Standards of Accreditation (SOA) as follows:

Doctoral programs

Standard II.B.3.d

“As part of a program’s ongoing commitment to ensuring the quality of their graduates, each practicum evaluation must be based in part on direct observation (either live or electronically).”

Internships

Standard II.D.1.a.iv.

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

Standard II.D.1.a.v.

“While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in intern competencies evaluation.”

Postdoctoral residency programs

Standard II.D.1.b.ii.

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

Definitions and Guidelines:

Direct observation provides essential information regarding trainees’ development of competencies, as well as the quality of the services provided, that cannot be obtained through other methods. This allows supervisors to provide a more accurate assessment of trainees’ development of profession-wide and program-specific competencies.

Direct observation includes live observation, streaming, or video recording. Programs may utilize audio recording, but audio recording alone is not sufficient to meet the requirements of direct observation. Direct observation methods must comply with all appropriate regulations, laws and professional standards with regard to confidentiality and security.

To these ends, all accredited programs must verify that direct observation occurs during the trainee evaluation process.

Doctoral

As indicated in the SoA (Standard II.B.3.d), a doctoral program must utilize direct observation as part of 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.

Internship

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

Postdoctoral Residency

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

Discipline-Specific Knowledge

The Commission on Accreditation expects competence in discipline-specific knowledge to serve as a cornerstone of the scientific base of health service psychology. Therefore, all students in accredited doctoral programs shall acquire a general knowledge base in the discipline of psychology, broadly construed, as a foundation for further training in health service psychology. Evidence of competence in discipline-specific knowledge must be thoroughly documented by the program.

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

- a) *... represents the requisite 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. Additional coursework in advanced topics is expected.*
 - 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 two categories of discipline-specific knowledge.

The first category of discipline-specific knowledge can be acquired at either the upper-undergraduate or entry graduate level and must result in substantial understanding and competence in:

- **History and Systems of Psychology**, including the origins and development of major ideas in the discipline of psychology. The history of a subdiscipline of psychology, such as clinical, counseling, or school psychology, or the history of interventions or assessments do not, by themselves, fulfill this category.

and in the following five additional ***basic content areas***:

- **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.
- **Social Aspects of Behavior**, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy, by themselves, do not fulfill this category.
- **Developmental Aspects of Behavior Across the Lifespan**, including transitions, growth, and development across an individual's life. Curricula limited to one developmental period is not sufficient.

Because portions of the training in this first category of discipline-specific knowledge may occur prior to matriculation, programs bear a significant responsibility for documenting the quality/rigor, currency, standardization, and fairness of that training. The program is responsible for demonstrating that the strategies used to evaluate student knowledge are fair and do not discriminate on bases irrelevant to success in the program. That is, for each of the first category of discipline-specific knowledge areas a comprehensive vetting process must include systematic methods that assess knowledge in a non-discriminatory fashion.

The second category of discipline-specific knowledge can be acquired only at the graduate level and must result in substantial understanding and competence in:

- **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.
- **Advanced Integrative Knowledge of Discipline-Specific Content Areas**, includes in-depth graduate-level understanding and competence that entails integration of multiple basic discipline-specific content areas (viz., affective, biological, cognitive, social, and developmental aspects of behavior across the lifespan) into courses and professional/training activities.

In-depth graduate-level understanding and competence. Accredited programs should clearly document how the curriculum plan ensures graduate-level understanding and competence. The CoA will look for certain pieces of evidence in evaluating graduate level, including students' exposure to a curriculum plan 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 knowledge in the basic areas with the program's substantive area(s) of practice. For example, if the program uses a course to satisfy an aspect of discipline-specific knowledge, it may be appropriate in some instances to use textbooks that target undergraduate audiences as a minor part of the course (e.g., as foundational reading to introduce the subject area to students) if the majority of the course involves graduate level readings. Programs must also document that students have substantial opportunities to acquire and demonstrate graduate level understanding and competence, as defined above, through courses, research, practica, or other essential learning experiences. If a program elects to use students' prior education or experiences to partially satisfy discipline-specific knowledge requirements, the program must also document how *each* student demonstrates graduate-level understanding and competence in the relevant content areas. The program must also document procedures for ensuring the curriculum plan in these content areas are developed, provided, and evaluated by faculty who are well qualified in the content area as specified in IR C-xx.

Profession-Wide Competencies IR

Introduction

The Commission on Accreditation (CoA) believes that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training should develop certain competencies as part of their preparation for practice in health service psychology. 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.B1.b), internship (Section II.A2), and post-doctoral (Section II.B1) 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 competency, consistent with their program aim(s), degree type, and level of training. However, in evaluating a program's training with regard to profession-wide competencies, the CoA considers several aspects of training to be necessary to meet this standard, including:

- **Consistency with the professional value of individual and cultural diversity** (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a separate profession-wide competency, the CoA expects that appropriate training and attention to diversity will be incorporated into each profession-wide competency, consistent with SoA Introduction, Section II.B2.a.
- **Consistency with the professional value of scientific practice** (SoA Introduction, Section II.B2.d). The CoA expects that all profession-wide competencies will be grounded in the 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 practice at the entry level (SoA Introduction, Section II.B2.b), whereas training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B2.c).
- **Level-appropriate expectations**. The CoA expects that trainee demonstrations of profession-wide competencies will differ according to their level of training (i.e., doctoral, internship, post-doctoral). In general, trainees are expected to demonstrate each profession-wide competency with increasing levels 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).

The following sections of this Implementing Regulation describe the CoA's interpretation of each of the profession-wide competencies. In developing the Implementing Regulation, the CoA used several sources in the existing literature on competencies (e.g., HSPEC Blueprint for Health Service Psychology, APA, 2013; Revised Competency Benchmarks for Professional Psychology; Hatcher, 2011). The CoA does

not consider these to represent the sole authoritative documents on professional competencies, and encourages programs to use these as well as other sources in the current literature to guide their training in and evaluation of profession-wide competencies.

I. Research

The CoA recognizes science as the foundation for Health Service Psychology. Graduates of HSP programs must demonstrate knowledge, skills, and attitudes sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and disseminate research.

For Doctoral:

- Demonstrates the ability to formulate, conduct, critically evaluate, and disseminate, via professional publication or presentation, research or other scholarly activities that are of sufficient quality and rigor to contribute to the scientific or psychological knowledge base. This requires substantial knowledge of scientific methods, procedures, and practices.
- Demonstrates the ability to apply the relevant research literature to clinical decision making.

For Internship:

- Demonstrates the ability to critically evaluate and disseminate, via professional publication or presentation, research or other scholarly activities.
- Routinely applies the relevant research literature to clinical decision making.

II. Ethical and legal standards

Be knowledgeable of and act in accordance with:

- 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 and apply an ethical decision-making process in order to resolve the dilemma.

Conduct self in an ethical manner in all professional activities.

Trainees are expected to apply ethical principles to increasingly complex issues with a greater degree of independence as they progress across levels of training.

III. Individual and cultural diversity

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to multicultural considerations, 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 defined broadly in APA policy¹. 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 must demonstrate:

- **AWARENESS:** An understanding of how their personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- **KNOWLEDGE:** An understanding of how the current theoretical and empirical knowledge base relevant to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
- **SKILLS:** The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Level:

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

Doctoral: Prior to internship, trainees must demonstrate the requisite knowledge base, ability to articulate an approach, and ability to work effectively with diverse individuals and groups.

Internship: By the end of internship, trainees must demonstrate the ability to independently apply their knowledge and approach in working with the range of diverse individuals and groups encountered during internship.

Post-doctoral: At the post-doctoral level, residents develop 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 aims.

IV. Professional values and attitudes

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; actively seek and demonstrate openness to feedback; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

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

V. Communication and interpersonal skills

The CoA views communication and interpersonal skills as grounded in science and 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.

At the doctoral and internship levels, students and interns are expected to:

- Develop and maintain effective relationships with a wide range of individuals receiving professional services, colleagues, organizations, professions, and communities.
- Able to produce and comprehend verbal, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Manage difficult communication; possess effective interpersonal skills.

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

VI. Assessment

Trainees demonstrate competence in conducting evidence-based assessments consistent with the scope of health service psychology to include: attending to diversity characteristics, gathering relevant data using multiple sources and methods, conceptualizing assessment findings, and communicating results effectively. To achieve competence in assessment, trainees must demonstrate the following specific skills:

- Select and apply assessment methods in a reasoned manner, and collect data appropriate to the identified goals and questions, attending to the science of measurement and psychometrics and the relevant research.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective.

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

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

VII. Intervention

Trainees demonstrate competence in evidence-based interventions consistent with the scope of health service psychology. Competence in intervention includes determining an evidence-based treatment plan, implementing appropriate interventions, evaluating intervention outcomes, and adapting intervention goals and methods consistent with ongoing evaluation. To achieve competence in intervention, trainees must demonstrate the following specific skills:

- Identify, select, and apply appropriate evidence-based interventions specific to the service delivery goals. Such interventions shall be informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Evaluate the outcomes of interventions continuously, and adapt approaches accordingly.

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

VIII. Supervision

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.

At the doctoral level students are expected to:

- Demonstrates knowledge of supervision models and practices.

At the internship levels interns are expected to:

- 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 other trainees and peer supervision with other trainees.

IX. Consultation and interprofessional/interdisciplinary skills

The CoA views consultation and interprofessional/interdisciplinary interaction as grounded in science and 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.

At the doctoral and internship levels, students and interns are expected to:

- Demonstrates knowledge and respect for the roles and worldviews of other professions.

At the doctoral level students are expected to:

- Demonstrates knowledge of consultation models and practices.

At the internship level interns are expected to:

- 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 other trainees
- Peer consultation, provision of consultation to other trainees