

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

November 8, 2019

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, and Section C IRs are those which relate specifically to the SoA.

The SoA and the associated Section C IRs are subject to regular review and revision by the CoA. Through this iterative process, opportunities for clarification have arisen regarding the IR related to postdoctoral profession-wide competencies (IR C-9 P) and the IR related to expected internship placements for students in accredited doctoral programs (IR C-17D).

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 ninety (90) day period of public review and comment. The comment period is scheduled to begin at **5:00 pm Eastern Daylight Time on November 8th, 2019 and will continue through 5:00pm Eastern Daylight Time on February 4th, 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:

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

Public Comment: Changes to postdoctoral 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)

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 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 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.
- ***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, but not the demonstration of research competency per se, 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.
- 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 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.
- Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

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. 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 substantial independence.
- use outcome data to monitor effectiveness in professional activities.

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:

- 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.

IV. 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.

V. 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 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.

VI. 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. 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 as they progress across levels of training.

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

III. 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.

IV. 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.

V. Supervision

Postdoctoral residents are expected to:

- Demonstrate knowledge of supervision models and practices related with clinical child psychology.
- 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.

VI. 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 or simulated 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.

VII. 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. 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 as they progress across levels of training.
- Apply scientific knowledge and skills in clinical health psychology to advocate for equity and access to quality care.

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:

- 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).

IV. 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.

V. Supervision

Postdoctoral residents are expected to:

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

VI. 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 in direct or simulated 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.

VII. 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. 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 as they progress across levels of training.

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:

- Demonstrates the ability to accurately discern and clarify assessment questions, including who will be the consumers of the assessment results and how assessment results will be utilized.

- 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.

IV. 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.

V. Consultation and Interprofessional/Interdisciplinary Skills

Postdoctoral residents are expected to:

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

VI. Supervision

Postdoctoral residents are expected to:

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

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 as they progress across levels of training.
- demonstrate understanding of the distinct differences between forensic and clinical professional roles.

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 as they progress across levels of training.

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 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.

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 or simulated 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 when appropriate.
- 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 as they progress across levels of training.
- Demonstrate understanding of models of disability, including medical, moral, social, diversity/minority, and biopsychosocial models.

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. 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 as they progress across levels of training.

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:

- 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

IV. 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.

V. Supervision

Postdoctoral residents are expected to:

- Demonstrate knowledge of supervision models and practices related to couples and family psychology.
- 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.

VI. 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 expected internship placements for students in accredited doctoral programs (Implementing Regulation C-17 D)

The revisions to the Expected Internship Placements IR for doctoral programs (IR C-17 D) provide clarification on the required program policies regarding student placement at accredited versus unaccredited internships, consistent with national standards regarding internship training quality. The revisions further outline the information that programs are required to provide for accredited internships and unaccredited internships, respectively. These changes are presented in the IR using a redline method.

C-17 D. Expected Internship Placements for Students in Accredited Doctoral Programs
(formerly C-31(c); Commission on Accreditation, July 2012; revised November 2015; proposed, July 2019; Modified October 2019)

The CoA conducts reviews in accordance with its *Standards of Accreditation* (SoA) and as required by the US Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) regulations (see relevant USDE and CHEA regulations below). Placement of students in an organized internship is both an important step in the doctoral training sequence and an important outcome of graduate doctoral training. Several pieces of the SoA are relevant to this review. Standard I.C.2 states that eligibility for accreditation by the CoA requires completion “...of an internship prior to receiving the doctoral degree.” Standard I.A.1.b requires that training for practice is sequential, cumulative and graded in complexity and designed to prepare students for further organized training. Standard II.B.4 ~~states that~~ identifies the following “Required Internship Training Elements”:

The program must demonstrate that all students complete a one year full-time or two-year part-time internship. The program’s policies regarding student placement at accredited versus unaccredited internships should be consistent with national standards regarding internship training.

- a. *Accredited Internships. Students are expected to apply for, and to the extent possible, complete internship training programs that are either APA- or CPA-accredited. For students who attend accredited internships, the doctoral program is required to provide only the specific name of the internship.*
- b. *Unaccredited Internships. When a student attends an unaccredited internship, it is the responsibility of the doctoral program to provide evidence demonstrating quality and adequacy of the internship experience. This must include information on the following:*
 - i. *the nature and appropriateness of the training activities;*
 - ii. *frequency and quality of supervision;*
 - iii. *credentials of the supervisors;*
 - iv. *how the internship evaluates student performance;*
 - v. *how interns demonstrate competency at the appropriate level;*
 - vi. *documentation of the evaluation of its students in its student files.*

~~“...the program must demonstrate that all students complete a one year full-time or two year part-time internship.” Therefore, it is clear that placement of students in an organized internship is both an important step in the doctoral training sequence and an important outcome of the graduate doctoral training.~~

Accredited doctoral programs, or doctoral programs seeking accreditation, must provide to the CoA appropriate data to demonstrate outcomes consistent with the SoA and the program's stated educational aim(s). Because completion of an internship is a required component of training for all accredited doctoral programs, the CoA requires that the doctoral program provide evidence of

students' successful completion of an internship program of appropriate quality. For APA- or CPA-accredited internships, the CoA only requires the specific name of the internship.

For all other internship placements (including APPIC member, CAPIC member, CDSPP compliant site, etc.), the doctoral program must have a policy that demonstrates how it ensures the quality of the internship training experience by identifying. ~~To that end, an accredited program that sends students to sites that are not accredited must provide information to the CoA regarding its process for monitoring the quality of internship training, including the quality of student achievement and development of competencies at these sites. Information regarding the nature of the training provided must be of sufficient detail to demonstrate the adequacy and quality of these training experiences-~~ and include information related to items i-vi, above. In order to demonstrate adequacy of supervision provided at unaccredited internships, programs must demonstrate how supervisory hours are consistent with the definition of supervision in Implementing Regulation [IR] C-14 I:

Supervision is characterized as an interactive educational experience between the intern and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession(Bernard & Goodyear, 2009).

Further, interns must be supervised, in part, by a doctoral-level licensed psychologist who is involved in an ongoing supervisory relationship with the intern and has primary professional clinical responsibility for cases on which he/she provides supervision.

CoA is required to follow these US Department of Education (USDE) and Council ~~for~~ of Higher Education Accreditation (CHEA) regulations in its reviews:

USDE - §602. 16 Accreditation and preaccreditation standards.

- a. The agency must demonstrate that it has standards "for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits.*
- b. The agency meets this requirement if-*
 - (1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:*
 - (i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.*

CHEA -120A-3. 120A. Advances Promotes Academic Quality and Advances Student Achievement. Advancement of academic quality is at the core of voluntary accreditation. "Academic quality" refers to results associated with teaching, learning, research, and service within the framework of

institutional mission. To be recognized, the accrediting organization provides evidence that it ~~has~~ implements and enforces standards, policies or procedures which:

3A. ~~standards or policies that include expectations of~~ Articulate the accrediting organization's expectations for academic quality and results associated with institutional or program ~~quality performance~~, including student achievement, consistent with ~~its~~ institution or program mission.

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