Association of Psychology Training Clinics (APTC) Response to CoA Phase II Questions for Doctoral and Internship Training Accreditation Framework – Competencies and Program Characteristics

***1. There have been many comments in favor of moving CoA accreditation at the doctoral and internship levels toward a uniform, profession-based competency-based assessment. What are the pros and cons of this? If CoA moves to a uniform-professional based competency-based assessment, how might this be implemented? Should CoA identify relevant competencies? Should CoA use previously-identified competencies in the profession (e.g., Benchmark Competencies, NCSPP, etc.)? Are there other competencies that are not fully addressed in existing documents (e.g., research and science) and if so, how should CoA identify and incorporate these into the G&P?**

APTC strongly supports the national movement to profession-based competencies although wishing to acknowledge and support some diversity in psychology program goals and emphasis. Currently the CoA requires programs to evaluate student competencies within the framework set out by the program's goals and objectives. Programs are required to link training goals to specific courses and experiences, and to describe the methods and criteria used to assess these skills, and to summarize the results of these assessments. Thus the current competency assessment framework varies across programs, depending on the program emphasis including their training model (roughly, clinical science to practitioner scholar), and the specificity of their listed training goals. Because there is a common set of required course content (e.g., History of Psychology, Ethics), there are some common competency areas, but much variability otherwise (e.g., focus on producing research versus community practice, relative focus on interdisciplinary work, etc). Thus there is a challenge in developing a tighter, more uniform competency framework that would capture the core competencies for professional psychology. How encompassing and restrictive should this be? Although some claim that training models are obsolete, notable differences do continue to exist between programs. How these differences will be dealt with is an important question. APTC supports psychology training programs being expected to incorporate uniform core professional competencies into education and training while being allowed latitude in developing particular program emphases. This is a delicate balance.

A related point is that the more detailed a competency framework is, the more it will serve as the equivalent of a specific training model. An example of such a framework is the Health Service Psychology Competencies developed by the Health Service Psychology Education Collaborative. This framework brings new content into the competencies expected of professional psychologists, with new emphasis on skills related to health care more generally, to biological factors, disease (beyond mental health), health care systems, in collaboration with other health care professionals. It emphasizes health care promotion and public health issues. There is also emphasis on conducting research. To some APTC members, these and other elements of the HSP competencies are suggestive of a particular training model. Despite disclaimers to the contrary, the addition of these more specific competencies is probably most consistent with programs wishing to emphasize clinical health psychology and integrated care.

APTC believes that that accreditation should continue to be based on programs specifying specific competencies that include a shared set of competencies expected of all professional psychologists. Our concern is that the content of the competency framework be developed with great care, including widely based discussion and debate that utilizes the extensive work on competencies produced over the years. Given broader involvement in their development and their history of dissemination, we believe that particular attention should be given to the competency framework developed through the CCTC and outlined in the Benchmark report. In any case, the core set of required competencies should be supplemented by more specific competencies that are particular to the emphasis and goals of the individual programs. For example, a health services training program might have a greater commitment to community psychology and social justice, or a program might focus on more on geropsychology and rural needs.

Competencies related to research and science should be included in the expected competencies framework but need to be broadly defined in keeping with program mission. To illustrate, the community psychology and social justice program cited above might teach qualitative approaches to research, incorporating needs assessment and applied program evaluation in addition to core skills in conducting basic research.

***2. What kind of proximal and distal outcome data should CoA require to evaluate whether a training program is successfully training students/interns to be competent?**

There seems to be consensus that CoA should collect information from graduate programs about their ability to consistently match doctoral candidates to accredited internship sites, through the formal match and the clearinghouse process. Programs should also be encouraged to incorporate various proximal measures of specific competencies during training such as recommended within the competency assessment toolkit (Kaslow, et. al., 2009). Beyond this, CoA might consider collecting information from internships linking failed internship attempts (i.e., a student is dismissed or drops out) back to the graduate program of origin. Next, CoA can evaluate information linking graduate programs and internships to EPPP scores. This will help CoA learn which graduate programs provide psychologist students with at least an adequate level of general psychological knowledge to be eligible for licensure. Further, collecting this information will be useful feedback for programs to determine how effectively they prepare their students for success on the EPPP. In addition, CoA might also collect information linking graduate programs and internship sites with licensure. CoA could use this information to focus on programs that show a low licensure rate for their graduates. Programs that tend to have much success in producing graduates who are licensed can provide information to CoA about which type of competency training is effective. Distal data sources should continue to be broadly defined and include careers, publications, grants, political and social justice advocacy, contributions to clinical practice and other outcomes that are consistent with the training programs mission statement.

Kaslow, N., Grus, C., Campbell, L., Fouad, N., Hatcher, R., & Rodolfa, E. (2009). Competency assessment toolkit for professional psychology. *Training and Education in Professional Psychology, 3* (Supplement), S27-S45.

***3. Should clinical, counseling, or school programs be evaluated using the same or different accreditation standards? For purposes of accreditation, does type of training model matter (e.g., scientist-practitioner, practitioner-scholar, or clinical scientist)? Should programs be evaluated for accreditation on their own program goals, objectives, and competencies; on a set of uniform –profession based competencies; or both?**

The accreditation standards should reflect specified national competencies. All training programs (whether clinical, counseling, or school) should draw from a common core set of required competencies for health service providers (blending Benchmark workgroup and HSPEC Collaborative) with supplemental specialized competencies reflecting program emphasis. In practice, programs may operationalize their application of required competencies somewhat differently in working within different populations and different settings. For example, training in consultation skills may look different in school versus primary care settings. According to their program model, programs would specify how or in what ways they teach the required competencies. Moreover, programs may emphasize certain competency domains more than others, although all should measure and track required or core competencies at a minimum threshold or could chose a higher benchmark if emphasized in that program. In this essentially hybrid view of accreditation standards, program model would influence both the degree of emphasis given to required competencies (e.g., greater emphasis on conducting basic research in a clinical scientist model) and the selection of specialized supplemental competencies (e.g., administrative practice skills in practitioner scholar programs, or incorporating specialty area competencies to a greater degree).

Curriculum

4. Should specialization (e.g., neuropsychology, health) be permitted prior to the postdoctoral level (i.e., at doctoral and/or internship)? What are the pros/cons of such a model? How might this be operationalized given the importance of broad and general training?

All programs would still be required to provide broad and general training and meet the standards for training and measurement of required national competencies for psychologists providing health services. Specialization would continue to be at the postdoctoral level. However, as indicated above, training programs should be allowed to specify areas of emphasis within training such as clinical health or prison, forensic work. These program emphases would be expected to be reflected within the program's specified goals and selected additional competencies.

5. Several comments have called for increased interdisciplinary training in professional psychology. How and when should interdisciplinary training and collaboration occur? Should it be a required part of doctoral training? internship? What implications does this have for the acceptable qualifications of faculty and internship program contributors (i.e., instructors, practicum supervisors, internship primary/supplemental supervisors, research mentors)?

Increased interdisciplinary training is currently occurring in many psychology programs and should be incorporated throughout training in professional psychology. Ideally, interdisciplinary training would occur at all levels of doctoral training including exposure during the following components: 1) Classes – understanding psychology's complex role and impact within the context of multiple disciplines enhances knowledge of theory, assessment and treatment; 2) Research - conducting collaborative research and reviewing literature from multiple disciplines when conducting empirical studies enhances comprehensive knowledge in an area of study; and 3) Practicum – working directly with professionals from other disciplines encourages collaboration and a broader knowledge-base when gaining clinical competence. While interdisciplinary training should be required of programs as it is critical to understanding psychology as a profession in the context of other disciplines, determining specific requirements at this time is more complex. Programs should strive to incorporate interdisciplinary training at all aforementioned levels. Implications for faculty and supervisors include an expectation of personal interdisciplinary functioning when conducting research, clinical practice, and teaching.

Sequence of Training

6. Should there be a minimum expectation for entry criteria to an accredited doctoral program? What should that expectation be (e.g., undergraduate coursework, minimum GPA, minimum GRE scores)? How would minimum admissions criteria impact underrepresented/non-traditional applicants? What plans should programs implement to handle exceptions to the criteria?

In addition to the coursework requirements articulated by CUDCP's response to this question, entry criteria should include Baseline Competencies as described by Hatcher & Lassiter (2007), as "it is inappropriate to undertake formal clinical professional training with students who have not acquired these skills." (Hatcher & Lassiter, 2007).

> *Before beginning practicum the student should possess and demonstrate a set of basic personal and intellectual skills, attitudes and values, and a core of professional knowledge. This core knowledge and these skills, attitudes and values are baseline competencies of the professional psychologist. . . The work of subsequent clinical training is to shape and refine these baseline skills into professional skills* (Hatcher, R. L. & Lassiter, K. D., 2007, p. 54.).

These Baseline Competencies include personal organization, interpersonal skills such as listening and empathy, organized reasoning and critical thinking skills, affect tolerance, openness to ideas, integrity and valuing of ethical behavior, as well as self-awareness and

reflective skills. Such basic competencies might be best assessed through interview, letters of recommendations, personal statement, record review, and personal communication with teachers, supervisors, mentors, or advisors.

While course requirements should be standardized, programs, rather than the accrediting body, should determine the relative weight of GPA and GRE scores. Given the wide variety of training programs and the myriad factors that affect successful training, programs need latitude and flexibility in order to select trainees that best fit their training goals. In addition, enabling programs to determine their own GPA/GRE scores opens the door to underrepresented/non-traditional applicants who, for social, economic and/or historical reasons, may fare poorly on standardized measures but have the intellectual and interpersonal skill sets to become excellent psychologists and contribute to the profession.

Hatcher, R. L. & Lassiter, K. D. (2007). Initial training in professional psychology: The Practicum Competencies Outline. *Training and Education in Professional Psychology, 1*, 49-63).

7. What outcomes should be expected to demonstrate the effectiveness of a program's admissions criteria (e.g., retention, time to completion, internship match rate, job placement, licensure rates)? At what point should CoA identify admissions criteria as problematic?

We determined that this section is less applicable to our training group.

8. What are the pros and cons of requiring either the dissertation proposal, data collection, or defense prior to application for internship?

We determined that this section is less applicable to our training group.

9. Should programs be required to send students to accredited internships? If not, how should programs assure quality of internship experience?

We determined that this section is less applicable to our training group.

10. When should the internship experience occur (pre/post conferral of the degree)? What are the potential consequences of pre versus post?

APTC supports continuation of the pre-doctoral internship at this time. In the abstract, there is no real difference between an internship that is pre or post conferral of the degree. Medicine (at least MD graduates from US medical schools) has flourished with a post-degree internship/residency, with about a 94% match rate for over 30 years (see http://www.nrmp.org/data/advancedatatables2013.pdf). If virtually every graduate of an accredited program in professional psychology matched to an accredited internship, then the decision as to when the internship should occur would be a matter of what would work best practically. However, with match rates to accredited internships in the 50% - 60%

range, professional psychology faces an entirely different situation. Methods of ensuring that graduate programs take responsibility for placing students in appropriate internships are necessary at this point in time, and programs' sense of responsibility would be weakened by placing the internship post degree. Moreover, the requirement of a pre-doctoral internship promotes a valued connection between educational training programs including pre-doctoral practicum competencies and experiences and the internship experience.

Diversity

***11. How should CoA assess attention to diversity issues at each level of training?**

CoA can assess attention to diversity at each level of training in a number of ways. In particular, APTC recommends reviewing and evaluating the kind of diversity materials provided at each level, much like APA's Continuing Education guidelines require courses to address diversity in all offerings. Ideally, diversity materials provided early on in a program's training model would be a mix of empirical and theoretical articles providing relevant information about a variety of cultural groups/experiences, and of more experientially-based, multi-media materials that enable students and faculty to interactively explore the phenomenological attributes of diversity. As the training model proceeds, diversity, like ethics, should still be a prominent feature of all course materials- we should essentially see an infusion of cultural considerations in all coursework. These materials may be more specific to a group or an issue as a student's specialization increases (i.e., the LGBT population and substance abuse, supervision models with students from international backgrounds). Since issues of diversity are often unavoidable (and frequently encouraged) in most students' work at their in-house psychology training clinic, education, exposure and training in diversity must persist through a student's doctoral program. This will also help to prevent the "encapsulation" of diversity training in doctoral programs, where diversity issues are covered in only one or two classes, and are otherwise dismissed in the student's remaining courses. Reviewing syllabuses and reading lists for every class can help to determine whether issues are truly infused in all courses.

The CoA can also assess the program's attention to diversity issues at each level of training by reviewing and evaluating the level of sophistication in students' understanding of the issues during student interviews. Asking students at every year in the program to report how issues of diversity touch their coursework and training (outside of the training clinic) would enable reviewers to see whether the spirit of infusion has carried into execution. Can the students speak reasonably clearly and concisely about how and why they see issues of diversity as important to their research, assessment and therapy activities? Having students able to discuss the tension inherent in training regarding diversity- given the often conflicting nature of value systems expressed in these conversations- would also show a level of sophistication that is ideal in the work, rather than having students discuss a "color-blind" or "post-racial" perspective. An excellent resource for this discussion can be found in a recently published Training and Education in Professional Psychology (TEPP) article by Jones, Sander & Booker.

Jones, J. M., Sander, J. B., & Booker, K. W. (2013). Multicultural Competency Building: Practical Solutions for Training and Evaluating Student Progress. *Training and Education in Professional Psychology*, 7, 12-22.

***12. Should CoA continue to include a domain specific to diversity issues? Should diversity issues be infused throughout the standards?**

The discipline would be better served by ensuring that diversity issues are infused throughout the standards, as this would reinforce its importance in the overall culture of the profession. For example, our society is aging and becoming increasingly ethnically and linguistically diverse, and our military service members are continuing to reintegrate into civilian society. At the same time, some social and political organizations continue to press for discriminatory practices against different sectors of our society. Such social pressures require that the CoA continue to emphasize the value and ethical necessity of diversity training in the field. At this time APTC would recommend continuing to assess diversity as a specific domain and as a value to be infused throughout the curriculum.

Programs should be expected to present explicit and specific examples of how the infusion occurs throughout curricular programming (see item #11 for examples). Students as well as those faculty interested in diversity observe often that issues and discussion related to diversity are relegated to the one diversity course usually offered, and is rarely if ever discussed in other graduate courses. Thoughtful infusion of diversity considerations across courses would not only enhance the students' ability to consider and apply principles related to diversity to their studies and training; it would also encourage program faculty to remain cognizant of and up to date on diversity issues and how they apply to their specific courses. Issues of diversity in the curriculum would then become considered as important as the research and experimental principles that are often infused throughout many programs' curricula.

***13. What should CoA's expectations be for recruitment and retention strategies for diverse students, faculty and staff?**

As is currently the case, CoA should ask each program for their plan to recruit and retain diverse students, faculty and staff within their community context. Many universities have financial support set aside for minority faculty and student applicants. CoA could expect that universities and recruiting faculty are making minority scholarships/fellowships available and that they are ready and willing to assist diverse faculty and students in attaining this support. Programs should be evaluated on their progress in this area recognizing geographical and institutional differences.

Structural Issues and Resources

14. How does the G&P need to take into account new organizational structures of doctoral and internship programs (e.g., multiple sites, centrally controlled consortia, in-house internships)? What should be the common elements for a program that is located across multiple sites to insure that it is one cohesive program?

We determined that this section is less applicable to our training group.

***15. In doctoral programs, what faculty qualifications should be required to contribute to required program training (e.g., in coursework, practicum supervision, research supervision)? How should faculty qualifications be evaluated?**

Accreditation should encompass assuring that program faculty hold appropriate degrees and are qualified to teach their assigned courses. APTC is most concerned with the qualifications of practicum supervisors. All faculty supervisors should be currently licensed (or being supervised for licensure) within the state and be expected to maintain clinical competence. Faculty supervisors should value clinical work and be selected for their skills and interest in teaching clinical or applied skills. They should also model seeking consultation on cases as appropriate for specialized clinical knowledge or multicultural considerations. Faculty qualifications should be reviewed by the department chair with input from the Director of Training and Clinic Director.

16. What elements of doctoral and internship training must be in-person vs. other formats? What proportion of online (or other not-in-person) learning is acceptable?

We determined that this section is less applicable to our training group

***17. Can in-person training be delivered via telehealth, telesupervision, or course videoconferencing? In other words, must individuals always be in the same physical room or are other options acceptable as in-person? Is there a maximum acceptable percentage of training that can be delivered via these technologies? Are there certain elements or placements within the sequence of training where these technologies would be appropriate and other elements or placements in the sequence of training where these technologies would not be appropriate?**

APTC endorses the argument that supervision for psychological practice, especially early in training, should occur primarily face-to-face. Even if the issues of confidentiality that are endemic to telehealth models are carefully managed, there are significant concerns about the potential impact of using remote methods for other than occasional supervision. Remote supervision provides fewer cues to the supervisor about the student and the student's work, and, especially in the beginning phases of training, supervisors need as much information as possible. Training clinics are a common site for beginning therapy training. Supervision research also consistently supports the notion that supervisor alliance results in increased

trainee self-disclosure and better adherence to therapeutic models. We know considerably less about how such supervisory processes are affected by using telehealth. For beginning therapists it seems most important to create a safe environment in which the trainee can discuss anxieties about their new role and nuances that they experience in the therapeutic relationship. Since trainee self-disclosure and adherence to treatment protocols is especially important for these early developmental steps of becoming a professional psychologist, little if any of this early-in-training supervision should be via telehealth. Remote methods seem potentially more appropriate for more educationally oriented training experiences and for trainees who are more advanced. Some aspects of assessment supervision may focus on technical interventions and these may be more amenable to remote supervision. It would be important that quality be a primary consideration and that remote supervision not be used to inappropriately stretch resources in a manner that negatively impacts training standards. It is also noted that some states prohibit remote methods for mandated supervision, so it would be important to check state statutes and rules if practicum hours are to be counted toward licensure.

18. Should the revised standards establish a maximum number of cumulative hours a doctoral intern can be expected to work per week? Should the revised standards establish enforceable criteria for a livable salary/stipend for interns and benefits? What might those criteria be for each of these?

We determined that this section is less applicable to our training group.

***19. Should the revised standards establish clear criteria defining what constitutes an on-site supervisor? Given that some programs have multiple sites, what are the implications of this for the notion of "on-site" supervisors? What percentage of time does a supervisor need to be in a particular setting to be considered integral to the setting?**

APTC encourages academic training clinics to include faculty members as clinical supervisors as much as possible and appropriate in the setting. This allows for a full range of professional mentoring and role modeling. When training clinics use community supervisors, we would recommend that efforts be made to integrate these psychologists so that they understand the programs' sequence of training, goals and objectives. For external practicum sites, it is best for supervisors to be at least 50% at that site so that trainees receive supervision related to organizational issues in addition to direct practice training. Professional psychology training includes an understanding of organizational functions and roles in addition to specific practice-oriented competencies. It is especially important for supervisors in external settings to have a clear sense of the training programs', goals and objectives (as stated above). This provides for a more integrated sequence of training that includes academic and practice-based competencies

Other

20. Are there additional concerns you have about the G and P revision that have not been addressed by the questions above?

APTC agrees with others that prerequisite undergraduate preparation for psychology training should be more formally recognized so as to allow more flexibility in graduate curriculum and integrated seminars covering broader domains (e.g., cognitive neuroscience, social-emotional development).

*** Were selected to be discussed during APTC meeting**