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

July 7, 2021

Dear Colleagues,

The *Standards of Accreditation for Health Service Psychology, Master's Degree Programs* (SoA-M) outlines education and training requirements for the accreditation of health service psychology programs at the master's level. Following the approval of the SoA-M by the APA Council of Representatives as Association policy in February of 2021, the APA Commission on Accreditation (APA-CoA) began working diligently to develop accompanying Implementing Regulations (IRs) and Accreditation Operating Procedures (AOP).

Implementing Regulations (IRs) are official policy documents that "elucidate, interpret and operationally define" the Commission on Accreditation's (CoA) policies and procedures. IRs are divided into several different sections (A through E), which are subject to regular review and revision by the CoA. While the IRs for doctoral, internship, and postdoctoral residency programs are already developed, the CoA, through the CoA Master's Work Group, is currently drafting the Section C IRs, which are those that correspond to the SoA-M.

At its spring 2021 program review meeting, the CoA Master's Work Group presented eleven of these Section C IRs that were approved by the CoA to put forward for public comment. The remaining Section C IRs, the AOP for master's level programs, and IRs for master's programs in Sections D and E are still under development and will be put forth for public comment at a future date.

The following Implementing Regulations (IRs) are the first set that are being put forth for public comment:
1. C-6 M. Record of Student Complaints in CoA Periodic Review
2. C-7 M. Program Aims and Program-Specific Competencies
3. C-8 M. Profession-Wide Competencies
4. C-9 M. Diversity Education and Training
5. C-12 M. Clinical Experiences Guidelines for Master's Programs
6. C-13 M. Telesupervision
7. C-14 M. Direct Observation
8. C-20 M. Selection and Admissions of Students into Accredited Master's Programs
9. C-21 M. Diversity Recruitment and Retention
10. C-24 M. Program Names, Labels, and Other Public Descriptors
11. C-25 M. Accreditation Status and CoA Contact Information

In accordance with the APA "Policies for Accreditation Governance" and the US Department of Education regulations for public notice and comment, the CoA is making this first set of Section

C Implementing Regulations available for a ninety (90) day period of public review and comment, scheduled to begin on July 7, 2021 and continue through 5:00pm Eastern Daylight Time on October 5, 2021.

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

C-6 M. Record of Student Complaints in CoA Periodic Review
(Commission on Accreditation, prepared for public comment May 2021)

Standard III.B.2 of the *Standards of Accreditation* for master's programs indicates:

> *The program recognizes the rights of students and faculty to be treated with courtesy and respect. In order to maximize the quality and effectiveness of students' learning experiences, all interactions among students, faculty, and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see the current APA Ethical Principles of Psychologists and Code of Conduct). The program has an obligation to inform students of these principles, put procedures in place to promote productive interactions, and inform students of their avenues of recourse should problems with regard to them arise.*

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

C-7 M. Program Aims and Program-Specific Competencies
(Commission on Accreditation, prepared for public comment May 2021)

Standard II.A of the *Standards of Accreditation* for master's programs indicates:

> *1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.*
>
> *2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.*

Standard II.C.1 related to program-specific competencies and related curriculum indicates:

> *Programs accredited in health service psychology may require that students attain additional competencies specific to the program.*
>
> > *a. If the program requires additional competencies of all students, it must describe the competencies, how they are consistent with the program's aims, and the process by which students attain each competency (i.e., curriculum).*
> >
> > *b. Additional competencies must be consistent with the ethics of the profession.*

Along with the nine profession-wide competency (PWC) areas, the program may choose to have additional program-specific competencies (PSC) consistent with the program's Health Service Psychology (HSP) area and program aims. If the program requires competencies for all students not covered under the PWCs, these must be reported as PSCs. Competencies that are required only for some students but not all, such as students who are in a concentration that not all students in the program complete, are not PSCs. Additional competencies could include those in practice areas (e.g., addiction, forensic, marriage and family therapy, rehabilitation, etc.) or in additional training emphases (e.g., couples/families; prevention science/prevention interventions; interdisciplinary work; systems interventions; advocacy including self, profession, or for service recipients; transdiagnostic treatments/common factors; cultural humility; etc.). These additional competencies must be accurately reflected in the program's public materials for applicants. Programs must collect appropriate outcome data for all PSCs indicating that students obtain minimal level of achievement (MLA) on each before program completion.

C-8 M. Profession-Wide Competencies
(Commission on Accreditation, prepared for public comment May 2021)

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. The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the master's (Section II.B.1.b), doctoral (Section II.B.1.b), internship (Section II.A.2), and postdoctoral (Section II.B.1) levels.

This Implementing Regulation (IR) 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***. 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.

- ***Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology.*** 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 master's level will provide preparation for entry level practice and licensure (or appropriate credential to practice at the master's level) consistent with the program's aims.

- ***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 (master's, doctoral, internship, postdoctoral). 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. Integration of psychological science and practice
The CoA recognizes science as the foundation of HSP. Individuals who successfully complete master's-level programs accredited in HSP must demonstrate knowledge about how to be good consumers of research to inform practice, including the ability to critically evaluate and use existing empirical knowledge. This area of competence requires knowledge of scientific methods, procedures, and practices. Trainees are expected to:

- demonstrate the ability to understand and critically evaluate research and other scholarly works (e.g., peer-reviewed review articles);

- utilize research methods to support quality improvement of individual treatment outcomes; and

- demonstrate how issues of equity, diversity, and inclusion are to be considered when critically evaluating psychological research.

II. Ethical and legal standards

Trainees are expected to demonstrate competency in each of the following areas:

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

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

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

  o relevant professional standards and guidelines;

- recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve the dilemmas; and

- conduct oneself in an ethical manner in all professional activities.

III. Individual and cultural diversity

Effectiveness in HSP requires that trainees develop the ability to conduct all professional activities with sensitivity to diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate cultural humility, knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal identities, backgrounds, and characteristics. The CoA 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, socioeconomic status, and their intersectionality. 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 are expected to demonstrate:

- ongoing engagement through critical self-reflection 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, historical, 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 in 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 identities, group membership, demographic characteristics, and/or worldviews are different from their own;

- 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;

- knowledge of factors that may impact equity and inclusion such as oppression, privilege, institutional prejudice, and intersectionality;

- knowledge of the role of social justice, including racial justice, in increasing equitable access to behavioral health care; and

- the ability to function as an advocate to address social inequities and injustices impacting service recipients.

IV. Professional values and attitudes

Trainees are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, commitment to integration of science and practice, lifelong learning, and concern for the welfare of others;

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

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

V. Communication and interpersonal skills

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

- develop and maintain effective relationships across their professional roles and activities

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

- demonstrate effective interpersonal skills and the ability to manage difficult communication(s) well; and

- communicate in culturally responsive ways that respect the diversity of perspectives and communication styles of others (e.g., marginalized, privileged, individualist, collectivistic, generational, etc.).

VI. Assessment

Trainees are expected to demonstrate competence in conducting evidence-based assessment consistent with the scope of the program aims within HSP practice areas. Assessment is an essential competency at all graduate levels of HSP, as it contributes to sound decision-making and treatment planning.

At the level of the master's degree, programs must ensure that trainees have the skills required to engage in assessment methods designed to ascertain psychological concerns and functional behaviors. Programs are expected to ensure that trainees understand how to conduct clinical interviews, evaluate behavior in a social

and cultural context, and use diagnostic classification systems. Trainees are expected to use this information in conjunction with professional literature to make informed and evidence-based intervention plans. Trainees are expected to:

- demonstrate current knowledge of diagnostic classification systems across different contexts and settings (e.g., schools), functional and dysfunctional behaviors, including consideration of service recipient strengths and psychopathology;

- demonstrate understanding of human behavior within its relevant context (e.g., family, educational/school, social, societal, historical, and cultural);

- demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors, including context to the assessment and/or diagnostic process;

- critically evaluate, select, and apply assessment methods consistent with the aims of the program 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;

- understand 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; and

- communicate orally and in writing the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

VII. Intervention

Trainees are expected to demonstrate competence in evidence-based interventions consistent with the scope of the program aims within HSP practice areas. 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. Trainees are expected to demonstrate the ability to:

- establish and maintain effective relationships with the recipients of psychological services in settings and context appropriate to meet program aims;

- develop evidence-based intervention plans specific to the service delivery goals;

- implement interventions informed by the current scientific literature, assessment findings, cultural efficacy and appropriateness, and contextual variables;

- evaluate intervention outcomes, and adapt as needed, as part of ongoing progress monitoring; and

- use information relevant to equity, diversity, and inclusion to educate stakeholders about the determinants of health, about effective strategies for promoting health and well-being outcomes, and about ways to access health care and other psychological services.

VIII. Supervision

The CoA views supervision as grounded in science and integral to the activities of HSP. 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:

- demonstrate knowledge of supervision roles; and

- demonstrate an understanding of relevant supervision requirements for one's practice level.

IX. Consultation and interprofessional/interdisciplinary skills

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

- demonstrate the ability to work as part of integrative teams with members from diverse backgrounds, such as other types of mental health professionals, service recipient family members, or others from different backgrounds; and

- demonstrate knowledge and respect for the roles and perspectives of other professionals.

C-9 M. Diversity Education and Training
(Commission on Accreditation, prepared for public comment May 2021)

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

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

C-12 M. Clinical Experiences Guidelines for Master's Programs
(Commission on Accreditation, prepared for public comment May 2021)

Standard II.B.3 of the *Standards of Accreditation for Health Service Psychology* (SoA) for master's graduate programs identifies clinical experiences as a required training element, such as practica, field experience, or master's-level internship.

In reviewing clinical experiences within master's programs, the CoA looks to determine that the program is responsible for identifying how the clinical experience helps to realize the educational aims identified in the program's curriculum plan. This curriculum plan must:

1. Include a clear statement of how clinical experience training provides opportunities for students to achieve and demonstrate profession-wide competencies, as well any program-specific competencies for which clinical experience is a relevant curricular element.
2. Document outcome measures used within clinical experiences and training to evaluate profession-wide and any relevant program-specific competencies; and specify how clinical experience is clearly integrated with other elements of the program. This includes a description of how academic knowledge is integrated with practical experience through fora led by psychologists for the discussion of the clinical experience.

Further, each accredited master's program is expected to have clearly defined administrative policies and procedures in place for all clinical experience settings, both internal and external to the program.

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

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

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

C-13 M. Telesupervision
(Commission on Accreditation, prepared for public comment May 2021)

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

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

Definitions:
> **Telesupervision** is supervision of psychological services through a synchronous audio and video format.

> **In-person supervision** is supervision of psychological services where the supervisor is physically in the same room as the trainee.

Guidelines and Limits:
- Telesupervision may not account for more than 50% of the total supervision at a given clinical experience site. Furthermore, it is the master's program's responsibility to ensure that the student has had sufficient experience and in-person supervision in intervention at the master's level and possesses a level of competence to justify this modality of supervision in a student's training.

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

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

C-14 M. Direct Observation
(Commission on Accreditation, prepared for public comment May 2021)

This IR is intended to clarify the expectations of the CoA with regard to "direct observation" as described in master's *Standards of Accreditation* (SOA) as follows:
Standard II.B.3.d

> *As part of a program's ongoing commitment to ensuring the quality of their graduates, each clinical training evaluation must be based in part on direct observation of the clinical training experience of students (either live or electronically) and their developing skills as a clinician.*

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

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

Definitions and Guidelines:

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

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

Direct observation is required for each clinical experience evaluation completed. All accredited programs must verify on the evaluation form that direct observation occurs for each evaluation period as defined by the program. In a given evaluation period, a student may complete more than one clinical experience (e.g., separate rotations within a single-semester clinical experience; student completing two different clinical experiences 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 M, CoA recognizes that supervision on-site can be provided by a master's level health service psychology professional appropriately credentialed in the jurisdiction, doctoral interns or postdoctoral residents in HSP 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 provided, and conduct the observation

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

The CoA does not expect that all individual competencies (profession-wide or program-specific (if any)) would be directly observed during every clinical 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 clinical placement.

C-20 M. Selection and Admissions of Students into Accredited Master's Programs
(Commission on Accreditation, prepared for public comment May 2021)

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

The program has an identifiable body of students at different levels of matriculation who are consistent with the following:
    a. *The students constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.*
    b. *The students are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.*
        i. *The program must implement specific activities, approaches, and initiatives to increase and maintain diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.*
        ii. *The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract a diverse student body and document any steps needed to revise/enhance its strategies.*

By prior achievement, students have demonstrated appropriate preparation for the program's aims as well as expectations for a master's program. The program has admission criteria and processes that ensure students' preparation for graduate-level education and training in psychology. The program will demonstrate how it evaluates the effectiveness of its admission criteria and processes with regard to maximizing student success.
    c. *By interest and aptitude, students are prepared to meet the program's aims.*
    d. *The students reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.*

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

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

The CoA's review of the master's program's student selection policies and procedures necessarily requires the exercise of professional judgment. Programs must demonstrate that:

1. They have and abide by written policies and procedures for student selection;
2. Those written policies and procedures are consistent with their educational aims; and

3. Those written policies and procedures are developed to ensure that students are well-prepared to succeed and that program graduates are prepared for entry to practice.

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

The CoA recognizes that master's programs' student selection and admissions practices may be informed by their training aims or by institutional or program missions (e.g., that emphasize providing opportunities for enrollment of nontraditional graduate students, or that enroll students with very diverse prior educational experiences). However, the CoA reviews programs based only on educational preparation for entry-level practice consistent with the program's aims, integration of science and practice, and the program's philosophy and mission in relation to current professional standards and regional and national needs. Thus, selection and admissions practices must be consistent with effective training and outcomes in these areas.

C-21 M. Diversity Recruitment and Retention
(Commission on Accreditation, prepared for public comment May 2021)

The Standards of Accreditation (SoA) state that five principles, one of which is a commitment to cultural and individual differences and diversity, "guide accreditation decisions, such that programs whose policies and procedures violate them would not be accredited." Furthermore, the Commission "is committed to a broad definition of cultural and individual differences and diversity that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status," (SoA, I.B.2).

Diversity is essential to science and quality education and training in HSP. The goals of diversity recruitment and retention include, but are not limited to, creating and maintaining inclusive environments and improving access to quality education and training. An inclusive environment is one where the program creates an atmosphere that is welcoming, respectful and affirming of students' and faculty members' multiple identities.

In accordance with Standards I.B.2, III.A.1.b.i-ii and IV.B.5 of the SoA for master's programs, an accredited master's program is responsible for making systematic, coherent, and long-term efforts to 1) attract (i.e., recruit) and 2) retain diverse students and faculty into the program. In addition, the program is responsible for assessing the effectiveness of both its recruitment and retention efforts and identifying areas of improvement. For both recruitment and retention of students and faculty, the program must provide program-level efforts and activities, in addition to any institutional, departmental, or other unit activities used. Programs are expected to seek and utilize generally accepted best practices in the field regarding recruitment and retention of diverse individuals.

In planning for the recruitment and retention of diverse individuals, accredited programs should consider the following:
- A program may include institutional-level initiatives addressing diversity, but these, in and of themselves, are not considered sufficient.
- The lack of faculty openings, or having existing faculty with strong representation of diversity, does not exempt the program from the responsibility of having in place a systematic, multi-year plan.
- Similarly, having an existing student body with strong representation of diversity does not exempt the program from the responsibility of having in place a systematic, multi-year plan.
- The demographic information about faculty and students in the tables of the self-study and annual report is not sufficient to demonstrate a program's compliance with Standards I.B.2, III.A.1.b.i-ii, and IV.B.5.

Recruitment
The program is expected to document the development and implementation of a systematic, multi-year plan to recruit both students and faculty from diverse backgrounds.

Students
An accredited master's program must document and report in its self-study:
- that it has developed a systematic, multi-year, and multiple effort plan, implemented and sustained over time, to attract students from a range of diverse identities;
- the concrete and specific program-level activities, approaches, and initiatives it implements to increase diversity among its students;
- the areas of diversity recruitment where it has had success, as well as the areas of diversity recruitment it is working to improve, recognizing the broad definition of diversity; and

- how it examines the effectiveness of its efforts to attract diverse students, and the steps it has taken to revise/enhance its strategies.

Faculty

An accredited master's program must demonstrate and report in its self-study:
- that it has developed a systematic, multi-year, and multiple effort plan, implemented and sustained over time, to attract faculty from a range of diverse identities (i.e., when there are faculty openings);
- the concrete and specific program-level activities, approaches, and initiatives it implements to increase diversity among its faculty;
- the areas of diversity recruitment where it has had success, as well as the areas of diversity recruitment it is working to improve, recognizing the broad definition of diversity; and
- how it examines the effectiveness of its efforts to attract diverse faculty, and the steps it has taken to revise/enhance its strategies.

Retention

The program is expected to document the development and implementation of a systematic, multi-year plan to retain both students and faculty from diverse backgrounds.

Students

An accredited master's program is expected to describe in its self-study:
- the specific systematic, multi-year, and multiple effort activities, approaches, and initiatives it implements and sustains over time to maintain diversity among its students and ensure a supportive and inclusive environment for all students;
- concrete program-level actions to retain diverse students;
- how these efforts are broadly integrated across key aspects of the program; and
- how the program examines the effectiveness of its efforts to retain diverse students, and the steps taken, as needed, to revise and/or enhance its retention strategies.

Faculty

An accredited master's program is expected to describe in its self-study:
- the specific systematic, multi-year, and multiple effort activities, approaches, and initiatives it implements and sustains over time to maintain diversity among its faculty and ensure a supportive and inclusive work environment for its diverse faculty members; and
- how the program examines the effectiveness of its efforts to maintain diversity among its faculty, and the steps taken, as needed, to revise/enhance its strategies as needed.

C-24 M. Program Names, Labels, and Other Public Descriptors
(Commission on Accreditation, prepared for public comment May 2021)

<u>How the program describes itself</u>:

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

      Examples with accurate accreditation status:
- "Accredited master's program in _____" (e.g., clinical or counseling psychology)
- "Master's program in health psychology, accredited as a program in clinical psychology"
- "Master's program in applied behavior analysis, accredited as a program in school psychology"
- "Specialist-level program in school psychology, with accreditation of the master's degree"
- "Master's program in counseling, accredited as a program in counseling psychology"

C-25 M. Accreditation Status and CoA Contact Information
(Commission on Accreditation, prepared for public comment May 2021)

Standard V.A.1.b of the *Standards of Accreditation* (SoA) for master's programs states:

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

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

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

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

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