September 27, 2021

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.

Per the SoA, the 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. IR C-8 D and subsections of IR C-9 P refer specifically to aspects of a program’s curriculum or training relevant to acquisition and demonstration of specialty competencies at the doctoral and postdoctoral levels, respectively.

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 September 27, 2021 and will continue through 5:00pm Eastern Daylight Time on December 11, 2021.

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: apaaccred@apa.org
Website: http://www.accreditation.apa.org/
Public Comment: Changes to the CoA’s policy on doctoral competencies (IR C-8 D)

Per Standard II.B.1.b of the *Standards of Accreditation in Health Service Psychology* (SoA), the CoA requires that all trainees who complete accredited training programs, develop certain competencies as part of their preparation for practice in health service psychology (HSP) regardless of substantive practice area, degree type, or level of training. The following IR outlines aspects of a program’s curriculum or training relevant to acquisition and demonstration of specific competencies at the doctoral level.
C-8 D Profession-Wide Competencies
(Commission on Accreditation, October 2015; revised July 2017; November 2020; April 2021)

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 at the doctoral level. The CoA acknowledges that programs may use a variety of methods to ensure student 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 the 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 level will provide broad and general preparation for entry level independent practice and licensure (SoA Introduction, Section II.B.2.b).

- **Level-appropriate expectations**. 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 generally defined as: Demonstrates capacity to integrate and apply PWCs with increasing professional autonomy and effectiveness across a broad and increasingly more complex range of clinical and professional activities in cooperation and collaboration with supervision, consultation, and training.

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

Doctoral students must demonstrate competency in the integration of science and practice.

The CoA recognizes science as foundational to HSP. In order to successfully complete programs accredited in HSP, doctoral students must demonstrate competency through 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. At a minimum, doctoral students are expected to:

- demonstrate the substantially independent ability to conduct research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base;
- critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

II. Ethical and legal standards

Doctoral students must act in a manner consistent with current ethical and legal standards of the field. At a minimum this requires 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

Doctoral students must develop the ability to conduct all professional activities (e.g., research, services, and other 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. Accordingly, doctoral students are expected to demonstrate, at a minimum:

- 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; and

• the ability to integrate awareness and knowledge of individual and cultural differences, including intersectionality, in articulating an approach to working effectively with diverse individuals and groups.

• the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews differ with their own.

IV. Professional values and attitudes
Doctoral students must demonstrate a commitment to professional values and attitudes consistent with professional standards. At a minimum, students must:

• behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, the integration of science and practice, professional identity, accountability, 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.

V. Communication and interpersonal skills
Doctoral students must demonstrate effective communication and interpersonal skills. At a minimum this includes:

• developing and maintaining effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

• producing and comprehending oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

• managing difficult communication well.

VI. Assessment
Doctoral students must demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology. At a minimum this includes:

• demonstrate current knowledge and application of knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
• 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 considerations and contextual influences (e.g., family, social, societal, and cultural) of the service recipient.

• interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

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

VII. Intervention

Doctoral students 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 may include those directed at an individual, a family, a group, an organization, a community, a population, or other systems.

At a minimum this includes the ability to:

• establish and maintain effective relationships with the recipients of psychological services.

• Develop and implement evidence-based intervention plans specific to the service delivery goals informed by the current scientific literature, assessment findings, diversity considerations, and contextual variables. This includes the ability to 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 progress evaluation.

VIII. Supervision

The CoA views supervision as grounded in science and integral to the activities of health service psychology. At a minimum, doctoral students must:

• Demonstrate knowledge of supervision models and practices.
• Demonstrate knowledge of contemporary evidence-based supervision literature.

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. At a minimum, doctoral students are expected to:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Demonstrates knowledge of consultation models and practices.
Public Comment: Changes to the CoA’s policy on postdoctoral residency competencies (Implementing Regulations C-9(d) P and C-9(f) P)

Per Standard II.B.2 of the Standards of Accreditation in Health Service Psychology (SoA), the CoA requires that all trainees who complete accredited training programs in a substantive specialty practice area, develop certain competencies as part of their preparation for practice in health service psychology (HSP) regardless of substantive practice area, degree type, or level of training. The following revisions reflect changes in the Level 3 specialty competencies required of postdoctoral residents in all APA-accredited programs in Clinical Neuropsychology and Geropsychology specialty programs. These changes are presented in redline format.
C-9(d) P. Postdoctoral Residency Level 3 – Specialty Competencies
Clinical Neuropsychology

(Commission on Accreditation, September 2021; prepared for public comment September 2021)

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 associated with the specialty practice area. Specialty competencies must be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Research
Postdoctoral residents are expected to:

- 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 informed by functional aspects of everyday living, quality of life, and educational/working/social/living environments.
- 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.
- demonstrate knowledge of patterns of a) behavioral, cognitive, and emotional impairments associated with neurological, psychiatric, and general medical conditions that affect brain structure and functioning and b) incidence, prevalence (i.e., base-rate), natural course, and key signs/symptoms of disease processes for conditions of interest in neuropsychology.

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.
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 associated with the specialty practice area. Specialty competencies must be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

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.
- demonstrate 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 and adapted to the abilities and needs of various stakeholders (e.g., older adults, families, healthcare teams, other psychologists).
- 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, including but not limited to the ability to distinguish dementia from delirium, depression, and other medical conditions and medications that impact cognitive functioning.

• 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 collateral data using multiple sources (including family, formal caregiver, team perspectives) and methods appropriate to the identified goals and questions of the assessment as well as sensory, cognitive, generational and other 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.

• conduct assessment of risk for suicide, abuse and neglect, and demonstrate appropriate response to high-risk situations in a geriatric population.

• demonstrate awareness of varying etiologies of neurocognitive and psychiatric disorders and understand the role of family history, symptom presentation and onset, and comorbidities.

• demonstrate the ability to assess older adults’ understanding, appreciation, reasoning, and choice abilities with regards to capacity for decision making and independent activities of daily living.

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, generational, and cultural experiences of each older adult.

• 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 and refer patients and families to services as appropriate.

• 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.

• demonstrate ability to work in at least one setting that is a common location for care of older adults (e.g., primary care, home care, rehabilitation settings, congregate living, long-term care).

• demonstrate the ability to provide education and professional training about aging to other staff/teams serving older adults.

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.
Public Comment: Additions to the CoA’s policy on postdoctoral residency competencies (Implementing Regulations C-9(j) P and C-9(k) P)

Per Standard II.B.2 of the *Standards of Accreditation in Health Service Psychology* (SoA), the CoA requires that all trainees who complete accredited training programs in a substantive specialty practice area, develop certain competencies as part of their preparation for practice in health service psychology (HSP) regardless of substantive practice area, degree type, or level of training. The following revisions reflect the addition of Level 3 specialty competencies and corresponding elements for the specialty area of Group Psychology and Psychotherapy as well as the specialty area of Police and Public Safety Psychology.
C-9 P(j). Postdoctoral Residency Level 3 – Specialty Competencies
Group Psychology/Group Psychotherapy
(Commission on Accreditation, prepared for public comment April 2021)

Programs that are accredited in a substantive specialty practice area, as identified in IR C5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies must be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Professional Values and Attitudes
Postdoctoral residents are expected to:

- Demonstrate an awareness of personal values, attitudes and behaviors that have the potential to affect the group therapeutic process.
- Conceptualize and implement a self-reflective process related to group facilitation.

II. Assessment
Postdoctoral residents are expected to:

- Engage in evaluative practices as applied to groups, for example: cohesion and group progress.
- Demonstrate an ability to evaluate the group’s and the group member’s needs.
- Use appropriate assessment measures and instruments for screening and progress.

III. Intervention
Postdoctoral residents are expected to:

- Facilitate the therapeutic experience for groups composed of diverse individuals.
- Effectively intervene to address problematic group behaviors.
- Effectively manage group member’s expression of emotions and affect.
- Conceptualize the role of power dynamics in groups.
- Demonstrate the ability to intervene effectively when issues such as marginalization and microaggressions occur in groups.

IV. Supervision/Teaching
Postdoctoral residents are expected to:

- Demonstrate the ability to apply a supervision model when working with mental health professionals in training.
- Present information relative to group psychology and group psychotherapy in relevant venues (such as case presentations or grand rounds).
V. Consultation and Interprofessional Skills
Postdoctoral residents are expected to:

- Demonstrate the ability to work constructively with interdisciplinary mental health professional teams.
- Demonstrate knowledge of consultation models and practices related to Group Psychology and Group Psychotherapy.
C-9 P(k). Postdoctoral Residency Level 3 – Specialty Competencies
Police and Public Safety Psychology
(Commission on Accreditation, prepared for public comment April 2021)

Programs that are accredited in a substantive specialty practice area, as identified in IR C5 P, are required to provide advanced preparation for practice in the competencies and associated elements associated with the specialty practice area. Specialty competencies must be operationalized in terms of multiple elements and must, at a minimum, reflect the bulleted content for each required specialty competency.

I. Professional Values and Attitudes
Postdoctoral residents are expected to:

- Demonstrate behavior that reflects the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Demonstrate an emerging professional identity consistent with the specialty.
- Demonstrate self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Demonstrate the ability to develop relationships within a collegial community providing mutual support for sustained competence, particularly with regard to providing services in extremis.

II. Assessment
Postdoctoral residents are expected to:

- Demonstrate the ability to select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics;
- Demonstrate the ability to 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 interpret and integrate assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective; and
- Demonstrate the ability to 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.

III. Intervention
Postdoctoral residents are expected to:
• Demonstrate the ability to develop evidence-based intervention plans specific to the service delivery goals;

• Demonstrate the ability to implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables, including those associated with the working conditions and stressors in police and public safety employment;

• Demonstrate the ability to apply the relevant research literature to clinical decision making;

• Demonstrate the ability to modify and adapt evidence-based approaches effectively when a clear evidence base is lacking; and

• Demonstrate the ability to evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

IV. Consultation and Interprofessional Skills
Postdoctoral residents are expected to:

• Demonstrate knowledge and respect for the roles and perspectives of other professions, including other health care professionals and police and public safety professionals;

• Apply knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, systems related to health and behavior, and representatives of public safety and other governmental organizations;

• Demonstrate knowledge of the occupational contexts in which police and other public safety personnel perform their services, including the paramilitary structure, and its roles in societal and governmental functioning;

• Demonstrate knowledge of the essential job functions of police and other public safety service recipients they encounter in their training, as well as the organizational structure and chain of command within their respective organizations; and

• Demonstrate knowledge of how occupational identities and roles of police and other public safety personnel interact (and conflict) with personal identity and other social, familial, and community roles.

V. Communications 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;

• Demonstrate the ability to engage actively with diverse individuals, groups, and communities within the practice of Policy and Public Safety Psychology; and

• Demonstrate the ability to solicit clarification and understanding when confronted with diverse communities, viewpoints, interpersonal challenges, and professional obstacles.
IV. Psycholegal Skills

Postdoctoral residents are expected to:

- Demonstrate knowledge of relevant published professional practice guidelines (e.g., APA Professional Practice Guidelines for Occupationally Mandated Psychological Evaluations, IACP Preemployment Psychological Evaluation Guidelines, IACP Fitness for-Duty Evaluation Guidelines) and how they pertain to professional activities within the specialty; and

- Demonstrate the ability to apply core legal knowledge to the practice of police and public safety psychology.