

**Implementing Regulations
Public Comment Period
Phase II**

September 15, 2015 – October 15, 2015

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Internship Programs “Accredited, on Contingency”

Programs seeking “accredited, on contingency” must be reviewed on all aspects of the SoA. “Accredited, on contingency” is an accredited status and if and only if the program meets all standards except for the inclusion of all required outcome data on interns in the program and after program completion. (AOP 6.1 I)

Process to Apply:

Programs may apply for “accredited, on contingency” before interns are on site but during the selection process as long as interns will be on site by the time of the site visit. For programs applying for “accredited, on contingency” status: You do not need to provide outcome data. However, you should provide any evaluation forms used by the program for determining if aim(s) is/are being achieved.

The program will submit any proximal and distal data collected to date. If data are presented at the time of the site visit, the program must send a copy of these data to the CoA.

The internship 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 profession-wide competencies, specific aims of the training program, 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 intern outcomes and when possible, provide existing outcome data.

Term of accredited, on contingency status:

The maximum amount of time an intern program can be “accredited, on contingency” is two years. The program is advised to consider its timeline in light of requirements to apply for full accreditation status. To apply for full accreditation, programs must provide detailed PROXIMAL and DISTAL aggregate outcome data).

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

The program must publish the date of expiration of the status in its public materials.

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Postdoctoral Programs “Accredited, on Contingency”

Programs seeking “accredited, on contingency” must be reviewed on all aspects of the SoA. “Accredited, on contingency” is an accredited status and if and only if the postdoctoral residency program meets all standards except for the inclusion of all required outcome data on residents in the program and after program completion. (AOP 6.1 P)

Process to Apply:

Programs may apply for “accredited, on contingency” before residents are on site but during the selection process as long as residents will be on site by the time of the site visit. For programs applying for “accredited, on contingency” status: You do not need to provide outcome data. However, you should provide any evaluation forms used by the program for determining if aim(s) is/are being achieved.

The program will submit any proximal and distal data collected to data. If data are presented at the time of the site visit, the program must send a copy of these data to the CoA.

The postdoctoral 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 profession-wide competencies, specific aims of the training program, 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 resident outcomes and when possible, provide existing outcome data.

Term of accredited, on contingency status:

The maximum amount of time a postdoctoral program can be “accredited, on contingency” is two years for a program lasting one year, or four years for a program that is more than one year in duration. The program is advised to consider its timeline in light of requirements to apply for full accreditation status. To apply for full accreditation, programs must provide detailed PROXIMAL and DISTAL aggregate outcome data).

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

The program must publish the date of expiration of the status in its public materials.

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Discipline-Specific Knowledge IR

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.*

The purpose of requiring discipline-specific knowledge competencies is to ensure that all students have an understanding of the scientific and disciplinary knowledge in psychology that is sufficient for them to apply psychological principles in their health services psychology work. Recognizing that students obtain this knowledge in a variety of ways prior to and during graduate studies, programs must ensure that they can both evaluate prior learning and provide appropriate educational opportunities when necessary.

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

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 the following areas:
~~We provide examples of what each category might include:~~

- **Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas**, including graduate-level understanding and competence that entails integration of multiple basic discipline-specific content areas (viz., combinations of affective, biological, cognitive, developmental, and social aspects of behavior).
- **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.
- **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.

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

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.

ROUND II PUBLIC COMMENT
AUGUST 2015
TEMPORARY FAQ (NOT PART OF THE IR)

1. Where did the basic foundational areas come from (affective, biological, cognitive, developmental, and social), and why do we have them at all?

The basic foundational areas are a subset of a variety of easily identifiable areas of the discipline of psychology. As with other traditional areas of psychology these basic areas have evolved historically and have become identifiable through the appearance of associated professional societies, journals, textbooks, and other indicators of distinctiveness. These particular content areas were chosen to encompass the minimum knowledge necessary for understanding and analyzing psychological data and for learning about strategies for changing or influencing human behavior and experiences. With this listing CoA seeks to establish the minimum necessary foundation for the subsequent acquisition of profession-wide competencies. Please note that these minimum

requirements do not in any way limit individual programs or training councils from identifying additional content areas that may be desirable to meet other aims or to enable acquisition of other competencies of interest.

2. Where is the "Individual Differences" area?

Individual differences are addressed through other Standards, including Profession-wide Competencies and Individual and Cultural Diversity.

3. Why are "Cognitive" and "Affective" separated from each other?

Cognitive and affective psychology are separate domains of inquiry, and in their basic forms each tends to be associated with its own theories, methods, literatures, investigators, and bodies of evidence. "Cognitive and affective" is not a foundational area in this basic sense; it encompasses two foundational areas. Please note that separating these content areas does not require that graduate programs provide a course in each area, only that each student's knowledge base in each area be evaluated.

4. What about Learning Theory, Diversity Science, Qualitative Methods, etc.?

Several comments in the first round of public comments sought clarification about omissions of specific basic areas of knowledge, such as Learning Theory and Diversity Science. These are important examples of content areas that could reasonably be emphasized by programs. However, the discipline-specific knowledge standard is focused on the minimum requirements necessary for acquisition of foundational knowledge and is therefore applicable to all programs. Specific content areas consistent with each program's identified Aims may be addressed in the Program Competencies standard.

The revised IR reflects multiple comments regarding qualitative methods; it now includes examples of qualitative research methodology in the Research Methods bullet. This modification was in recognition that psychology as a discipline and profession is methodologically pluralistic. The committee did not add a separate bullet for qualitative methodologies as a core requirement. However, programs that want to emphasize qualitative inquiry may do so through their Program Competencies.

5. Why are quantitative methods required and qualitative methods optional?

Keeping quantitative methods required and qualitative methods optional reflects the current state of the evolving science of psychology. Quantitative methods have long been identified as a fundamental skill set for doctorally-prepared psychologists, and that skill set must be preserved to maintain our place as health-care scientists. Simultaneously, qualitative inquiry is increasingly being recognized as an important aspect of psychological science, as reflected in the recent name change of APA Division 5 from "Evaluation, Measurement, and Statistics" to "Quantitative and Qualitative Methods." This IR may be modified in the future when it becomes apparent that qualitative methods are as representative of the science of psychology as are quantitative methods.

6. How do you assure GREs won't bias the field?

The CoA cannot assure or even speak to the potential of GRE or other standardized scores being biased or having unintended consequences on admissions. Therefore, the CoA emphasis is on evaluating how programs use a tool such as a standardized test score. Programs have the obligation to ensure that admissions are not influenced by social and demographic factors not relevant to success in graduate training. For example, standardized tests, such as the GRE subject test, can be used as indicators of competence only when the scores on such tests do not differentiate, by either their slopes or levels, on the basis of social or demographic factors such as race/ethnicity, gender, social class, age, disability among all test-takers.

7. Does Discipline-Specific Knowledge apply to internship and post-doctoral training as well?

This IR refers only to doctoral programs.

8. What are some examples of advanced integrative knowledge?

In order to avoid prescriptive implications or unintentional narrowing of the scope of graduate training, the CoA has chosen not to provide examples of integrative courses or experiences. Programs are encouraged to develop advanced integrative courses and other training experiences that are related to their program aims. The CoA program review process will evaluate the degree to which these courses and experiences provide and evaluate advanced integrative knowledge.

9. How will the completion of some requirements at the undergraduate level have an impact on licensure?

The CoA recognizes that there are jurisdictional licensure boards and other credentialing bodies that require specific content areas to be listed on doctoral or graduate transcripts. The CoA believes that it is important to increase flexibility for programs to establish competency in discipline-specific knowledge, while also working with licensure board and ASPPB to ensure that student competency can be clearly communicated. Because jurisdictional regulations regarding licensure vary considerably, it is not possible for CoA to adopt only those standards that meet licensure requirements. Some programs might wish to include the licensure requirements of their particular jurisdictions in their planning for how to document their training.

Faculty Qualifications IR

Faculty qualifications. Individual faculty may fulfill multiple roles within a program (e.g., teaching, clinical and/or research supervision, administration). In terms of program policy, it is the program's responsibility to specify clearly articulated procedures for ensuring appropriate faculty training, current expertise, and effectiveness for each role they fulfill in the program. If such procedures exist in an administrative unit higher than the program, then the program must demonstrate how it has sufficient input or oversight to ensure training consistent with accreditation standards.

In terms of self-study content, it is *the program's responsibility* to provide clear and specific evidence in Table 3 that faculty are appropriately qualified for *each role* that they hold in the program. That evidence should include: (a) current and relevant expertise (e.g., ongoing professional development, research productivity, systematic study, clinical competence, professional credential); and (b) appropriate training (e.g., academic degree/area of study, respecialization, formal or other post-doctoral training).

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Intent to Apply IR for Internship Programs

“All programs can seek public notification of “intent to apply” and “accredited, on contingency” prior to seeking full accreditation. The application for public notification of intent includes documentation related to key standards of the SoA. This review 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 approved, this serves as public notice of the program’s intent to seek accreditation in the near future.” 6.1 I AOP

Overview/Logistics:

A program may seek “intent to apply” declaration at any time, including prior to or after admitting interns. The “intent to apply” declaration indicates that once interns 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 two years. The “intent to apply” declaration is effective as of the date of the Commission’s decision to acknowledge the declaration. If the program exceeds its two year period it will need to inform its publics and interns that it is no longer designated as an “intent to apply” program. Declaration of “intent to apply” is not a requirement for an application for “accredited, on contingency” or “full accreditation”.

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” declaration, 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). The Commission on Accreditation will provide formative feedback to the program in response to their application for “intent to apply.” Although the eligible application includes completion and review of only certain sections of Standards I-V of the SoA, the program clearly intends to seek an accreditation status and be in compliance with all aspects of the SoA.

Process to Apply:

To apply for this declaration, programs are asked to submit documentation in accordance with the self-study instructions with the provisions listed below. It is recognized that a program will have elements in place and others in development, both of which will be reviewed by the CoA for prospective alignment with the SoA.

The program must address the following:

- Standard I in its entirety, describing the type of program, institutional and program setting and resources, program policies and procedures, and program climate.
- Standard II in its entirety, describing its aim(s), required profession-wide competencies, its program-specific competencies (if any), its learning elements to develop competencies, and its plans to measure proximal and distal outcomes, and its plan to review outcome measures to evaluate and improve the program.
- Standard III in its entirety, describing its plan for intern selection processes and criteria, including a plan for recruitment of interns who are diverse, and its plan for providing evaluation, feedback, and remediation, if necessary to interns. for
- Standard IV in its entirety, describing the designated director of the program who is in place, plans for providing a sufficient number of appropriately qualified supervisors to accomplish the program's aim(s), and plans for the recruitment and retention of supervisors/staff who are from diverse backgrounds.
- Standard V in the areas of general disclosure and communication with prospective and current interns, its plan for communicating with the doctoral program and will provide all materials currently available to its publics. The materials must include:
 - An accurate description of the "intent to apply" declaration;
 - A timeline for its intention to apply for "accredited, on contingency," or "full accreditation" of the program;
 - The date that the declaration expires; and
 - The contact information for the APA CoA.

The program is advised to consider its timeline in light of the requirements for application for accreditation status.

Intent to Apply IR for Postdoctoral Programs

“All programs can seek public notification of “intent to apply” and “accredited, on contingency” prior to seeking “full accreditation.” Review for public notice of “intent to apply” 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 it is approved, it serves as a notice to the public that the program will be seeking accreditation in the near future.” 6.1 P AOP

Overview/Logistics:

A program may seek “intent to apply” declaration at any time, including prior to or after admitting residents. The “intent to apply” declaration indicates that once residents 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 two years. The “intent to apply” declaration is effective as of the date of the Commission’s decision to acknowledge the declaration. If the program exceeds its two year period it will need to inform its publics and residents that it is no longer designated as an “intent to apply” program. Declaration of “intent to apply” is not a requirement for an application for “accredited, on contingency” or “full accreditation.”

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” declaration, 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). The Commission on Accreditation will provide formative feedback to the program in response to the application for “intent to apply.” Although the eligible application includes completion and review of only certain sections of Standards I-V of the SoA, the program clearly intends to seek an accreditation status and be in compliance with all aspects of the SoA.

Process to Apply:

To apply for this declaration, programs are asked to submit documentation in accordance with the self-study instructions with the provisions listed below. It is recognized that a program will have elements in place and others in development, both of which will be reviewed by the CoA for prospective alignment with the SoA. The program will address:

- Standard I in its entirety, describing the type of postdoctoral program, the administrative structure of the program, program context, structure, and resources, and its policies and procedures.
- Standard II in its entirety, describing its aims, its plans to measure profession-wide competencies, program-specific competencies, if any, specialty competencies, if any, its

plans to measure proximal and distal outcomes, and its plan to review outcome measures to evaluate and improve the program.

- 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 resident success in the program, providing evaluation, feedback, and remediation, if necessary. A plan for the size of each cohort of residents should be included for each year of training included in the program.
- Standard IV in its entirety, describing the designated leader of the program who is in place, plans for recruitment of qualified supervisors/staff for the program, plans for how supervisors/staff will contribute to the development of training experiences, evaluation of program effectiveness, and its plan for supervisor/staff sufficiency as the program develops.
- Standard V in general disclosure and communication with prospective and current residents, and will provide all materials currently available to its publics. The materials must include:
 - An accurate description of the “intent to apply” declaration;
 - A timeline for its intention to apply for “accredited, on contingency,” or “full accreditation” of the program;
 - The date that the declaration expires; and
 - The contact information for the APA CoA.

The program is advised to consider its timeline in light of the requirements for application for accreditation status.

Dear Publics,

The Profession-Wide Competencies (PWC) IR has been revised to reflect concerns raised in public comment. While every competency has been revised in some way, please note that the following competencies have been substantially revised: I. Research, VI. Assessment, and VII. Intervention. In addition, the second bullet in the Introduction has been substantially reviewed (i.e., Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology). We look forward to receiving your thoughtful comments on this revision.

Profession-Wide Competencies IR

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.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 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 itself 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.B2.a.
- **Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology** (SoA Introduction, Section II.B2.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.B2.b) Training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B2.c). For postdoctoral programs that are accredited in specialty rather than general areas 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).

The following sections of this Implementing Regulation describe the CoA's expectation for 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; APA, 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

This competency is required at the doctoral and internship level. Demonstration of the integration of science and practice is required at the post-doctoral level.

The CoA recognizes science as the foundation of Health Service Psychology ("HSP"). **Graduates of 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 or presentation at the local, regional or national level.

Interns:

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities via professional publication or presentation at the local, regional or national level.

Postdoctoral residents:

- If the residency is designed to incorporate research training, residents demonstrate the substantially independent ability to conduct and disseminate professional research at an advanced level.

II. Ethical and legal standards

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

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. 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;

- **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.

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 level. 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; actively seek and demonstrate openness to feedback; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- 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 level. 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, organizations, professions, communities, and those receiving professional services.
- Be able to produce and comprehend oral, 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.

VI. Assessment

This competency is required at the doctoral and internship level. 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:

- 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 level. 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. The current scientific literature on interventions includes evidence-based therapeutic relationships as well as an array of evidence-based interventions as appropriate to the given therapist-client context, and may derive from a variety of theoretical orientations.

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

- Establish and maintain effective therapeutic relationships.
- Develop evidence-based treatment 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:

- Demonstrates 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.