

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

Through the process of IR revision, questions have arisen regarding one (1) of the recently approved regulations. The CoA is therefore requesting additional public comment on further proposed revisions to IR. The one (1) currently approved IR for which proposed revisions are presented is:

- Profession-wide Competencies for all three levels

The CoA is also putting forward revisions to one (1) of the regulations in the current IR D.4-7 series. The IR D.4-7 changes reflect how student achievement is monitored throughout the accreditation review cycle. The one (1) currently approved IR for which proposed revisions are presented is:

- Thresholds for Student Achievement Outcomes in Doctoral Programs

Lastly, in accordance with the Secretary’s criteria for recognition of accrediting bodies, 602.15(a)(3-6), the CoA has revised in the AOP Section 8.6 for all three levels. The one (1) currently approved operating procedure for which revisions are presented is:

- Effective Date of a Decision for all three levels

A summary description of the proposed changes for each of the two (2) IRs, as well as the proposed AOP revisions are included in the introduction to each section. The Commission is requesting comment on the changes made to these documents.

The CoA is providing an electronic-based comment form for public comment submission. The comment period is scheduled to begin at **5:00 pm Eastern Daylight Time on May 5, 2017, and will continue through 5:00pm Eastern Daylight Time on June 4, 2017**. Comments and other information, including the users’ identity, will be public. Email addresses used in the registration will be kept confidential. The CoA will consider all comments received and make any appropriate revisions prior to approval of the final revisions.

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

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This IR was revised to make explicit that psychopathology is a necessary aspect of competency in assessment. Specifically, the IR now states that graduate students and interns are to exhibit current knowledge of diagnostic classifications systems, functional and dysfunctional behaviors in the assessment of service recipients, an understanding of human behavior within its contexts, and the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

The only changes to the IRs under consideration by the CoA at this time are reflected below in redline.

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

(Commission on Accreditation, October 2015; draft revised for public comment, November 2016; **revised for public comment February 2017**)

#### **Introduction**

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

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

- ***Consistency with the professional value of individual and cultural diversity*** (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent with SoA Introduction, Section II.B.2.a.
- ***Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology*** (SoA Introduction, Section II.B.2.d). The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.
- ***Level-appropriate training***. The CoA expects that training in profession-wide competencies at the doctoral and internship levels will provide broad and general preparation for entry level independent practice and licensure (SoA Introduction, Section II.B.2.b) Training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B.2.c). For postdoctoral programs that are accredited in a specialty area rather than a developed practice area of HSP, the program will provide advanced preparation for practice within the specialty.

- ***Level-appropriate expectations.*** The CoA expects that programs will require trainee demonstrations of profession-wide competencies that differ according to the level of training provided (i.e., doctoral, internship, post-doctoral). In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training.
- ***Evaluation of trainee competence.*** The CoA expects that evaluation of trainees' competence in each required profession-wide competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance that are consistent with the SoA (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

## **I. Research**

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

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

### ***Doctoral students:***

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

### ***Interns:***

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

## **II. Ethical and legal standards**

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

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

- Be knowledgeable of and act in accordance with each of the following:
  - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

### **III. Individual and cultural diversity**

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

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

*Trainees at all levels* are expected to demonstrate:

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

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

***Doctoral students:***

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

***Interns:***

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

***Post-doctoral residents:***

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

**IV. Professional values and attitudes**

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

***Doctoral students and Interns*** are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

**V. Communication and interpersonal skills**

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

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

*Doctoral students and interns* are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

## **VI. Assessment**

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

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

*Doctoral students and Interns* are expected to demonstrate the following competencies:

- Current knowledge of **diagnostic classification systems**, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- **Understanding of human behavior within its context (e.g., family, social, societal and cultural).**
- The ability to apply the knowledge of **client strengths and psychopathology functional and dysfunctional behaviors including context** to the assessment **and/or diagnostic** process **with sensitivity to cultural and individual differences.**
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

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

## **VII. Intervention**

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

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

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

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

## **VIII. Supervision**

This competency is required at the doctoral and internship level.

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

*Doctoral students:*

- Demonstrate knowledge of supervision models and practices.

*Interns:*

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

## **IX. Consultation and interprofessional/interdisciplinary skills**

This competency is required at the doctoral and internship level.

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

***Doctoral students and Interns:***

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

***Doctoral students:***

- Demonstrates knowledge of consultation models and practices.

***Interns:***

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

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

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

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As part of its responsibilities to ensure program quality between scheduled periodic reviews (self-study and site visit), the Commission on Accreditation (CoA) evaluates appropriate thresholds obtained through aggregate data collected by the Annual Report Online (ARO). In evaluating student performance required of accredited programs, CoA expects most students will complete their doctoral programs in not less than 3 years, nor more than 7 full calendar years.

Based on analysis of ARO data collected over the most recent three-year period from 2013-2016, at its February 2017 meeting the CoA proposed a revision to the time to completion threshold for students successfully completing a doctoral program across a 3 year time period. The CoA will look at data on any program that has either a mean greater than 7.25 years to completion or a median greater than **7.0** years to completion for all students who successfully completed the program in the preceding 3 years. Additionally, for purposes of the ARO, the CoA expects that 7.2% or fewer of a given program's students will leave the program in a given academic year. The CoA will look at data on any program that has a mean of over 7.2% attrition of students based upon the most recent 3-year period of ARO data.

The only changes to the IR under consideration by the CoA at this time are reflected below in redline.

**D.4-7(b). Thresholds for Student Achievement Outcomes in Doctoral Programs**

(Commission on Accreditation, adopted as D.4-7 in July 1999; revised July 2000; January 2001; February 2005; October 2008; revised and renumbered as D.4-7(b) in July 2011; revised July 2012; revised October 2014, February 2016; **Revised for public comment February 2017**)

As indicated in Implementing Regulation D.4-7(a), the Commission on Accreditation (CoA) needs to evaluate a program's continuing quality between scheduled full accreditation reviews. To do so, the CoA

has determined that the construction of appropriate thresholds will be informed by data obtained through the Annual Report Online (ARO) and aggregated across accredited programs. For program completion and student attrition, the threshold numbers will be constructed to identify only those doctoral programs that are significantly different from the majority of accredited doctoral programs. “Significantly different” is interpreted by the CoA to mean the 5<sup>th</sup> percentile, or the **lowest 5%** of all programs for each indicator. For student match with accredited programs and for changes in number of faculty and number of students, the CoA will be guided by the stated levels and by education and training concerns.

When determining the specific thresholds for each of the areas of interest, the CoA will review descriptive statistics on these variables (e.g. mean, median, frequency distributions, etc.) for the applicable time-frame, across all accredited doctorate programs, as appropriate. Specific calculations that lead to the thresholds for these variables and the current specified thresholds are provided below:

### **Doctoral Program Achievement Thresholds**

- **Number of years to complete program:** In general, the CoA expects that most students will complete their doctoral programs in not less than 3 years nor more than 7 full calendar years. The thresholds will be based on 3 years of ARO data. The CoA will look at data on any program that has either a mean greater than ~~7.5~~ **7.25** years to completion or a median greater than **7.0** years to completion for all students who successfully completed the program in the preceding 3 years.
- **Percent of students leaving a program for any reason:** In general, for purposes of the ARO, the CoA expects that ~~7%~~ **7.20%** or fewer of a given program’s students will leave the program in a given academic year. The CoA will look at data on any program that has a mean of over ~~7%~~ **7.2%** attrition of students based upon the most recent 3-year period of ARO data.
- **Percent of students accepted into an internship<sup>1</sup>:** For the substantive areas of Clinical and Counseling psychology, of the total number of students in a given program applying for an internship for the following year, at least **50%** of those students will be placed into an internship that has been accredited by an accrediting agency recognized by the Secretary of the U.S. Department of Education or by the Canadian Psychological Association. Beginning in 2013, this will be based upon the most recent 3-year period of ARO data.
- **Changes in student-faculty ratios:** At the time of periodic accreditation review, in Standard IV, the CoA examines the sufficiency of core faculty for the students in the program. Because changes in student and core faculty numbers may impact the sufficiency of core faculty to ensure continued program quality, the CoA examines changes in the relationship between these two numbers. The data are based upon the following formula:

$$\frac{\text{(number of students at time 2/number of core faculty at time 2)}}{\text{(number of students at time 1/number of core faculty at time 1)}}$$

$$\text{(number of students at time 1/number of core faculty at time 1)}$$

The CoA will look at programs when this student-faculty ratio is greater than **1.20**.

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<sup>1</sup> Consistent with individual programs’ goals and/or competencies associated with their practice area, many school psychology programs require their students to complete all, or a major portion of, their pre-doctoral internships in K-12 school settings. Currently, only approximately 3% of APA-accredited internships include K-12 school settings as a major component of their internships. Accordingly, the CoA does not apply the threshold for student attainment of APA/CPA-accredited internships to school psychology programs.

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The APA Commission on Accreditation (CoA) is recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The APA's scope of recognition includes the accreditation in the United States of doctoral programs in health service psychology (i.e., clinical, counseling, and school psychology, combinations of two or more of these practice areas and other developed practice areas in health service psychology); doctoral internship programs in health service psychology; postdoctoral residency programs in health service psychology; and preaccreditation of doctoral programs in health service psychology, doctoral internship programs in health service psychology and postdoctoral residency programs in health service psychology. As such the CoA's Standards must align with the recognition criteria of both the USDE and CHEA.

In January 2017 the USDE clarified to the APA's CoA that an accreditation decision should be effective the date an agency's decision-making body makes the decision and cannot be retroactive. In order to comply with the Secretary's criteria, 602.15 (a)(3-6), the CoA has revised Sections 8.6 D, 8.6 I and 8.6 P, *Effective Date of a Decision*. These revisions to Section 8 of the *Accreditation Operating Procedures of the Commission on Accreditation (AOP)* are required for compliance with USDE recognition criteria and will become effective **January 1, 2018**.

The only changes to the AOP under consideration by the CoA at this time are reflected below in redline.

#### **8.6 D., 8.6 I., and 8.6 P. - Effective Date of a Decision**

Award of "accreditation" (either "on contingency" or "full") ~~is effective on the final day of the site visit preceding the CoA decision.~~ and Other non-appealable accreditation decisions are effective as of the date of adjournment of the CoA meeting in which the decision was made. Appealable decisions (as defined in Section 2.1) that are not appealed by the program are effective 30 days after receipt of the CoA's decision.

If a program elects to appeal a decision of "accredited, on probation," and the decision is upheld, the effective date of probation remains as 30 days after receipt of the CoA's decision, and the program must respond to the issues of probation in the same time frame as indicated in the CoA's decision.

If a program elects to appeal any other decision other than probation, and the decision is upheld, the original CoA decision will take effect 30 days after the appeal panel hearing date.

For any appeal in which the decision is amended or reversed by the appeal panel, the new decision will be effective 30 days after the end of the appeal hearing.