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?

**COGDOP favors a move toward profession-based competency-based assessment for professional psychology training and its accreditation. The strengths of this approach include a) tacit assurance that graduates from accredited programs exhibit professional competencies appropriate for the next stage of training, b) a shift in focus to profession-based outcomes which should promote innovation in training, c) increased clarity regarding the expectations of the CoA, and d) the benefit of bringing APA accreditation requirements in line with current trends in accreditation, especially in service providing fields such as medicine and others. A major challenge associated with this approach will be the identification of professional competency standards without becoming overly prescriptive or limited in scope. CoA should avail itself of input from the profession and existing documents such as the Competency Benchmarks for Professional Psychology and the HSPEC Blueprint. The CoA should document its support of innovation in the context of ensuring programs meet a core set of competency based standards.**

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?

**COGDOP views that proximal data should include demonstrations of competence in knowledge, research, professional practice, and professional behavior (including ethics, sensitivity to the needs and requirements of diverse groups, and inter-professional teamwork) by students, interns, and residents. Ideally competency outcomes should be measured by a combination of a standardized core of measures that are consistent across program types, and unique measures of competencies that fit a program’s specific specialty areas.**

**Distal outcome data should demonstrate minimally the attainment of specific program goals but also reflect attainment of the standards of science and practice and breadth of opportunities for contribution in psychology. There should be consistency of distal data outcomes across all programs, but programs should also document achievement of their unique goals. For example, distal data for programs intending to produce psychologists in professional practice should include licensure rates, gainful employment in relevant settings, involvement/participation in the profession, ethical practice (defined as lack of complaints to the State Board), and board certification in a**
A clinical-scientist program might also include employment in a research setting, evidence of conducting clinical research, and scholarly publications.

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?

*Profession-based competency assessment for accreditation should be uniform across all areas of professional practice. This is not to say that curricula would be identical, simply that a common core of competency benchmarks across training areas be achieved. Additional competencies unique to each professional practice area should also be evaluated. Programs may choose to identify with a specific training model; however, accreditation should not be based on the program’s adherence to that training model. Rather accreditation should be based on the program’s achievement of the core competencies, both general and unique.*

**Curriculum**

4. Should specialization (e.g., neuropsychology, health) be permitted prior to the post-doctoral 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?

*COGDOP supports program innovation, and believes that the CoA should not restrict programs training in unique ways that add on to minimal competencies. However, to prevent confusion in terminology, specific designations in professional psychology training should be linked to specific training levels. COGDOP recommends that CoA adopt and promulgate the terminology delineated in the Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialities (adopted as APA policy 2012). COGDOP supports restricting the term “Specialization” for postdoctoral residencies.*

*The major con is the inappropriate use of the term “specialty” at anything other than the postdoctoral residency level. The “pros” are that allowing programs to provide enhanced or supplemental training will allow them to establish a unique professional training identity to distinguish them from their peers, and to help address specific health provider shortages in areas they have identified.*
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)?

**COGDOP recognizes that psychology is rapidly changing and becoming more inter-, trans-, and multi-disciplinary. Doctoral programs need to include that knowledge base in order to prepare students for further training in interdisciplinary assessment, diagnosis, and treatment at internship and postdoctoral levels of clinical practice and training. In terms of acceptable qualifications of faculty and internship program contributors, COGDOP expects that the majority of core, tenure-track faculty have been trained in psychological science and contribute to the knowledge base in psychological research, assessment, and/or intervention.**

An opportunity that has resulted from increased extra-psychology professional collaborations, and the advent of treatment team models, has been for psychologists to identify and display their unique competencies, relative to other service delivery professions. Accordingly, COGDOP believes that programs should include as a training component, those elements of knowledge, skills, and competencies that are unique to psychologists. As one proximal or distal data point, program graduates should be able to identify their unique knowledge sets, skills, and competencies they provide as psychologists, that are not provided by other health service professions. This element of training has been woefully neglected in past guidelines and principles for accreditation.

**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?

**COGDOP favors the establishment of universal guidelines for recommended minimum expectations for entry to an accredited doctoral program, however, these should be advisory and not elevated to the level of an accreditation standard. Ultimately, accreditation should be based on the program’s success in ensuring its graduates achieve benchmark competencies (i.e., the output rather than the input).**
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?

COGDOP strongly supports the option of allowing applicants to demonstrate competence in the areas of “broad and general” training from that acquired through undergraduate preparation. These competencies could be based on a list of pre-requisite courses for health service providing psychologists and assessed via a standardized test. It is important to note that these courses would not necessarily need to comprise an undergraduate psychology major. They could be taken by majors in other fields or as post-baccalaureate study. This would be similar to the pre-med courses required of medical school applicants. Other markers of effectiveness could include time to completion, retention, internship match, and licensure rates.

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

COGDOP strongly supports requiring completion of the dissertation proposal prior to application for internship and encourages, but opposes requiring, completion of data collection and defense.

Requiring the dissertation proposal prior to application for internship maintains a priority and focus on the scientific endeavor of doctoral psychology. There are no cons to this requirement. There are cons, however, to the requirement of data collection and defense completion prior to application for internship because factors largely beyond the student’s control can impact data collection. Furthermore, many doctoral students collect data for their dissertations at their internship sites.

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

COGDOP supports requiring accredited internships. A major obstacle to this requirement, of course, is the current internship imbalance. COGDOP applauds CoA’s establishment of provisional accreditation status, and believes that a tiered accreditation system will minimize the chances of students matriculating in unaccredited programs. At the same time, COGDOP recognizes that practice areas may face unique challenges in terms of accredited internship placements. For example, school psychology programs depend on school districts’ ability to meet accreditation requirements. This can be quite variable as resources vary widely. COGDOP asks the CoA to be attentive to this issue during ongoing efforts to increase the availability of accredited internships.
10. When should the internship experience occur (pre/post conferral of the degree)? What are the potential consequences of pre versus post?

COGDOP believes the internship experience should occur after conferral of the terminal degree with the caveat that an accredited internship experience also be required prior to the attainment of licensure.

Potential positive consequences of a post degree internship include: a) appropriate division of labor/oversight permitting doctoral programs to focus on the scientific underpinnings of professional psychology research and practice; b) alignment with current de facto practices in internship sites, in that the accredited internship experience is largely regulated by the internship site; c) alignment with medical training in which residency follows conferral of the degree, providing greater parity in the workplace; d) the potential for shorter time to degree in doctoral training and the potential for reduced costs incurred by students; e) potential for a seamless route to licensure in which the 1-2 years of required post-doctoral training may be completed in a single setting; and f) potential reduction in the number of ABDs.

Potential negative consequences of post degree internship include: a) the burden on doctoral programs to assure students complete the dissertation in a timely manner such that completion can be guaranteed prior to acceptance for an internship; b) internship imbalance such that inadequate numbers of accredited internships are available to students.

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

COGDOP supports and recommends infusing diversity issues, especially as it pertains to ensuring coverage of strategies of acquiring cultural competence, throughout the revised Guidelines and Principles (G&P). COGDOP recognizes that it is impossible to expect programs to ensure training in cultural competence in all possible cultures, and therefore believes that programs should focus instead on training students/interns/residents on strategies and principles for obtaining cultural competence when working in diverse settings. However, the revised Guidelines and Principles should also clearly specify how programs are expected to document their infusion of diversity. Historically, there has been considerable inconsistency and confusion between programs, the CoA, and site visitors, regarding the sufficient provision of training in diversity and cultural competence; and COGDOP believes that revision of the G&P will provide an excellent opportunity to rectify this disconnect. Presentation of how diversity is infused throughout the training program can be standardized, even when the content will not be.

12. Should CoA continue to include a domain specific to diversity issues? Should diversity issues be infused throughout the standards?
COGDOP recommends infusing diversity issues throughout the new G&P. The revised G&P should also clearly specify how programs are to document their infusion of diversity. COGDOP believes this is one place where more prescription is better than less.

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

The expectation should be that programs document in writing and implement coherent and systematic plans to recruit and retain diverse students, faculty, and staff. The written plan should be included in public materials. COGDOP supports CoA’s definition of diversity as described in the current Implementing Regulation C-22.

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?

COGDOP recognizes that the world of higher education is rapidly changing and determination of optional structures may be forthcoming in the short term. COGDOP believes that adopting a core set of competency benchmarks to assess student outcomes will resolve most issues surrounding quality assurance and public protection, regardless of the organizational structure. That having been said, COGDOP strongly opposes any organizational structure that exploits unqualified students. Such models will result in unacceptable debt to income ratios, put the public at risk, and compromise the reputation of professional psychology.

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?

As stated previously, COGDOP believes that the majority of core, tenure-track faculty should themselves have received doctoral level training in psychological science, have a documented history of contributing to the knowledge base, and remain current with respect to evidence-based assessment, diagnosis, and intervention. In addition, faculty should be competent in the areas they teach. Faculty qualifications should be evaluated based on their degree/area of concentration, ongoing professional development, and research area. Moreover, given the potential benefit of including colleagues from other yet appropriately related fields, programs should be allowed to provide justification for the involvement of faculty with training outside of psychology.
Most importantly, all members of the faculty (core or adjunct) should demonstrate a commitment to continuous and meaningful scholarly engagement as demonstrated by suitable professional activities in teaching, research, assessment, and/or intervention.

In terms of practicum supervision, COGDOP recognizes unique situations where students benefit from supervision with colleagues outside of psychology. However, COGDOP strongly believes that it is important to maintain those supervisory relationships as ancillary. All required supervision should be delivered by appropriately credentialed or licensed psychologists. COGDOP believes this is critical in establishing a professional identity in the professional practice of psychology.

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?

COGDOP believes the answer to this question should be empirically determined. Existing research remains mixed but suggests content-based knowledge can be acquired in online learning whereas training in complex social processes are less amenable to an online only format. Until a consensus in the research emerges, CoA should require advanced clinical and research skills to be taught in-person. Ultimately, regardless of the format in which training is transmitted, programs must demonstrate their trainees are achieving all competency benchmarks, including interpersonal skills in face-to-face settings.

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?

There is a considerable literature supporting the effectiveness of telesupervision and telehealth. COGDOP advocates for the use of these methods in training as we continue forward in the digital age. Program delivery of telesupervision to trainees should “count,” as should student practicum experiences which involve the delivery of telehealth services. However, there should also likely be limits to how much of the total these service delivery options should count. COGDOP believes the CoA should establish standards in consultation and collaboration with the American Telemedicine Association.

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?

**COGDOP does not recommend establishment of maximum number of cumulative hours per week or enforceable criteria for a livable salary/stipend. COGDOP does support the existing G & P requirement of full disclosure to prospective interns, hours per week, including cost of living in the geographic area in which the internship is located.**

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?

**COGDOP recommends that the COA establish clear criteria defining what constitutes an on-site supervisor, including how these criteria would vary in application to multi-site settings, such as consortia. COGDOP does not have an a priori position on this issue.**

Other

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

a. **COGDOP strongly supports the integration of science and practice and would like to see this strengthened in the revision of the G&P. Scientific training should be viewed as core to the practice of professional psychology and not simply a facet of practice. It is this core that separates psychologists from other mental & behavioral health care providers. COGDOP recognizes and applauds the advent of integrated primary care. In order for professional psychology to take its rightful place among other health professions, and provide valuable leadership, full integration of science and practice must be achieved.**

b. **While COGDOP recognizes and appreciates ongoing efforts on the part of the CoA to provide quality site-visitor training, evaluation, and calibration, concerns remain related to discrepancies between site-visitor reports and CoA decisions. These discrepancies are seen as detrimental to the review process and can result in accreditation decisions being construed as arbitrary. COGDOP encourages the CoA to continue, and, where appropriate, expand efforts to address this issue.**