

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

July 27, 2020

Dear colleagues,

The Standards of Accreditation for Health Service Psychology (SoA) outline training requirements for programs at the doctoral, doctoral internship, and postdoctoral levels. Correspondent to the SoA are the Implementing Regulations (IRs), which 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. Through this iterative process, opportunities for clarification have arisen regarding IRs in Section C, which relate specifically to the SoA; Section D, which relate to policies governing accreditation; and Section E, which relate to self-governance and regulation.

Per the SoA, 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 competencies at each training level. IRs C-8 D, C-8 I, and C-9 P refer specifically to aspects of a program’s curriculum or training relevant to acquisition and demonstration of specific competencies at the doctoral, internship, and postdoctoral levels, respectively. Additionally, IR D.4-7(b) outlines the thresholds for student achievement outcomes in doctoral programs. IR E.1-3 outlines the CoA’s policy on the conduct of its research studies related to its accreditation program.

In accordance with the APA "Policies for Accreditation Governance" and US Department of Education regulations for notice and comment, the CoA will make the proposed revisions available for a seventy-five (75) day period of public review and comment. The comment period is scheduled to begin at **5:00 pm Eastern Daylight Time on July 27, 2020 and will continue through 5:00pm Eastern Daylight Time on October 9, 2020.**

To promote thoughtful discussion, the CoA is providing an electronic-based form for public comment submission. Comments and other information including users' identities will be public, while email addresses used in the registration process will be kept confidential. The CoA will consider all comments received and make appropriate revisions should they be deemed necessary prior to approval of the final versions of the IRs.

Should you have any questions or concerns, please contact:

Office of Program Consultation and Accreditation

Phone: (202) 336-5979

Email address: apaaccred@apa.org

Website: <http://www.apa.org/ed/accreditation>

On behalf of the CoA, thank you for your review and comments.

Public Comment: Changes to doctoral, internship, and postdoctoral competencies (IRs C-8 D, C-8 I, and C-9 P):

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. The following IRs outline aspects of a program's curriculum or training relevant to acquisition and demonstration of specific competencies at the doctoral, internship, and postdoctoral levels, respectively.

Public Comment: Changes to doctoral profession-wide competencies (Implementing Regulation C-8 D):

The revisions to the Profession-Wide Competencies IR for doctoral programs (IR C-8 D) provide greater detail regarding the specific competencies required for students' preparation for practice in health service psychology. This IR as it is presented is only in reference to doctoral programs. Specifically, these revisions address only that which is required for training at the doctoral level. These competencies illustrate those which are critical and required for all graduate students in health service psychology. These changes are presented in the IR's proposed revised format rather than using a redline method for ease of presentation.

C-8 D Profession-Wide Competencies

(Commission on Accreditation, October 2015; draft revised for public comment, November 2016; revised July 2017; revised for public comment, May 2020)

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 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.
- ***Level-appropriate training***. The CoA expects that training in profession-wide competencies (PWCs) at the doctoral level will provide broad and general preparation for internship. For each PWC, readiness for internship is defined as: the student demonstrates the effective capacity to integrate and apply PWCs – with increasing professional autonomy across an increasingly more complex range of supervised clinical and professional activities. Following internship, doctoral programs are also responsible for ensuring that all students achieve readiness for entry level practice on all profession-wide competencies upon graduation (successful completion of an APA-accredited internship is sufficient evidence that this has occurred).

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

The CoA recognizes the integration of science and practice 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.

II. Ethical and legal standards

Doctoral students must demonstrate knowledge of the APA Ethical Principles of Psychologists and Code of Conduct and other relevant laws and regulations, recognizing ethical dilemmas and engage in ethical decision-making and conduct self ethically.

III. Individual and cultural diversity

Effectiveness in health service psychology requires that doctoral students 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, doctoral students 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 across all professional activities. Students must also have an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. 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.

IV. Professional values and attitudes

Effective service in HSP requires doctoral students to behave in ways that reflect the values and attitudes of psychology, these professional values include integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Doctoral students engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. Also, doctoral students 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 health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies. Doctoral students must develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, and those receiving professional services. Doctoral students produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. Doctoral students must demonstrate effective interpersonal skills and the ability to manage difficult communication well.

VI. Assessment

Doctoral students demonstrate competence in selecting, conducting, interpreting, and communicating evidence-based assessment results sensitively both orally and in written documents. They demonstrate understanding of psychometric properties, psychopathology/diagnosis, and human behavior within its context drawing on multiple sources and methods, consistent with the scope of Health Service Psychology.

VII. Intervention

Doctoral students demonstrate competence in evidence-based, culturally-informed 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 establish and maintain effective relationships with the recipients of psychological services and evaluate intervention effectiveness utilizing ongoing evaluation and adapt intervention goals as needed.

VIII. Supervision

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

IX. Consultation and interprofessional/interdisciplinary skills

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. Doctoral students demonstrate knowledge and respect for the roles and perspectives of other professions and consultation roles and practices.

Public Comment: Changes to internship profession-wide competencies (Implementing Regulation C-8 I):

The revisions to the Profession-Wide Competencies IR for internship programs (IR C-8 I) provide greater detail regarding the specific competencies required for interns' preparation for practice in health service psychology. This IR as it is presented is only in reference to doctoral internship programs. Specifically, these revisions address only that which is required for training at the internship level. These competencies illustrate those which are critical and required for all doctoral interns in health service psychology. These changes are presented in the IR's proposed revised format rather than using a redline method for ease of presentation.

C-8 I. Profession-Wide Competencies

(Commission on Accreditation, October 2015; revised July 2017, prepared for public comment May 2020)

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.

Minimal Level of Achievement for completion of Internship is “Readiness for Entry Level Practice” defined as:

1. Ability to independently function in a broad range of clinical and professional activities.
 2. Ability to generalize skills and knowledge to new situations
 3. Ability to self-assess when to seek additional training, supervision or consultation.
- ***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.

Interns are expected to:

- Demonstrate the substantially independent ability to critically evaluate
- 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.

Interns 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.

Interns 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.
- the ability apply a framework for working effectively with areas of individual and cultural diversity;
 - the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

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.

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.

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.
- demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.
- 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.

Interns are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the 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 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, a community, a population or other systems.

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:

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.
- Apply the supervisory skill of observing in direct or simulated practice
- Apply the supervisory skill of evaluating in direct or simulated practice
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice

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.

Interns are expected to:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply the knowledge of consultation models and practices 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.

Public Comment: Changes to postdoctoral residency profession-wide competencies (Implementing Regulation C-9 P):

The revisions to the Profession-Wide Competencies IR for postdoctoral programs (IR C-9 P) provide greater detail regarding the specific competencies required for postdoctoral residents' preparation for practice in health service psychology. This IR as it is presented is only in reference to postdoctoral programs. Specifically, these revisions address only that which is required for training at the postdoctoral level. These competencies illustrate those which are advanced and required, including: advanced competencies required of all programs at the postdoctoral level, program-specific or area-of-focus competencies, and specialty competencies. These changes are presented in the IR's proposed revised format rather than using a redline method for ease of presentation.

C-9 P. Postdoctoral Residency Competencies

(Commission on Accreditation, October 2015; revised July 2017; revised for public comment October 20, 2019 and May 2020)

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. Please review IR C-5 for the current list of approved specialties and the process for approval of new specialties.

This Implementing Regulation refers specifically to aspects of a program's curriculum or training relevant to acquisition and demonstration of advanced competencies required at the post-doctoral level. 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 minimal required competencies of postdoctoral training.*** All programs are required to have level 1 competencies. Programs are required to substantially reflect the bulleted-content indicated for Level 1 and/or Level 3 competencies. Programs may also choose to add programs-defined elements to any of the required competencies at Level 1 and/or Level 3 if they choose to do so. Programs that are accredited in a substantive specialty practice area (clinical, counseling, school) are required to identify Level 2 competencies in addition to the required Level 1 competencies.
- ***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 program's other required 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 competencies required at the postdoctoral level 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 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 postdoctoral resident demonstrations of competence that are commensurate with the advanced training

provided by the program. Within the accredited area, the Minimal Level of Achievement (MLA) for completion of postdoctoral residency is “Advanced” competence defined as including, but not limited to, the ability to generalize skills and knowledge to novel and/or complex situations, demonstrate expertise in a broad range of clinical and professional activities, and demonstrate the ability to serve as an expert resource to other professionals.

- ***Evaluation of trainee competence.*** The CoA expects that evaluation of postdoctoral resident’s competence in each required competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance reflecting each of the competencies, including at the element level, 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).

Level 1 – Advanced Competencies Required of All Programs at the Postdoctoral Level

I. Integration of Science and Practice

Demonstration of the integration of science and practice is required at the post-doctoral level. This includes the influence of science on practice and of practice on science.

Postdoctoral Residents are expected to:

- Demonstrate the ability to critically evaluate foundational and current research that is consistent with the program’s focus area(s) or representative of the program’s recognized specialty practice area.
- Integrate knowledge of foundational and current research consistent with the program’s focus area(s) or recognized specialty practice area in the conduct of professional roles (e.g. research, service, and other professional activities).
- Demonstrate knowledge of common research methodologies used in the study of the program’s focus area(s) or recognized specialty practice area and the implications of the use of the methodologies for practice.
- Demonstrate the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting within which the resident works.

II. Ethical and legal standards

Postdoctoral residents are expected to:

- 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 as they pertain to the accredited area.
- Conduct self in an ethical manner in all professional activities.

III. Individual and cultural diversity

Effectiveness in health service psychology requires that postdoctoral residents 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, postdoctoral residents 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.

Postdoctoral residents 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 related to the accredited area 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.
- 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).

Level 2 – Program-Specific or Area-of-Focus Competencies

Programs that are accredited in one of the substantive major areas of training (Clinical, Counseling, or School Psychology) or other developed practices areas that provide greater depth of training than that which occurs during the internship training year are required to identify Level 2 competencies emanating from the program's aims that are required of all postdoctoral residents. These may include some or all CoA profession-wide competencies or other competencies identified by the program. Programs that are accredited in a substantive specialty practice area may choose but are not required to identify program-specific or area-of-focus competencies in addition to the required Level 3 competencies.

Level 3 – Specialty Competencies

Programs that are accredited in a substantive specialty practice area, as identified in IR C-5 P, are required to provide advanced preparation for practice in the competencies and associated elements described for each specialty practice area as follows:

1. Behavioral and Cognitive Psychology

I. Research

Postdoctoral residents are expected to:

- engage in Behavioral and Cognitive Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry.
- apply scientific methods in Behavioral and Cognitive Psychology activities.

II. Professional values and attitudes

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and Behavioral and Cognitive 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 independence.
- use outcome data to monitor effectiveness in professional activities.

- demonstrate an emerging professional identity consistent with the Behavioral and Cognitive Psychology specialty.

III. Communication and interpersonal skills

Postdoctoral residents 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.

IV. Assessment

Postdoctoral residents are expected to:

- select, apply, and interpret assessment methods reflective of Behavioral and Cognitive Psychology.
- demonstrate knowledge of how standardized and objective assessment methods are used in the delivery of behavioral and cognitive psychological interventions.
- 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.

V. Intervention

Postdoctoral residents are expected to:

- evaluate intervention effectiveness using sources of evidence consistent with behavioral and cognitive principles and adapt intervention goals and methods consistent with ongoing evaluation.
- apply behavioral and cognitive principles as they relate to case-conceptualization, intervention design, application, and assessment of intervention effectiveness.

- demonstrate knowledge of the behavioral and cognitive theoretical underpinnings for specific intervention design and delivery.
- use evidence-based strategies to develop effective therapeutic relationships with the recipients of behavioral and cognitive interventions.

VI. Supervision

Postdoctoral residents are expected to:

- demonstrate knowledge of supervision models and practices reflective of a behavioral and cognitive psychological approach.
- apply this knowledge in direct practice with psychology trainees, or other health professionals.

VII. Consultation and interprofessional skills

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- demonstrate knowledge of how the practice of the Behavioral and Cognitive Psychology integrates into larger organizational systems.

2. Clinical Child Psychology

I. Research

- Engages in Clinical Child Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry
- Applies scientific methods in Clinical Child Psychology activities

II. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and Clinical Child 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.
- demonstrate an emerging professional identity consistent with the Clinical Child psychology specialty.

III. Communication and Interpersonal Skills

Postdoctoral residents 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.
- facilitates effective communication between patients, families, and other professionals

IV. Assessment

Postdoctoral residents are expected to:

- Select and apply developmentally-appropriate 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.

- 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 (e.g. parents, caregivers, schools, and medical teams).
- Demonstrates awareness of ethical principles in the assessment of minors and families.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- 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.

V. **Intervention**

Postdoctoral residents are expected to:

- establish and maintain effective relationships with the recipients of psychological services.
- implement developmentally appropriate interventions informed by the current scientific literature, assessment findings, diversity characteristics, biopsychosocial factors, and contextual variables.
- evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
- Integrates the family as appropriate in treatment planning and intervention.
- Monitors adherence to psychological and/or behavioral interventions and demonstrates skill in addressing issues of compliance, adherence, and motivation within the family context.

VI. **Teaching/Supervision/Mentoring**

Postdoctoral residents are expected to:

- Demonstrate knowledge of supervision models and practices related to clinical child psychology.
- Teach, supervise, and mentor others by accurately, effectively, and appropriately presenting information related to clinical child psychology.

VII. Consultation and Interprofessional/Interdisciplinary Skills

Postdoctoral residents are expected to:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Conceptualize referral questions that incorporate understanding of the roles of patients, parents, extended family, culture, other provider, and/or health system to answer effectively consultation questions.
- Apply knowledge of consultation in direct consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Engage interprofessional individuals and teams to increase the likelihood of appropriate early referrals to clinical child psychologists.

VIII. Leadership

Postdoctoral residents are expected to:

- Demonstrate leadership within an interprofessional team or organization related to the practice of clinical child psychology.
- Demonstrate the ability to develop or enhance a clinical child/pediatric psychology practice, educational program, or program of research.

3. Clinical Health Psychology

I. Research

- Engages in Clinical Health Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry
- Applies scientific methods in clinical health psychology activities

II. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and Clinical Health 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.
- Apply scientific knowledge and skills in clinical health psychology to advocate for equity and access to quality care.
- Demonstrate an emerging professional identity consistent with the Clinical Health Psychology specialty.

III. Communication and Interpersonal Skills

Postdoctoral residents 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.

IV. Assessment

Postdoctoral residents are expected to:

- Select and apply evidence-based biopsychosocial assessment methods appropriate for the patient's physical illness, injury, or chronic health condition/disability and collects relevant data using multiple sources and methods appropriate for identified presenting problems and assessment question.
- 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.

- Assess factors that facilitate or inhibit knowledge, values, attitudes, or behaviors affecting health functioning, treatment and treatment adherence and health care utilization of patients, and when applicable, populations.
- Assesses the biopsychosocial impact of undergoing medical procedures (e.g., screening, diagnostic, and intervention/prevention procedures).

V. Intervention

Postdoctoral residents are expected to:

- Implement evidence-based biopsychosocial interventions to treat or prevent health and behavioral health-related issues of patients and, when applicable, populations.
- Evaluate, select, and administer appropriate biopsychosocial assessments to monitor and evaluate the process and outcomes of treatment for patients and, when applicable, populations.
- Monitor adherence to medical treatment and psychological interventions and demonstrate skill in addressing health behaviors to improve adherence.

VI. Teaching/Supervision/Mentoring

Postdoctoral residents are expected to:

- Demonstrate knowledge of supervision models and practices related to clinical health psychology.
- Teach and supervise others by accurately, effectively, and appropriately presenting information related to clinical health psychology.

VII. Consultation and Interprofessional/Interdisciplinary Skills

Postdoctoral residents are expected to:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.

- Apply knowledge of consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Engage interprofessional individuals and teams to increase the likelihood of appropriate early referrals to clinical health psychologists.
- Provides education about health psychology concepts and practices or methods and procedures to other professionals and/or trainees.

VIII. Leadership

Postdoctoral residents are expected to:

- Demonstrate leadership within an interprofessional team or organization related to the practice of clinical health psychology.
- Demonstrate the ability to develop or enhance a clinical health psychology practice, educational program, or program of research.

4. Clinical Neuropsychology

I. Research

- Accurately and effectively perform neuropsychological research activities, monitor progress, evaluate outcome, and communicate research findings.
- Apply knowledge of existing neuropsychological literature and the scientific method to generate appropriate research questions and determine effective research design and appropriate analysis.

II. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and Clinical Neuropsychology, 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.
- demonstrate an emerging professional identity consistent with the Clinical Neuropsychology specialty.

III. Communication and Interpersonal Skills

Postdoctoral residents 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.

IV. Assessment

Postdoctoral residents are expected to:

- Utilize clinical interviews, behavioral observations, record review, and selection, administration, and scoring of neuropsychological tests to answer the assessment question.
- Demonstrate the ability to accurately discern and clarify assessment questions, the recipients of the assessment results, and how assessment results will be utilized.
- Interpret assessment results to produce integrated conceptualizations, accurate diagnostic classifications, and useful recommendations.
- Address issues related to specific patient populations by referring to providers with specialized competence when appropriate, obtaining consultation, utilizing appropriate normative data, and describing limitations in assessment interpretation.
- Communicate both orally and in written reports the results and conclusions of assessments in an accurate, helpful, and understandable manner, sensitive to a range of audiences.

- Demonstrate knowledge of theories and methods of measurement and psychometrics relevant to brain-behavior relationships, cognitive abilities, social and emotional functioning, performance/symptom validity, test development, reliability validity, and reliable change.
- Demonstrates knowledge of the scientific basis of assessment, including test selection, use of appropriate normative standards, and test limitations.
- Demonstrates knowledge of neuropsychology of behavior such as patterns of neuroanatomy, neuroanatomy and development, neuropathology and related impairments, and medical and psychiatric conditions affecting brain functions.

V. Intervention

Postdoctoral residents are expected to:

- Demonstrate an understanding of evidence-based interventions to address cognitive and behavioral problems common to recipients of neuropsychological services.
- Demonstrate an understanding of how complex neurobehavioral disorders and sociocultural factors can affect the applicability of interventions.
- Use assessment and provision of feedback for therapeutic benefit.

VI. Consultation and Interprofessional/Interdisciplinary Skills

Postdoctoral residents are expected to:

- Demonstrate knowledge and respect for the roles and perspectives of other professions such as effective communication, appropriate referrals, and integration of their perspectives into case conceptualizations.
- Function effectively in consulting roles across settings (e.g., clinical, legal, public policy, research), clarifying referral questions, applying knowledge appropriate to each setting, and communicating results to referral sources both verbally and in writing.

VII. Teaching/Supervision/Mentoring

Postdoctoral residents are expected to:

- Demonstrate knowledge of supervision models and practices related to clinical neuropsychology.

- Teach, supervise, and mentor others by accurately, effectively, and appropriately presenting information related to clinical neuropsychology.

5. Forensic Psychology

I. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and Forensic 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.
- demonstrate understanding of the distinct differences between forensic and clinical professional roles.
- Demonstrate an emerging professional identity consistent with the Forensic Psychology specialty.

II. Communication and Interpersonal Skills

Postdoctoral residents 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.
- demonstrates the ability to recognize potential conflicts that could arise in professional relationships, including those that could interfere with efforts to provide an unbiased, impartial, and objective opinion, and identifies possible means of responding to these conflicts.

- demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- Understands how proffered opinions may be used by fact finders and clients and is ready, willing, and able to explain fully and to document the basis for an opinion offered in a manner that can be reasonably evaluated by decision makers.

III. Assessment

Postdoctoral residents are expected to:

- Demonstrate an understanding of the limits of psychological knowledge as applied to psycholegal questions.
- appropriately select, administer, score, and interpret assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics and methods to answer psycho-legal questions.
- obtain data from multiple sources and methods to ensure that assessments are comprehensive, non-biased, reliable, valid, and culturally sensitive.
- communicate orally and in written documents the findings and implications of assessment in an accurate and objective manner, supported by data, and indicating the limitations of those findings.
- utilize methods with demonstrated reliability and validity and, when a clear evidence base is lacking, acknowledge the impact this has on assessment findings.

IV. Consultation and Interprofessional/Interdisciplinary Skills

Postdoctoral residents are expected to:

- demonstrate the ability to advise courts, attorneys, and policy makers regarding matters of forensic psychology (e.g., criminal, civil, juvenile).
- demonstrate awareness of conflicts of interest between serving as a consultant and as an objective forensic psychology expert, and seeks those role boundaries with retaining parties.

6. Geropsychology

I. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- behave in ways that reflect the values and attitudes of psychology and geropsychology, 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.
- Demonstrates knowledge of the negative impact of ageism in self, others, institutions, and society such as heterogeneity in aging, the intersection of aging and diversity, and how age and diversity factors impact older adults' well-being and care
- Demonstrate an emerging professional identity consistent with the Geropsychology specialty.

II. Communication and Interpersonal Skills

Postdoctoral residents 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.

III. Assessment

Postdoctoral residents are expected to:

- Conduct differential diagnosis including consideration of co-morbid medical issues that may influence an older adult's presentation.

- integrate knowledge of normal and pathological aging, including age related changes in cognitive abilities, into assessment.
- 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.
- demonstrate the ability to assess older adults' understanding, appreciation, reasoning, and choice abilities with regards to capacity for decision making.
- communicate orally and in written documents the findings and implications of assessment in an accurate and effective manner sensitive to a range of audiences.

IV. Intervention

Postdoctoral residents are expected to:

- choose and implement evidence-based treatment for older adults, groups and family/caregivers of clients based on diagnosis, other relevant client characteristics, and settings.
- modify evidence-based interventions to accommodate the unique sensory, cognitive, and cohort variables in older adults.
- evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

V. Supervision

Postdoctoral residents are expected to:

- demonstrate knowledge of supervision models and practices related to geropsychology.
- apply this knowledge in direct practice with psychology trainees, or other health professionals.

VI. Consultation and Interprofessional/Interdisciplinary Systems

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.
- apply knowledge of consultation in direct consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

VII. Advocacy

Postdoctoral residents are expected to:

- demonstrate the ability to advocate for older adults' needs in interdisciplinary and organizational environments.
- demonstrate the ability to collaborate with patients, families, and other organizational and community providers to improve older adults' access to needed health care, residential, transportation, social, or community services.

7. Rehabilitation Psychology

I. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- 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.
- demonstrate understanding of models of disability, including medical, moral, social, diversity/minority, and biopsychosocial models.
- demonstrate an emerging professional identity consistent with the Rehabilitation psychology specialty.

II. Communication and Interpersonal Skills

Postdoctoral residents 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.

III. Assessment

Postdoctoral residents are expected to:

- demonstrate skill in evidence-based assessments with individuals and families experiencing problems related to disability and chronic health conditions with a focus on the person-task-environment interaction.
- select and apply assessment methods that draw from the best available empirical literature relevant to specific health, mental health, and disability populations 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 assessment in an accurate and effective manner sensitive to a range of audiences.

IV. Intervention

Postdoctoral residents are expected to:

- demonstrate skill in tailoring and conducting evidence-based interventions for individuals and families experiencing problems related to disability and

chronic health conditions that focus on the person-task-environment interaction.

- evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

V. Consultation and Interprofessional Skills

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.
- apply knowledge of consultation in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

VI. Advocacy

Postdoctoral residents are expected to:

- Demonstrate the ability to advocate for patients' rights, equitable treatment, and autonomy in health care, life activities, and community participation.
- Demonstrate awareness of community resources supporting the individual's safety, autonomy, and participation.
- Facilitate access to institutional and community resources that support ongoing adjustment and social participation (e.g., peer support organizations, centers for independent living, vocational rehabilitation).

8. Couples and Family Psychology

I. Research

- Engages in Couples and Family Psychology scholarly activities which could include but are not limited to research, evaluation, or other form of inquiry
- Applies scientific methods in Couples and Family Psychology activities

II. Professional Values, Attitudes, and Behaviors

Postdoctoral residents are expected to:

- 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.
- Demonstrate an emerging professional identity consistent with the Couples and Family psychology specialty.

III. Communication and Interpersonal Skills

Postdoctoral residents 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.

IV. Assessment

Postdoctoral residents are expected to:

- select and apply couples and family psychology 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.
- 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.

- integrate assessment data to produce a systemic case conceptualization, including a client-centered problem formulation, case formulation, and treatment formulation

V. Intervention

Postdoctoral residents are expected to:

- demonstrate understanding of the nature and scope of theory-driven and evidence-based CFP intervention strategies, techniques, and models, across the system level of individuals, couples, families, and their broader contexts.
- implement couples and family interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

VI. Supervision

Postdoctoral residents are expected to:

- demonstrate knowledge of supervision models and practices related to couples and family psychology.
- apply this knowledge in direct practice with psychology trainees, or other health professionals.

VII. Consultation and Interprofessional Skills

Postdoctoral residents are expected to:

- demonstrate knowledge and respect for the roles and perspectives of other professions.
- conceptualize referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.
- apply knowledge of consultation in direct or simulated consultation with couples and families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Public Comment: Changes to the thresholds for student achievement outcomes in doctoral programs (Implementing Regulation D.4-7 (b))

The revisions to the CoA's policy on thresholds for student achievement outcomes in doctoral programs (IR D.4-7(b)) are comprised of changes in some of the identified threshold values. These changes are the result of a recalculation process that is in accord with that described in IR 4.7(a); these changes are completed following an empirical analysis conducted every three years. This recalculation is designed to evaluate a program's continuing quality between full accreditation reviews.

As a US ED recognized accrediting agency, the APA Commission on Accreditation is to have and apply a set of monitoring and evaluation approaches that identify potential compliance problems with accreditation standards. These values are critical indicators in this monitoring and evaluation process.

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, July 2012, October 2014, February 2016, July 2017, [revised for public comment May 2020](#))

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 5th 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 ~~7.25~~ **7.15** 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 ~~7.20~~ **6%** 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 ~~7.20~~ **6%** attrition of students based upon the most recent 3-year period of ARO data.

- **Percent of students accepted into an internship**⁶: 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

⁶ 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.

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:

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

The CoA will look at programs when this student-faculty ratio is greater than ~~1.20~~1.29.

Public Notice: Changes to the CoA's policy on research studies (Implementing Regulation E.1-3)

The revisions to the CoA's policy on research studies (IR E.1-3) address the Commission's procedures for self-evaluation including analyses of the policies, procedures, and practices germane to the Commission's accreditation work. Given such, the changes in IR E.1-3 modify the type and timeframes of research studies to be completed. The goal of this approach is to evaluate the reliability, validity and integrity of accreditation processes using the Standards of Accreditation (SoA) every five years. These changes are out for public notice only and are not available for comment.

E.1-3. Commission on Accreditation Policy on Research Studies

(Adopted by the Commission on Accreditation April 1999; revised January 2007,
prepared for public comment May 2020)

Inasmuch as the Commission on Accreditation (CoA) has been charged in the “Policies for Accreditation Governance” with the following duties related to research:

- Undertake timely and appropriate self-study analysis of its own objectives, criteria, policies, procedures, and practices
- Conduct evaluative and developmental research appropriate to accreditation

And inasmuch as the CoA has established the following goals of its accreditation program:

- Protect the interests of students
- Benefit the public
- Improve the quality of teaching, learning, research, and professional practice

The CoA has developed this policy on the conduct of research studies. These studies ~~will~~ involve the examination of the reliability and validity of its accreditation ~~guidelines standards~~ and procedures as well as an examination of individual program characteristics to assess ongoing program consistency with the *Standards of Accreditation (SoA)*.

~~In establishing t~~This research policy/plan, ~~the CoA hopes to achieve~~ has the following objectives:

Ensure overall construct validity of the SoA, consistent with the professional principles and values of the profession of psychology:

- a Broad and general preparation for practice at the entry level to independent practice
- b Broad and in-depth postdoctoral preparation for professional practice at the advanced level in substantive traditional practice areas—focused and in-depth postdoctoral preparation for practice in substantive specialty practice areas
- c The contribution of science and practice to excellence in training in Health Service Psychology
- d The right of each program to define its philosophy, ~~or model of training and to determine its~~ training aims, principles, goals, objectives profession-wide and program-specific competencies, and desired outcomes, ~~and methods to be~~ consistent with ~~these, insofar as they are consistent with~~ those generally accepted as appropriate to the profession

1. Ensure validity of the SoA in the measurement of program quality of teaching, learning, research, and professional practice; protection of students; and benefit to public
2. Ensure ability of programs to remain consistent with SoA, both on aggregate and individual program basis
3. Ensure reliability/integrity of accreditation process to ~~achieve other objectives and to~~ ensure fairness to all stakeholders in the process

Plan for Assessing Reliability and Validity

The CoA has established the following ~~timetable list for of research studies for the planned studies, timing, and parties involved in its ongoing to aid in the~~ analysis of the reliability and validity of ~~its the guidelines and procedures SoA~~. The evaluation cycle will be completed every five years; a review of the plan itself will take place every fifth year. The CoA will use the results of these studies to make enhancements as necessary to the accreditation process.

Type of Study	To Assess How Well the Following Objectives Are Met: (See Page 1)	General Study Procedure	Stakeholders That Will Be Involved in Assessment	How Often Study Will Be Conducted
<p><u>1.</u> Analysis of annual report data: aggregate</p>	<ul style="list-style-type: none"> • Ensure validity of SoA in quality/protect/benefit • Ensure program ability to remain consistent w/SoA 	<p>Data from annual report forms will be tabulated; summary statistics on program characteristics will be presented.</p>	<p>Accredited programs</p>	<p>Annually</p>
<p><u>2.</u> Analysis of annual report data: individual programs</p>	<ul style="list-style-type: none"> • Ensure validity of SoA in quality/protect/benefit • Ensure program ability to remain consistent w/SoA 	<p>See “Plan for Assessing Program Characteristics”</p>	<p>Accredited programs</p>	<p>Annually</p>
<p><u>3.</u> Detailed study of Domain-<u>Standards I, III, IV, and V (Eligibility, (Doc., Intern., Postdoc.)</u></p>	<ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of SoA in quality/protect/benefit • Ensure program ability to remain consistent w/SoA 	<p>Content analysis of CoA decision letters to determine occurrence, <u>i.e., frequency</u> of programs’ being cited on this <u>each domain standard</u> in general and specific domain-<u>guidelines-sub-standards.</u></p>	<p>Accredited programs</p>	<p>Every 5 years (Year 1 of cycle)</p>

Type of Study	To Assess How Well the Following Objectives Are Met: (See Page 1)	General Study Procedure	Stakeholders That Will Be Involved in Assessment	How Often Study Will Be Conducted
Detailed study of Domain (Program Resources)	<ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of SoA in quality/protect/benefit • Ensure program ability to remain consistent w/SoA 	Content analysis of CoA decision letters to determine occurrence of programs' being cited on this domain in general and specific domain guidelines	Accredited programs	Every 5 years (Year 1 of cycle)
Detailed study of Domain D (Cultural and Individual Differences and Diversity)	<ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of SoA in quality/protect/benefit • Ensure program ability to remain consistent w/SoA 	Content analysis of CoA decision letters to determine occurrence of programs' being cited on this domain in general and specific domain guidelines	Accredited programs	Every 5 years (Year 1 of cycle)
<p>4. <u>Detailed study of Standard II (Doc., Intern., Postdoc.)</u></p> <p>Detailed study of Domain E (Student/Faculty Relations)</p>	<ul style="list-style-type: none"> • <u>Ensure overall construct validity</u> • <u>Ensure validity of SoA in quality/protect/benefit</u> • <u>Ensure program ability to remain consistent w/SoA</u> • Ensure overall construct validity • Ensure validity of SoA in quality/protect/benefit • Ensure program ability 	<p><u>Content analysis of CoA decision letters to determine occurrence (e.g. frequency) of programs' being cited on this each standard in general and specific sub-standards.</u> Content analysis of CoA decision letters to determine occurrence of programs' being cited on this domain in general and specific domain guidelines</p>	<p>Accredited programs</p> <p>Accredited programs</p>	<p><u>Every 5 years (Year 1 of cycle)-</u></p> <p>Every 5 years (Year 1 of cycle)</p>

	to remain consistent w/SoA	<u>Survey students, alumni, and training and practice groups about the relevance of the competencies identified in Standard II to student preparation for professional practice.</u>	<u>Chairs of groups that seat the Commission on Accreditation</u> <u>State licensing boards</u> <u>Students</u> <u>Employers</u>	
Detailed study of Domain G (Public Disclosure)	<ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of SoA in quality/protect/benefit • Ensure program ability to remain consistent w/SoA 	Content analysis of CoA decision letters to determine occurrence of programs' being cited on this domain in general and specific domain guidelines	Accredited programs	Every 5 years (Year 1 of cycle)

Type of Study	To Assess How Well the Following Objectives Are Met: (See Page 1)	General Study Procedure	Stakeholders That Will Be Involved in Assessment	How Often Study Will Be Conducted
	<ul style="list-style-type: none"> • Ensure program ability to remain consistent w/SoA 			
Detailed study of Domain H (Relationship with Accrediting Body)	<ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of SoA in quality/protect/benefit • Ensure program ability to remain consistent w/SoA 	Content analysis of CoA decision letters to determine occurrence of programs' being cited on this domain in general and specific domain guidelines	Accredited programs	Every 5 years (Year 1 of cycle)
Detailed study of Domains B (Program Philosophy, Objectives, and Curriculum Plan) and F (Program Self-Assessment and Quality Enhancement)	<ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of SoA in quality/protect/benefit • Ensure program ability to remain consistent w/SoA 	<ul style="list-style-type: none"> • Content analysis of CoA decision letters to determine occurrence of programs' being cited on this domain in general and specific domain guidelines. • Survey training and 	<ul style="list-style-type: none"> • Accredited programs • Chairs of groups that seat the Commission on Accreditation • State licensing boards • Students • Employers 	Every 5 years (Year 1 of cycle)

Type of Study	To Assess How Well the Following Objectives Are Met: (See Page 1)	General Study Procedure	Stakeholders That Will Be Involved in Assessment	How Often Study Will Be Conducted
		preparation for professional practice.		
<p><u>5.</u> Evaluation of adequacy of site visit reports (using sample)</p>	<p>Ensure reliability/integrity of process</p>	<p>A sample of site visit reports is examined to determine whether site visitors are addressing all domains <u>standards</u> in the site visit report, the degree to which they are complying with the CoA's instructions in providing information on the program, and the frequency with which visitors provide recommendations or other "nondesirable" <u>undesired</u> information.</p>	<ul style="list-style-type: none"> Accredited programs Site visitors 	<p>Every 5 years (Year 1 of cycle)</p>
<p><u>6.</u> Self-study report adequacy (using sample):</p> <ul style="list-style-type: none"> Do programs address information requested in report guidelines? What is the relation of the adequacy of the self-study report to decision outcome? 	<p>Ensure reliability/integrity of process</p>	<p>A sample of self-study reports is examined to determine whether programs are addressing all domains in the self-study report and the degree to which they are complying with the CoA's instructions in providing information on the program (including tables). The determined adequacy measure will be compared to the outcome of the decision-making process (e.g., was a decision deferred for more information)?</p>	<ul style="list-style-type: none"> Accredited programs 	<p>Every 5 years (Year 1 of cycle)</p>

Type of Study	To Assess How Well the Following Objectives Are Met: (See Page 1)	General Study Procedure	Stakeholders That Will Be Involved in Assessment	How Often Study Will Be Conducted
<p>Training Model Studies:</p> <ul style="list-style-type: none"> • Identification of characteristics • Training outcomes 	<ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of SoA in quality/protect/benefit 	<p>deferred for more information)?</p> <p>Data from annual reports will be analyzed for samples of programs of differing training model (scientist-orientation, scientist-practitioner orientation, practitioner-scholar-orientation) along different dimensions of student and faculty activities as well as for graduate outcomes such as employment settings and licensure attainment.</p>	<p>Accredited programs</p>	<p>Every 5 years (Year 1 of cycle)</p>
<p><u>7. Report on incidence and program responses to D.4-7 threshold letters.</u></p>	<ul style="list-style-type: none"> <u>• Ensure overall construct validity</u> <u>• Ensure validity of SoA in quality/protect/benefit</u> <u>• Ensure program ability to remain consistent w/SoA</u> 	<p><u>Letters notifying programs and responses of D. 4-7 letters are analyzed to determine the incidence of each threshold being triggered and whether or not and how notifications are being addressed.</u></p>	<p><u>Accredited programs</u></p>	<p><u>Every 5 years (Year 2 of cycle)</u></p>
<p><u>8. Consistency of decisions in programs with similar issues (e.g., loss of faculty members)</u></p>	<p>Ensure reliability/integrity of process</p>	<p>A sample of decision letters of programs reviewed in the five years preceding the study will be analyzed to determine the domains standards on which the programs were cited. Statistical analyses will be performed to determine patterns of decisions across</p>	<p>Accredited programs</p>	<p>Every 5 years (Year 2 of cycle)</p>

<p><u>9.</u> Consistency of decisions—reviewer agreement:</p> <ul style="list-style-type: none"> • Primary/secondary reviewers • Reviewer/site visit team “agreement” • Reviewer/review panel group • Review panel/CoA 	<p>Ensure reliability/integrity of process</p>	<p>Decision recommendations (divided by doctoral, internship, and postdoctoral programs) from three CoA meetings will be reviewed and analyzed. <u>Agreement and The occurrence of “total agreement,” “basic agreement,” and “discordance” discordance between these decisions</u> will be examined.</p>	<p>Accredited programs</p>	<p>Every 5 years (Year 2 of cycle)</p>
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Type of Study	To Assess How Well the Following Objectives Are Met: (See Page 1)	General Study Procedure	Stakeholders That Will Be Involved in Assessment	How Often Study Will Be Conducted
<ul style="list-style-type: none"> • Reviewer/review panel group • Review panel/CoA 		<p>occurrence of “total agreement,” “basic agreement,” and “discordance” will be examined.</p>		
<p><u>10.</u> Study of Graduate Outcomes:</p> <ul style="list-style-type: none"> • Advanced practice training (indicated by ABPPs) • Advance research productivity (publications, indicated by citation search) • Licensure: <ul style="list-style-type: none"> • Scores on particular sections in comparison to training model • Scores on overall licensing exam 	<ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of SoA in quality/protect/benefit • Ensure program ability to remain consistent w/SoA 	<p>Data from annual report forms will be tabulated for ABPPs and publications. Licensing exam score data from the most recent EPPP performance publication will be tabulated to study psychology licensing exam performance.</p>	<p>Accredited programs</p>	<p>Every 5 years (Year 2 of cycle)</p>
<p><u>11.</u> Timing of complaint reports</p>	<p>Ensure reliability/integrity of process</p>	<p>All complaints received in the five years preceding the study will comprise the sample. The study will analyze the time elapsed between receipt of the complaint and acknowledgement to complainant/forwarding to program, time elapsed</p>	<ul style="list-style-type: none"> • Accredited programs • Students/general public 	<p>Every 5 years (Year 32 of cycle)</p>

Type of Study	To Assess How Well the Following Objectives Are Met: (See Page 1)	General Study Procedure	Stakeholders That Will Be Involved in Assessment	How Often Study Will Be Conducted
		between due date of program response and receipt of response, and ability of CoA to review complaint at the regularly-scheduled meeting following receipt of all materials.		
<p>Training Model Studies:</p> <ul style="list-style-type: none"> • Number of hours of practice vs. research training 	<ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of SoA in-quality/protect/benefit 	<p>Data from self-study reports will be analyzed for samples of programs of differing training model (scientist-orientation, scientist-practitioner orientation, practitioner-scholar-orientation) to determine differences in hours students spend in “practice” training activities vs. “research” training activities to determine differences across training models.</p>	<p>Accredited programs</p>	<p>Every 5 years (Year 2 of cycle)</p>
<p><u>12.</u> Study of program arrangements for site visit: Characteristics and reasons for programs to:</p> <ul style="list-style-type: none"> • Request additional list(s) of site visitors • Request change in site visit cycle 	<p>Ensure reliability/integrity of process</p>	<p>Programs visited in the two years preceding the study will comprise the sample. Information from the Program Consultation and Accreditation Office database pertaining to the questions at left will be analyzed to uncover characteristics of programs that request additional site visitors and/or a change in their site visit cycle.</p>	<p>Accredited programs</p>	<p>Every 5 years (Year 3 of cycle)</p>

<p><u>13.</u> Study of the impact of membership changes in the CoA on decision making and process <u>over time.</u></p>	<p>Ensure reliability/integrity of process</p>	<p>Information collected from the content analyses described previously will be analyzed by year to assess whether differences in decision patterns are apparent by year.</p>	<p>Accredited programs</p>	<p>Every 5 years (Year 3 of cycle)</p>
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Type of Study	To Assess How Well the Following Objectives	General Study Procedure	Stakeholders That Will Be Involved in Assessment	How Often Study Will Be Conducted
<p><u>14.</u> Evaluation of complaint process:</p> <ul style="list-style-type: none"> • Analysis of issues raised in complaints • Number of complaints received per year • Characteristics of programs against which complaints are filed • Results of complaint review • Impact of complaint review/CoA decision on programs • Timing of response to original complaint and time from receipt of complaint to completion of Commission analysis and decision 	<p>Ensure reliability/integrity of process</p>	<p>All complaints received in the five years preceding the study will be analyzed along the dimensions at left.</p>	<ul style="list-style-type: none"> • Accredited programs • Students/general public 	<p>Every 5 years (Year 4 of cycle)</p>

<p><u>15.</u> Evaluation of appeal process:</p> <ul style="list-style-type: none"> • Analysis of stated reasons for appeal • Characteristics of programs that appeal • Outcomes of appeal hearings • Evaluation of the appeal process by CoA members and appellants (before decision is made) 	<p>Ensure reliability/integrity of process</p>	<ul style="list-style-type: none"> • All pPrograms that appealed CoA decisions in the five years preceding the study will be examined on the factors at left. <p>-----</p> <ul style="list-style-type: none"> • The CoA members and appeal panelists participating will complete an evaluation form designed to capture their views of the appeal process. 	<ul style="list-style-type: none"> • Appellant programs <p>-----</p> <ul style="list-style-type: none"> • Appeal panelists 	<p>Every 5 years (Year 4 of cycle)</p>
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Type of Study	To Assess How Well the Following Objectives Are Met: (See Page 1)	General Study Procedure	Stakeholders That Will Be Involved in Assessment	How Often Study Will Be Conducted
<p><u>16.</u> Survey of accredited programs and other interested parties regarding the appropriateness and clarity of the SoA, as well as its relevance to student preparation for professional practice</p>	<ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of SoA in quality/protect/benefit • Ensure program ability to remain consistent w/SoA 	<p>A survey instrument, developed by the CoA in conjunction with the APA Research Office, will collect information regarding the degree to which stakeholders agree/disagree that the <u>scope of accreditation, guiding principles, and domains Standards of Accreditation and guidelines</u> are appropriate to quality training in psychology and are written in a clear fashion. The results will be analyzed on an aggregate basis, as well as across the groups involved in the assessment.</p>	<ul style="list-style-type: none"> • Accredited programs • Chairs of groups that seat the Commission on Accreditation • Site visitors • APA governance groups • Institutional/specialized accreditors • State licensing boards • National Register • National higher education organizations 	<p>Every 5 years (Year 4 of cycle)</p>
<p><u>17.</u> Survey of internship programs: ratings of doctoral programs</p>	<ul style="list-style-type: none"> • Ensure overall construct validity • Ensure validity of SoA in quality/protect/benefit • Ensure program ability to remain consistent w/SoA 	<p>A survey instrument, developed by the CoA in conjunction with the APA Research Office, will collect information from accredited internship programs. The questions will address the degree to which internships agree/disagree that accredited <u>internships doctoral programs</u> are providing training that adequately prepares students for internship. Questions will assess overall quality of internships' applicant pool as well as their current internship classes.</p>	<p>Accredited internship programs</p>	<p>Every 5 years (Year 4 of cycle)</p>

Type of Study	To Assess How Well the Following Objectives Are Met: (See Page 1)	General Study Procedure	Stakeholders That Will Be Involved in Assessment	How Often Study Will Be Conducted
<p><u>18.</u> Survey of accredited programs and other interested parties regarding their views of the accreditation process</p>	<p>Ensure reliability/integrity of process</p>	<p>A survey instrument, developed by the CoA in conjunction with the APA Research Office, will collect information regarding the degree to which stakeholders agree/disagree that the accreditation procedures are fair, are applied fairly by the CoA, and are written in a clear fashion. The results will be analyzed on an aggregate basis, as well as across the groups involved in the assessment.</p>	<ul style="list-style-type: none"> • Accredited programs • Chairs of groups that seat the Commission on Accreditation • Site visitors • APA governance groups • Institutional and specialized accreditors • State licensing boards • National Register • National higher education organizations 	<p>Every 5 years (Year 5 of cycle)</p>
<p><u>19.</u> Evaluation of site visitor workshops</p>	<p>Ensure reliability/integrity of process</p>	<p>At the end of site visitor workshops, the participants are asked to complete a short evaluation form with questions on the quality of various aspects of the workshop.</p>	<p>Site visitors</p>	<p>Information is collected after each site visit and will be analyzed and presented annually.</p>

Type of Study	To Assess How Well the Following Objectives Are Met: (See Page 1)	General Study Procedure	Stakeholders That Will Be Involved in Assessment	How Often Study Will Be Conducted
<p><u>20.</u> Evaluation of site visit process:</p> <ul style="list-style-type: none"> • Site visit chair evaluation of other team members • Other team member evaluation of site visit chair • Program evaluation of site visitors, site visit process, and self-study instructions/tables • Primary/secondary reviewer evaluation of site visit report 	<ul style="list-style-type: none"> • Ensure reliability/integrity of process 	<p>Evaluation forms are distributed to each visited program prior to the visit, with instructions to complete and return the form within five days of the completion of the visit. Similar instructions are given to the team chair and team members. Programs also will be asked to complete a questionnaire which is designed to gauge their impressions of the site visit process (e.g., instructions from Accreditation Office, ease in obtaining site visitors) as well as their experience in completing their self-study reports.</p>	<ul style="list-style-type: none"> • Accredited programs • Site visitors 	<p>Information is collected after each site visit. Aggregate information will be analyzed in Years 1 and 4 of cycle. Feedback on individual performance will be forwarded to specific site visitors annually.</p>
<p><u>21.</u> Review of trends in higher education and accreditation</p>	<ul style="list-style-type: none"> • Ensure validity of SoA in quality/protect/benefit • Ensure reliability/integrity of process 	<p>Program Consultation and Accreditation Office staff will review literature and periodicals on higher education and accreditation and will keep the CoA informed of these trends at the CoA's regular meetings.</p>	<p>No direct involvement, but literature review may involve publications produced by stakeholder groups</p>	<p>Ongoing</p>

Plan for Assessing Program Characteristics

The CoA has established the following plan for assessment of program characteristics. These assessments will take place annually, in conjunction with the annual review of programs for reaffirmation of accredited status, and, for year-to-year comparison of program characteristics, with the periodic review of programs. In so doing, the CoA endeavors to assess ongoing program consistency with the *Standards of Accreditation* as well as to assist programs in ongoing quality assurance and enhancement.

Overview of CoA Plan for Assessing Program Characteristics

Program characteristics will be assessed on two dimensions: A **longitudinal** comparison (program compared with itself, using the program's data provided in previous years) and a “**snapshot**” comparison.

The following program characteristics, based upon available data collected in the annual reports, will be used in the longitudinal comparison:

- **Program demographics**
 - Student/faculty or intern/staff ratios
 - % women in program
 - % ethnic minorities in program
 - % of students/faculty who presented papers/workshops
 - % of students/faculty who published articles
 - % of students involved in part-time delivery of services
 - % if students involved in grant-supported research
 - % of faculty that are recipients of grants
 - % of faculty engaged in delivery of professional services
 - Number of slots (internships)
 - Stipend for a full-time intern (internships)
- **Student achievement measures**
 - Time to degree (doctoral)

- Internship placement rates (number accepted/number applied) (doctoral)
- Attrition rate (number left program/number in program) (doctoral)
- Licensure pass rates [if collected]
- Percentage of graduates who are licensed/Job placement rates [if collected]

Statistical information (distribution, minimum, maximum, median, mean, standard deviation) of the **student achievement measures** will be developed, using the annual report data for that year. Program values on the student achievement measures will be contextualized with those of other programs, using the following cohort groups:

- Clinical Ph.D. programs
- Clinical Psy.D. programs
- Counseling Ph.D. programs
- Counseling Psy.D. programs
- School Ph.D. programs
- School Psy.D. programs
- Combined Ph.D. programs
- Combined Psy.D. programs
- Internship programs
- Postdoctoral programs

Thresholds of Acceptable Performance—Use of Demographic/Student Achievement Measures by the CoA

In using the demographic and student achievement measures on a program-by-program basis, the CoA will determine whether the program's operations are consistent with the SoA. Thresholds of acceptable performance are set forth in the SoA, in which the following minimum standards of performance are defined as characteristic of accredited programs regardless of program model:

- A program's purpose must be within the scope of the accrediting body and must be pursued in an institutional setting appropriate for the education and training of professional psychologists.
- A program will have a clearly specified philosophy of education and training, compatible with the mission of its sponsor institution and appropriate to the science and practice of psychology. ~~A program's education/training model and its curriculum plan will be consistent with this philosophy.~~ The program will ensure the development of competencies as delineated for doctoral, internship, and postdoctoral programs.
- A program will have resources (physical, financial, human) of appropriate quality and sufficiency to achieve its education and training ~~goals~~ aims and ~~objectives~~ competencies.
- A program will recognize the importance of cultural and individual differences and diversity in the training of psychologists.
- A program will have education, training, and socialization experiences characterized by mutual respect and courtesy between faculty/staff and students/interns/residents and will operate in a manner that facilitates educational experiences.
- A program will engage in self-study, which assures that its ~~goals and objectives~~ aims and competencies are met, enhances the quality of professional education and training, and contributes to the fulfillment of its sponsor institution's mission.
- A program will provide written materials and other communications that appropriately represent it to the relevant publics.

- A program will fulfill its responsibilities to the CoA by abiding by its published policies and procedures; informing the CoA in a timely manner of program changes; and paying all fees associated with its accredited status.