



Senado Académico  
Secretaría

# Certificación Núm. 69

## Año Académico 2019-2020

Yo, *Claribel Cabán Sosa*, Secretaria del Senado Académico del Recinto de Río Piedras, Universidad de Puerto Rico, **CERTIFICO QUE:**

El Senado Académico, en la reunión extraordinaria a distancia celebrada de forma asincrónica del 27 de marzo al 2 de abril de 2020, acordó por unanimidad:

- Aprobar la **Propuesta para el Cambio Académico del Doctorado en Filosofía con especialidad en Psicología con Área de Énfasis en Psicología Clínica**, del Departamento de Psicología, de la Facultad de Ciencias Sociales.
- La Propuesta forma parte de esta Certificación.

**Y para que así conste**, expido la presente Certificación bajo el sello de la Universidad de Puerto Rico, Recinto de Río Piedras, a los dos días del mes de abril del año dos mil veinte.

Dra. Claribel Cabán Sosa  
Secretaria del Senado

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Anejo



Propuesta para el cambio académico del Doctorado en Filosofía con especialidad en Psicología con Área de Énfasis en Psicología Clínica del Departamento de Psicología de la Facultad de Ciencias Sociales del Recinto de Río Piedras de la Universidad de Puerto Rico

Aprobada por la facultad del Departamento de Psicología  
en reunión celebrada el 4 de octubre de 2019

Aprobado por el Comité de Currículo del Departamento de Psicología en reunión  
celebrada el 1 de noviembre de 2019

Aprobada por el Comité de Currículo de la Facultad de Ciencias Sociales  
6 de noviembre de 2019

Aprobada por el Comité de Asuntos Académicos  
27 de marzo de 2020

Aprobada por el Senado Académico  
27 de marzo al 2 de abril de 2020  
(Certificación Núm. 69, Año Académico 2019-2020)

## **TABLA DE CONTENIDO**

<b>I.</b>	<b>INTRODUCCIÓN</b>	<b>1</b>
	A. Nombre del programa y cambio académico propuesto	<b>1</b>
	B. Justificación	<b>1</b>
	C. Descripción del programa	<b>1</b>
<b>II.</b>	<b>MARCO CONCEPTUAL</b>	<b>2</b>
	A. Misión del Programa	<b>2</b>
	B. Relación con la misión y el Plan Estratégico de la UPR y de la unidad	<b>3</b>
	C. Relación con la oferta académica vigente dentro y fuera de la UPR	<b>3</b>
	D. Metas y competencias del programa	<b>4</b>
	E. Perfil de las competencias esperadas del egresado	<b>7</b>
	F. Modalidades del ofrecimiento	<b>8</b>
	G. Duración del programa y tiempo máximo para completar el grado	<b>8</b>
	H. Cambios curriculares propuestos	<b>8</b>
	Tabla 1 Comparativa Currículo Vigente y Cambio Propuesto de Doctorado	
<b>III.</b>	<b>FACULTAD</b>	<b>10</b>
	A. Perfil de la facultad	<b>10</b>
<b>IV.</b>	<b>ADMINISTRACION DEL PROGRAMA</b>	<b>15</b>
<b>V.</b>	<b>PRONTUARIOS</b>	<b>16</b>

## I. INTRODUCCIÓN

### A. Nombre del programa y cambio académico propuesto<sup>1</sup>

El Departamento de Psicología de la Facultad de Ciencias Sociales del Recinto de Río Piedras somete la Propuesta para el Cambio Académico del Doctorado en Filosofía (PhD) con especialidad en Psicología.

El grado vigente de PhD. con especialidad en Psicología, aprobado mediante la Certificación 142 del Año 1985-1986 del Consejo de Educación Superior de Puerto Rico, les permite a los estudiantes tomar cursos en cuatro áreas de interés (*Psicología Clínica, Psicología Industrial-Organizacional, Psicología Social-Comunitaria y Psicología Académica-Investigativa*). Estas áreas no se reconocen formalmente en la transcripción de créditos ni en la certificación de grado.

Con la presente propuesta, solicitamos la creación del Área de Énfasis en Psicología Clínica en el Doctorado de Filosofía con especialidad en Psicología, en cumplimiento con la normativa institucional aplicable y los requerimientos de la Asociación Americana de Psicología (APA).

### B. Justificación

La propuesta contiene cambios curriculares menores para atemperar el programa existente de Ph. D. con especialidad en Psicología a los nuevos desarrollos de la disciplina, que aportará a los estudiantes una formación actualizada sobre los saberes de la psicología en nuestra contemporaneidad. Estos cambios permitirán obtener monitoreo, la visibilidad y proyección de las competencias adquiridas por los estudiantes al obtener el grado.

La propuesta permite el reconocimiento del Área de Énfasis en Psicología Clínica, requerimiento para ser elegible a ser acreditado por la APA. Contar con este reconocimiento en la transcripción y en la certificación de grado, amplía las oportunidades laborales de los egresados, dentro y fuera de Puerto Rico, su elegibilidad para solicitar el examen de reválida y la obtención de la licencia profesional en los Estados Unidos. Aunque las fortalezas integrales de nuestro Programa doctoral han sido sólidas y polivalentes a través de su trayectoria, esta prolongación cualitativa es altamente meritoria. Así, estaremos en vanguardia frente a otras universidades privadas en Puerto Rico que proveen este reconocimiento a los egresados de sus programas profesionales.

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<sup>1</sup> En armonía con la normativa establecida en la Guía para la Preparación y Trámite de Propuestas de Cambio Académico en la Universidad de Puerto Rico, el cambio académico institucional o menor propuesto representa y citamos – “Variaciones en condiciones que definen el estado de aprobación de un ofrecimiento académico existente, sin impacto en las que definen el estado de licenciamiento y acreditación del ofrecimiento o la institución. Incluye ajustes para dar cumplimiento a estándares, directrices y recomendaciones explícitas de las agencias de acreditación y licencia, organizaciones profesionales, requerimientos de ley, normas y políticas académicas a nivel del sistema universitario o la unidad institucional, que no cualifiquen como cambios académicos significativos o sustanciales. Este tipo de cambio conlleva la aprobación del Decano de Asuntos Académicos y su certificación por el Vicepresidente para Asuntos Académicos”.

### C. Descripción del programa

De acuerdo con el *National Center for Education Statistics* (NCES), del Departamento de Educación de los Estados Unidos, el programa vigente del Doctorado en Filosofía con especialidad en Psicología tiene la clasificación del código CIP 42.0101.

El reconocimiento propuesto al Área de Énfasis en Psicología Clínica bajo el grado del Ph. D. con especialidad en Psicología es coherente y esta en armonía con el modelo de *health service psychology*. Se promueve la formación de profesionales clínicos con las más altas competencias para realizar investigaciones en el campo de la salud mental y proveer servicios psicológicos. Desde esta perspectiva, se fortalece la formación de psicólogos con pensamiento crítico, que puedan dominar las destrezas clínicas y de investigación, para sostener el vínculo estrecho entre la teoría y la práctica con pacientes aplicando una variedad de modelos terapéuticos con énfasis en métodos, estrategias y técnicas basados en la evidencia que reflejan un respeto a las poblaciones culturalmente diversas.

El Ph.D. con especialidad en Psicología con Área de Énfasis en Psicología Clínica se enfoca en el desarrollo de las competencias fundamentales (*core competencies*) en la psicología de acuerdo con los Estándares de Acreditación 2015 de la APA (*Standards of Accreditation of Health Service Psychology Programs, 2015*).

## II. Marco Conceptual

### A. Misión Ph. D con especialidad en Psicología y del Área de Énfasis en Psicología Clínica

La misión del programa de Ph.D. con especialidad en Psicología es: contribuir a la sociedad mediante la formación integral de profesionales para la construcción de modos de entender y atender los retos sociales, conceptos teóricos y quehaceres, para el desarrollo de interrogantes y conocimientos y su divulgación. Sus metas son: 1) Formar personas que puedan desempeñarse como científicos, profesionales y continuadores de la disciplina de la psicología, 2) Contribuir a la producción de conocimiento en la disciplina a partir de una postura investigativa sólida, crítica, ética y no reduccionista; 3) Fortalecer la formación académica de la facultad para un desempeño óptimo en las áreas de enseñanza, investigación y servicio; 4) Contribuir a la sociedad y a los individuos mediante el desarrollo de iniciativas de impacto a la comunidad vinculadas al proyecto académico del Departamento; 5) Fomentar la colaboración con programas graduados y subgraduados del Recinto de Río Piedras y con otros programas académicos fuera de la UPR y de Puerto Rico; y 6) Proveer oportunidades de desarrollo a egresados del Programa, así como de otros programas académicos y a personas con otra formación profesional.

La misión del *Área de Énfasis en Psicología Clínica* es cónsona con la misión y metas del Programa de Ph.D. con especialidad en Psicología del Departamento de Psicología. Ésta aspira desarrollar psicólogos sensitivos respetuosos de las diferencias individuales y conocedores de los roles que juegan la cultura, el contexto y los factores individuales en el desarrollo de la conducta humana, la psicopatología y la psicoterapia para promover cambios individuales y sociales.

Además, desarrollar psicólogos que valoren el pluralismo, la diversidad y el trabajo inter y transdisciplinario y comunitario.

### **B. Relación con la misión y el Plan Estratégico de la UPR y de la unidad.**

La creación del Área de Énfasis en Psicología Clínica guarda estrecha relación con la misión y el Plan Estratégico de la UPR y con el Plan de Desarrollo del Departamento de Psicología. Desde su origen en 1986, el grado doctoral en Filosofía con especialidad en Psicología complementa la Maestría en Psicología que se ofrece en cuatro áreas de especialidad: clínica, social comunitaria, industrial organizacional y académica investigativa. El compromiso, fue y sigue siendo, el desarrollo académico del conocimiento en la psicología y la capacidad para ofrecer servicios a la comunidad.

Este compromiso es consistente con la misión de la Universidad de Puerto Rico, según declarada en el Artículo 2(a) 1 de la ley Número 1 del 20 de enero de 1966, según enmendada. La misión de la Universidad de Puerto Rico es transmitir y aumentar el conocimiento a través de las ciencias y artes ubicándola al servicio de la comunidad a través de las acciones de sus profesores, investigadores, estudiantes y graduados (Ley de la Universidad, 1966). El Plan Estratégico del Recinto de Río Piedras, Compromiso 2023<sup>2</sup>, especifica el compromiso con la investigación y el desarrollo de programas graduados a través del Recinto. Dentro de este contexto, los egresados del Ph. D. con especialidad en Psicología con Área de Énfasis en Psicología Clínica estarán capacitados para realizar investigaciones y proveer servicios psicológicos a la comunidad, en armonía con los más altos estándares éticos y las mejores prácticas profesionales.

El Plan de Desarrollo del Departamento de Psicología, está en consonancia con el Plan de Desarrollo de la Facultad de Ciencias Sociales (2019-2023), el cual está alineado con el Plan Estratégico del Recinto. El Plan del Departamento fomenta “Fortalecer la creación de conocimiento innovador a través de la investigación y la actividad creativa en la Facultad de Ciencias Sociales. Además, está alineado con la meta de la Facultad centrada en renovar su oferta académica y con los objetivos 2.2.1 y 2.2.2 del Plan del Departamento dirigidos a “mantener un proceso continuo de revisión curricular que satisfaga los estándares de la profesión” y a “realizar una revisión curricular que satisfaga los estándares de las agencias acreditadoras locales e internacionales cuando así lo amerite”.

### **C. Relación con oferta académica vigente dentro y fuera de la UPR.**

El Ph.D. con especialidad en Psicología con Área de Énfasis en Psicología Clínica es único en el Sistema de la UPR. En vías de ser un programa competitivo a nivel local, nacional e internacional, la propuesta de cambio académico fortalece el programa doctoral en armonía con las exigencias de la profesión para ejercer la psicología en Puerto Rico y atempera el mismo a los requerimientos de la APA en el área de psicología clínica. De ese modo puede competir con los ofrecimientos de otras instituciones.

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<sup>2</sup> Certificación Núm. 79 (2017-2018) del Senado Académico, Plan Estratégico del Recinto de Río Piedras, Compromiso 2018-2023

## D. Metas y competencias

Las metas y objetivos del Área de Énfasis en Psicología Clínica responden a la evolución de la disciplina y están en alineación con los estándares y competencias de la APA.

**Meta 1:** Adiestrar estudiantes en la creación, implementación y diseminación de investigación en la psicología clínica con sensibilidad cultural y conciencia ética.

**Meta 2:** Adiestrar estudiantes para ser competentes en ofrecer servicios de salud mediante la adquisición de conocimiento científico en psicología, destrezas clínicas, destrezas de intervención y de evaluación, y cultivo del pensamiento crítico con sensibilidad a asuntos culturales y éticos.

**Meta 1:** Adiestrar estudiantes en la creación, implementación y diseminación de investigación en la psicología clínica con sensibilidad cultural y conciencia ética

*Competencia General:*

- **Investigación**
  - Competencias específicas
    - Examinar literatura actual pertinente al campo de la psicología clínica.
    - Diferenciar los métodos de investigación y estadística.
    - Generar hipótesis científicas significativas para explicar las preocupaciones psicológicas de la sociedad contemporánea a partir de experiencias clínicas
    - Utilizar los métodos y técnicas apropiadas en la realización de investigaciones y otras actividades académicas.
    - Aplicar las destrezas de pensamiento crítico en el abordaje metodológico de las investigaciones con diferentes poblaciones y problemas clínicos
    - Redactar propuestas de investigación y artículos académicos.
    - Explicar de manera efectiva los hallazgos de las investigaciones.

**Meta 2:** Adiestrar estudiantes para ser competentes en ofrecer servicios de salud mediante la adquisición de conocimiento científico en psicología, destrezas clínicas, destrezas de intervención y de evaluación, y cultivo del pensamiento crítico con sensibilidad a asuntos culturales y éticos.

*Competencias Generales y específicas*

- **Estándares éticos y legales**
  - Competencias específicas
    - Aplicar en los trabajos de investigación y prácticos los códigos éticos de Junta Examinadora de Psicólogos de Puerto Rico y de la APA; con las leyes, regulaciones, reglas y políticas que rigen la profesión de la psicología clínica y los servicios de salud.
    - Integrar los principios éticos en todos los aspectos de la teoría y la práctica de

la investigación, la psicoterapia y la evaluación psicológica.

- Integrar los códigos de conducta ética y profesional en el archivo de los expedientes y el manejo del tiempo.
- **Diversidad cultural e individual**
    - Competencias específicas:
      - Diseñar e implementar planes terapéuticos considerando los factores culturales, la diversidad y la pluralidad.
      - Diseñar servicios psicoterapéuticos, la investigación y la evaluación psicológica demostrando sensibilidad con poblaciones diversas.
      - Diseñar e implementar una investigación tomando en consideración los factores culturales, la diversidad y el pluralismo.
      - Presentar casos clínicos que atiendan la conceptualización, las diferencias individuales y sus complejidades.
      - Identificar y aplicar de manera apropiada los instrumentos de evaluación e intervención con sensibilidad cultural con población puertorriqueña e hispana y otros grupos diversos.
      - Aplicar el conocimiento sobre diversidad al ofrecer servicios psicológicos a poblaciones con distintas diversidades.
  - **Valores profesionales, actitudes y comportamientos**
    - Competencias específicas:
      - Contrastar y discernir sobre la selección de las mejores prácticas para acercarse respetuosa y profesionalmente a los pacientes, clientes, familias, pares, personal administrativo, profesores y supervisores.
      - Aplicar la curiosidad y capacidad reflexiva al cuestionar e interrogar críticamente el conocimiento científico.
      - Utilizar las mejores prácticas al manejar las situaciones personales y conflictos de tal forma que no interfieran con los servicios profesionales que se ofrecen.
      - Utilizar el proceso continuo de pensamiento crítico y diálogo sobre asuntos relacionados con lo académico y con el trabajo clínico.
      - Utilizar el pensamiento crítico en la ponderación de las fortalezas y debilidades de los distintos abordajes clínicos de los problemas y poblaciones atendidas.
  - **Destrezas interpersonales y de comunicación**
    - Competencias específicas:
      - Aplicar las destrezas de comunicación en el desarrollo de investigaciones y las intervenciones psicológicas.
      - Aplicar las destrezas de comunicación oral y escrita en las presentaciones de casos.
      - Aplicar las destrezas interpersonales y clínicas efectivas (p.ej. escuchar y ser empáticos con otros, respetar y mostrar interés en las experiencias y valores de los otros).
  - **Evaluación**
    - Competencias específicas:



- Integrar y aplicar los fundamentos teóricos de los distintos modelos de evaluación psicológica.
  - Formular diagnósticos diferenciales precisos.
  - Aplicar los constructos psicométricos básicos (validez, confiabilidad) de los tests psicológicos.
  - Aplicar las destrezas y conocimiento en las entrevistas clínicas, psicopatología y los sistemas de clasificación (DSM e ICD).
  - Administrar, calificar, interpretar e integrar los tests cognitivos, de desarrollo y de personal de forma efectiva.
  - Escribir informes psicológicos comprensivos.
  - Elaborar recomendaciones apropiadas basadas en los datos y la evidencia empírica del proceso de evaluación.
  - Explicar el trasfondo empírico de los instrumentos de evaluación más relevantes.
- **Intervención**
    - Competencias específicas:
      - Realizar entrevistas clínicas efectivas (p.ej. escuchar y ser empáticos con los otros, respetar y mostrar interés en las experiencias de diversidad de los otros incluyendo valores, puntos de vista, objetivos, deseos, miedos, etc.).
      - Implementar intervenciones apoyadas en la literatura científica actual, hallazgos de evaluación, diversidad y variables de contexto.
      - Realizar intervenciones efectivas a través de las presentaciones de caso escritas y orales.
      - Formular hipótesis clínicas para intervenciones psicoterapéuticas y conceptualización de casos.
      - Ponderar las fortalezas y las debilidades de los acercamientos clínicos a los distintos problemas y poblaciones.
      - Realizar intervenciones basadas en la evidencia y en la práctica.
- **Supervisión**
    - Competencias específicas:
      - Aplicar los modelos y prácticas de supervisión.
      - Aplicar técnicas de retroalimentación y sugerencias del supervisor.
      - Explicar los límites apropiados en el contexto de la supervisión.
      - Integrar las recomendaciones y guías de supervisión a la práctica clínica.
- **Consultoría y destrezas interdisciplinarias e interprofesionales**
    - Competencias específicas:
      - Articular y aplicar los métodos y estrategias apropiadas al proveer consultoría.
      - Explicar los conceptos psicológicos de manera efectiva e independiente, en los equipos interdisciplinarios o a profesionales de otras disciplinas, con información útil y relevante como respuesta a las preguntas de consultoría.
      - Explicar el valor del trabajo interdisciplinario.
- **Conocimiento específico de la disciplina**

Competencias específicas:

- Describir los factores biológicos que afectan el comportamiento humano.
- Diferenciar y contrastar los factores cognitivos y afectivos que afectan el comportamiento humano.
- Discutir los factores sociales y culturales que afectan el comportamiento humano.
- Explicar el desarrollo humano del ciclo de vida.
- Distinguir las teorías psicológicas del comportamiento humano.
- Explicar los fundamentos filosóficos e históricos de los sistemas de psicología.

### **E. Perfil de las competencias esperadas del egresado**

Se espera que el egresado del Ph.D. con especialidad en Psicología con Área de Énfasis en Psicología Clínica demuestre dominio en las siguientes competencias:

1. Creación y divulgación de investigación.
2. Aplicación de métodos de investigación y estadísticas
3. Administración, calificación, integración e interpretación de Pruebas Psicométricas, cognitivas, de desarrollo y de personal de forma efectiva
4. Evaluación y formulación de diagnósticos diferenciales
5. Intervenciones psicoterapéuticas basadas en la evidencia y con sensibilidad cultural
6. Análisis crítico
7. Comunicación efectiva en la investigación e intervenciones psicológicas
8. Sensibilidad cultural en los servicios psicoterapéuticos, la investigación y la evaluación psicológica con poblaciones diversas
9. Ética profesional
10. Aplicación de los distintos modelos de Supervisión Clínica
11. Aplicación de los distintos modelos de Consultoría
12. Conocimiento específico de la disciplina
13. Profesionalismo con pares, colegas, familias y clientes

### **F. Modalidades del ofrecimiento**

El cambio académico al Ph. D. con especialidad en Psicología no propone modificación a la modalidad para su ofrecimiento. Se mantiene de manera presencial para todos sus cursos y requisitos.

### **G. Duración del programa y tiempo máximo para completar el grado**

En cumplimiento con la Certificación 51<sup>3</sup> (pág. 12), el cambio académico propuesto al Ph. D. con especialidad en Psicología existente, fortalece la formación en competencias de investigación. Además, el componente medular de su esquema curricular puede completarse en el término de tres (3) años.

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<sup>3</sup> Certificación Núm. 51 (2017-2018) del Senado Académico – Política para los Estudios Graduados en el Recinto de Río Piedras, UPR

## H. Cambios propuestos<sup>4</sup>

1. Modificación al Ph. D con especialidad en Psicología para dar cumplimiento a estándares y recomendaciones APA<sup>5</sup>
  - ✓ Variaciones en cursos y contenidos (**Incisos 3 y 4 de la Guía**)

Entre 2006 y 2008, se llevó a cabo el proceso evaluativo por la APA del área clínica del programa doctoral en Psicología del Departamento de Psicología, como parte del proceso de solicitud para la acreditación del programa. En su informe, la agencia identificó dificultades en el currículo existente que debían ser corregidas para poder obtener la acreditación. Los elementos que la APA indicó que tenían que ser atendidos son los siguientes:

- a. Mejor correspondencia entre los contenidos curriculares con el modelo formativo científico-practicante que guía el programa.
  - b. Aspectos éticos y legales en un curso de 3 créditos.
  - c. Curso de Desarrollo Humano que cubra el espectro de vida del sujeto (no solo la infancia).
  - d. Curso de Supervisión que cubra los distintos modelos teóricos de supervisión clínica (solo para estudiantes del área clínica). Es un nuevo requisito basado en las nuevas guías de supervisión de la APA.
  - e. Elementos de diversidad cultural a través de la formación.
  - f. Experiencias de formación a la investigación cónsonas con el modelo científico practicante.
  - g. Demostrar el desarrollo gradual de competencias
  - h. Exponer a los estudiantes al espectro formativo de los fundamentos de la disciplina de la psicología.
2. Modificaciones para responder a la política académica institucional  
Creación y modificación de cursos de nivel 6000 a 8000 para fortalecer las competencias del perfil del egresado y cumplir el 50% de los cursos/créditos en el nivel 8000 – Certificación 51 (2017-2018) del Senado Académico, Política Académica para los Estudios Graduados en el Recinto de Río Piedras de la Universidad de Puerto Rico, pág. 22. (**Inciso 6 de la Guía**)
  3. Crear el Área de Énfasis en Psicología Clínica bajo Doctorado en Filosofía (Ph.D.) en Psicología existente (**Inciso 7 de la Guía**).
    - ✓ Concentración y subsunción del número de créditos electivos para el diseño constitutivo del área de énfasis.

A continuación, se presenta la comparación entre el programa de estudios del Ph. D. en Psicología vigente y el cambio menor propuesto con el Área de Énfasis en Psicología Clínica.

**TABLA I: CURRÍCULO VIGENTE Y CAMBIO ACADEMICO PROPUESTO**

CURRÍCULO VIGENTE		CURRÍCULO PROPUESTO	
Requisitos del Programa de Estudio <sup>6</sup>			
Cursos Nivel Maestría	Cr.		Cr.

PSIC 6405 Teorías de Personalidad o PSIC 6005 Teorías de la Personalidad (3cr); PSIC 6006 La Estadística Aplicada a la Psicología (3cr); PSIC 6007 Seminario de Métodos de Investigación Psicológica(3cr); PSIC 6030 Proseminario en Psicología general y aplicada: Issues Éticos en la Psicología (1cr)	10	PSIC 6405 Teorías de Personalidad o PSIC 6005 Teorías de la Personalidad (3cr); PSIC 6006 La Estadística Aplicada a la Psicología (3cr); PSIC 6007 Seminario de Métodos de Investigación Psicológica(3cr); PSIC 6030 Proseminario en Psicología general y aplicada: Issues Éticos en la Psicología (1cr)	10
Cursos en el área de especialidad - Clínica	22	Cursos en el área de especialidad- Clínica	22
Electivas Libres	9	<b>Electivas Libres (nivel 8000)</b>	9
Examen Comprensivo	0	Examen Comprensivo	0
PSIC 6008 Trabajo de tesis	3	PSIC 6995 Practicum de Investigación	3
PSIC 6010 Seminario de tesis	0		
<b>Cursos Nivel Doctoral</b>		<b>Cursos Nivel Doctoral</b>	
<b>Cursos Medulares de Nivel Doctoral</b>	<b>18</b>	<b>Cursos Medulares de Nivel Doctoral</b>	<b>21</b>
PSIC 6105 Psicología Social Avanzada I ó PSIC 8015 Psicología Social Avanzada II	3	PSIC 8xxx Fundamentos de la Psicología Social y Temas Actuales	3
PSIC 6305 Estadísticas y Diseño Metodológicos Avanzados	3	PSIC 6305 Estadísticas y Diseño Metodológicos Avanzados	3
PSIC 6317 Psicología Fisiológica Avanzada ó PSIC 8027 Psicobiología Avanzada: Fundamentos, Usos y Controversias	3	PSIC 6317 Psicología Fisiológica Avanzada	3
PSIC 6325 Acercamiento Psicológico al Estudio de los Procesos Cognoscitivos ó PSIC 8125 El Estudio Sociocultural del Ambiente	3	PSIC 8 xxx Bases cognitivas de la conducta	3
PSIC 8000 Fundamentos Filosóficos de la Psicología	3	PSIC 8000 Historia, Sistemas y Fundamentos de la Psicología (Se someterá cambio de nombre por recomendación de APA)	3
PSIC 8017 Seminario sobre Perspectivas Múltiples en la Investigación II	3	PSIC 8017 Seminario sobre Perspectivas Múltiples en la Investigación II	3
		PSIC 8xxx Desarrollo Humano: El ciclo vital	3
<b>Electivas a Nivel Doctoral (18 crs)</b>	<b>18</b>	<b>ÁREA DE ENFASIS PSICOLOGIA CLINICA</b>	<b>17</b>
		PSIC 8xxx Modelos y Técnicas en Psicoterapia	3
		PSIC 8xxx Personalidad y Diversidad Humana	3
		PSIC 8xxx Evaluación Psicológica Avanzada	3
		PSIC 8xxx Practica en Evaluación Psicológica Avanzada	1
		PSIC 8xxx Práctica Avanzada en Psicología Clínica (Práctica V)	1
		PSIC 8xxx Terapia Avanzada de Familia y Parejas	3
		PSIC 8xxx Practica en Terapia Avanzada de Familia y Parejas	1
		PSIC 8xxx Practica de Investigación	1
		PSIC 8xxx Seminario en Supervisión Clínica	1
PSIC 8495 Internado en Psicología Clínica (2000 horas clínicas)	0	PSIC 8495 Internado en Psicología Clínica (2000 horas clínicas)	0

<sup>4</sup> Guía General para la Preparación y Trámite de Propuestas de Cambio Académico en la UPR – Sección II-A: Incisos, 3,4, 6, 7

<sup>5</sup> Aunque en el 2015 el *Commission on Accreditation (CoA)* cambió del formato “*Guidelines*” a “*Standards*”, estos requisitos y recomendaciones siguen vigentes bajo los nuevos estándares. Refiérase al **Anejo 1, Standards of Accreditation** el cual detalla los estándares y competencias requeridos para los estudiantes graduados. Las metas y objetivos del Área de Énfasis en Psicología Clínica del Programa de Ph.D. con Especialidad en Psicología se alinean con estos estándares de la APA. Esto se puede evidenciar en el **Anejo 2, Tabla 2** sometida a la APA que detalla los cursos y competencias que responden a los estándares de APA.

<sup>6</sup> Catálogo de Estudios Graduados 2017-2018, Universidad de Puerto Rico – Recinto de Río Piedras

Examen de Candidatura	0	Examen de Candidatura	0
Disertación Doctoral	0	Disertación Doctoral	0
PSIC 8001 Seminario de Disertación	0	PSIC 8001 Seminario de Disertación	0
PSIC 8002 Trabajo de Disertación	0	PSIC 8002 Trabajo de Disertación	0
<b>Total de créditos, nivel doctoral</b>	<b>36</b>	<b>Total de créditos, nivel doctoral</b>	<b>38</b>
<b>Total del Programa de Estudio</b>	<b>80</b>		<b>82</b>

La distribución de los 82 créditos es la siguiente:

- 35 créditos de componente medular y de especialidad de nivel maestría
- 21 créditos de cursos medulares doctoral
- 17 créditos del área de énfasis en psicología clínica
- 9 créditos electivas libres

Del total de 82 créditos, 41 créditos son nivel 8000 (50%), incluyendo 9 créditos de electivas libres de nivel doctoral. Adicional, deben ser considerados los cursos 0 créditos de nivel doctoral (PSIC 8495 Internado en Psicología Clínica, PSIC 8001 Seminario de Disertación y PSIC 8002 Disertación Doctoral).

### III. FACULTAD

#### A. Perfil de la facultad

El PhD en Filosofía con especialidad en Psicología cuenta con docentes (*core faculty*) cuyas funciones están vinculadas al Área de Énfasis de Psicología Clínica.



**Amaryllis R. Muñoz Colón, PhD; Director of Clinical Training (DCT)**

La Dra. Amaryllis R. Muñoz Colón es catedrática del Departamento de Psicología de la Universidad de Puerto Rico, Recinto de Río Piedras. La Dra. Muñoz es la Directora Adiestramiento del Área Clínica. Es profesora desde 1997. Es miembro del Instituto de Violencia y Complejidad. Participa de investigaciones en curso relacionadas con la violencia y su complejidad en el Observatorio Móvil para el Estudio de la Violencia. Un observatorio en línea que difunde investigaciones sobre la violencia y su complejidad. Su trabajo académico se centra en la prevención de la violencia, el enfoque crítico de la salud mental y la psicoterapia, la custodia y el abuso sexual. Participa en peritaje en tribunales locales y federal. La Dra. Muñoz tiene una práctica privada limitada desde 1976 en la que se enfoca en casos vinculados con violencia doméstica, abuso sexual, pacientes con enfermedades terminales, duelo, procesos de separación, hostigamiento sexual y laboral y problemas vinculados con custodia. Sus intereses de investigación están en las áreas de violencia. Las siguientes son algunas de sus publicaciones:

Muñoz Colón, A. (2019). Pagar de más. *Cruces*, (in press).

Muñoz Colón, A. (2019). Trauma en la clínica de la violencia y de las urgencias. En E. Gómez

- Escudero & S. Martínez (Eds). *Trauma, consumo y adicciones, Psicosis: reflexiones sobre algunos malestares contemporáneos* (pp.43-56). San Juan, P.R.: Gaviota.
- Muñoz Colón, A. (2019). ¿Qué infancia, qué violencias?: Una reflexión obligada para la psicología contemporánea. En D. Pérez Jiménez, A. Rodríguez Acevedo, I. Serrano García, J. Serrano, R. Díaz, S. Pérez (Eds.), *Desarrollo Humano: Travesías de oportunidades y retos* (pp. 37-50). Puerto Rico: Asociación de Psicología de Puerto Rico.
- Muñoz Colón, A. (2018). La pérdida como rastro descriptor de los tiempos post-María. *Revista de Administración Pública*, 49, 67-86
- Muñoz, Colón, A. (2018). Ciudad, subjetivación y violencia. En M. Román López, *Transitando, Ciudad, Abandono y Violencia* (pp. 329-350). San Juan: Publicaciones Puertorriqueñas, Inc.
- Muñoz Colón, A. (2017). Sociedad terapeutizada, medios, violencia y trauma. En M. Román (Ed.), *Entre Violencias* (pp.95-108). Mayagüez: Educación Emergentes.



**Elixmahir Dávila, Ph.D.**

**Elixmahir Dávila-Marrero, Ph.D.** ha servido de perito en el área de evaluación psicológica en tribunales locales y federales. Sus intereses académicos se centran en la evaluación psicológica, de personalidad y neuropsicológica con niños y adultos. Su área de investigación se basa en las propiedades psicométricas de los instrumentos neuropsicológicos para la población puertorriqueña con deterioro cognitivo leve y enfermedad de Alzheimer. También ha trabajado aplicando habilidades neurocognitivas para mejorar los procesos educativos y utiliza los videojuegos como intervención terapéutica. Algunas de sus publicaciones son:

- Perez-Acevedo, S. y **Dávila-Marrero, E.** (2019). Perfil neurocognitivo de jóvenes diagnosticados con el Trastorno del Espectro del Autismo altamente funcional. *Revista Puertorriqueña de Psicología*, 30, 156-168.
- Dávila-Marrero E. (2019). Nuevas tendencias en la evaluación y el cernimiento neuropsicológico en personas adultas. In A Pérez-Jiménez, D., Rodríguez-Acevedo, A., Serrano-García, I., Serrano-Goytía, J., Diaz-Juarbe, R., Pérez-López, S. (Eds.), *Creecer: Travesía de Oportunidades y retos en el Desarrollo Humano* (pp-169-182). Humacao: Arte Gráfico.
- Moreno-Torres, M. A. & **Dávila-Marrero, E.** (2019, February 23). *Neuropsychological profiles of Hispanic children with SLD*. Presented at the Hispanic Neuropsychological Society 2019 Conference, New York, US.
- González-Viruet, M., **Dávila-Marrero, E.**, Román-Marrero, L. & Pérez-Mojica, D. (2019, February 19). *Trail Making Test, the Case of the Island of Puerto Rico*. Presented at the Alzheimer Society International Congress 2019, San Francisco, US.



**María de los Angeles Gómez Escudero, PhD, AME**

**La Dra. María de los Ángeles Gómez** es psicoanalista y cuenta con una preparación “Doctorat Nouveau Régime” en Psicología de la Universidad de París V-René Descartes en París, Francia. Como psicoanalista y Miembro Analista de la Escuela de Psicoanálisis del Foro Internacional del Campo Lacaniano, es la cofundadora del Taller del Discurso Analítico y el Foro Puertorriqueño de Psicoanálisis. La doctora Gómez ha sido consultora de la UNESCO en temáticas de uso y abuso de drogas en África, además ha sido investigadora asociada del INSERM (Institute Nationale de la Recherche Médicale, Paris). Sus áreas de investigación incluyen: adicción y prácticas de consumo, trauma y subjetividad, psicopatologías, psicoanálisis y el discurso capitalista, alucinaciones y delirios, acercamientos

teóricos y clínicos a la realidad y lo real, identidad e identificaciones, retos éticos en la práctica clínica, investigación en psicoterapia como una forma de vincular la investigación con las competencias clínicas para los psicólogos. Algunas de sus publicaciones son:

- Gómez, M.A. (2019) El valor de un intervalo. En A. Quinet & S. Alberti, *Sexuação e identidades* (pp. 56-63). Rio de Janeiro, Brasil: Stylus
- Gómez, M.A. (2019) El trauma y lo traumático: claves psicoanalítica. En M. Gómez Escudero y S. Martínez Mejías (Eds.), *Trauma, Consumo y Adicciones, Psicosis: Reflexiones sobre algunos malestares contemporáneos* (pp. 13-30). Puerto Rico: Publicaciones Gaviota.
- Gómez, M.A. (2019) ¿Qué se busca curar en las adicciones? En M. Gómez Escudero y S. Martínez Mejías (Eds.), *Trauma, Consumo y Adicciones, Psicosis: Reflexiones sobre algunos malestares contemporáneos* (pp. 143-154). Puerto Rico: Publicaciones Gaviota.
- Gómez, M.A. (2018) El trenzado del ocio y del negocio. *Revista Heteridad*, 12, 103-108.  
<https://www.champlacanien.net/public/docu/3/heterite12.pdf>
- Gómez, M.A. (2017) El revés del diagnóstico. *Revista Psicologías*, 1, 30-44
- Gómez, M.A. & Ramos, W. (2015) *El psicoanálisis: una experiencia por venir*. Madrid, España: Fundamentos.



**Aida L. Jiménez, Ph.D.**

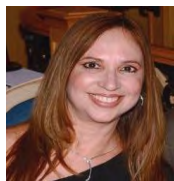
**La Dra. Aida L. Jiménez** se especializa en terapias sistémicas. Sus áreas de interés son con poblaciones que sufren disparidad, temas de diversidad cultural, y familias y parejas. Ha llevado a cabo investigaciones sobre el proceso de búsqueda de ayuda y utilización de servicios de salud mental en minorías étnicas y ancianos. La Dra. Jiménez está interesada en comprender a los latinos y la población socioeconómicamente desfavorecida en Estados Unidos y Puerto Rico, así como comprender las necesidades de los inmigrantes latinos. Sus intereses de investigación son: con poblaciones de alto riesgo y desventajados socioeconómicamente en Puerto Rico con el fin de comprender los factores que contribuyen al vínculo emocional entre las parejas, cuidadores primarios con sus hijos y los factores que contribuyen a un aumento de la violencia entre esta población; evaluación de un tratamiento basado en evidencia de terapias basadas en la evidencia y ejercicio en ancianos latinos que viven en Puerto Rico; e investigaciones sobre disparidad, multiculturalismo, sistemas familiares y psicoterapia. Algunas de sus publicaciones son:

- Jiménez, A.**, Alegria, M., Camino R., Lazaro J., Lisotto, M.J. (2019). Cultural Sensitivity: What Should We Understand About Latinos? In R. Parekh (Ed.), *The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health, Current Clinical Psychiatry*. New York: Springer.  
[https://doi.org/10.1007/978-3-030-20174-6\\_11](https://doi.org/10.1007/978-3-030-20174-6_11)
- Alegria, M., Frontera, W., Cruz-Gonzalez, M., Lapantin Markle, S., Trinh-Shevrin, C., Wang, Y., Herrera L., Zack Ishikawa, R., Velazquez, E., Fuentes, L., Guo Y., Pan, J., Cheung, M., Wong, J., Genatios, U., **Jiménez, A.**, Ramos, Z., Perez, G., Yankau Wong, J., Chieng, C.K., Bartels, S.J., Duan, N., Shrout, P.E. (2019). Effectiveness of a Disability Preventive Intervention for Minority and Immigrant Elders: The Positive Minds-Strong Bodies Randomized Clinical Trial. *American Journal of Geriatric Psychiatry*, DOI: 10.1016/j.jagp.2019.08.008
- Brown, J, **Jimenez, A.L.**, Sabanathan, D., Sekamanya, S., Hough, M., Sutton, J., Rodriguez, J., & García Coll, C. (2018). Factors related to attitudes towards diversity in Australia, Malaysia and Puerto Rico, *Journal of Human Behavior in the Social Environment*, DOI: 10.1080/109113559.2018.1428137
- Jiménez, A.L.**, Malavé de León, E. & Rodríguez-Quinones, J. (2017). La Familia como eje de desarrollo humano [The Family as the center of human development]. In C. García-Coll & N.M. Vélez-Agosto (Eds), *Desarrollo*



*Humano: Prevención y promoción en niños y adolescentes (Vol. 1) [Human Development: Prevention and promotion in children and adolescents]*, (pp. 317- 344). Puerto Rico: Publicaciones Gaviota.

Alegría, M., Carson, N., Flores, M., Li, X., Shi, P., Polo, A., Allen, M., Fierro, M., Interian, A., **Jiménez, A.**, LaRoche, M., Lee, C., Lewis-Fernández, R., Levas-Stein, G., Safar, L., Schuman, C., Storey, J., Shrout, P. (2014). Activation, Self-management, Engagement, and Retention in Behavioral Health Care: A Randomized Clinical Trial of the DECIDE Intervention. *JAMA Psychiatry*. Published online March 19, 2014. Doi: 10.100/jamapsychiatry.2013.4519



### **Sylvia Martínez Mejías, Ph.D.**

**Sylvia Martínez Mejías** se especializa en la teoría de vinculación afectiva a lo largo del ciclo vital. Su línea de investigación es específicamente en la niñez temprana y en las relaciones paterno/materno-filiales. Trabaja, además, con intervención temprana y necesidades especiales. La Dra. Martínez Mejías fomenta el trabajo colaborativo con pediatras, trabajadores sociales y abogados para ofrecer a los estudiantes oportunidades en el desarrollo de destrezas interdisciplinarias. Sus áreas de interés son en el desarrollo temprano, necesidades especiales y la teoría de apego. La Dra. Martínez Mejías ha realizado trabajo de investigación desarrollando escalas culturalmente sensibles para evaluar las relaciones entre padres/madres y sus hijos. Al presente está trabajando en un Proyecto de Investigación con el Departamento de la Familia para proveer intervenciones clínicas a niños, niñas y jóvenes en el proceso de adopción. Además, está trabajando con Servicios Legales de Puerto Rico en el desarrollo de una clínica. Algunas de sus publicaciones son:

- Martínez, S. (2019). El trauma desde la teoría de apego. En M. Gómez Escudero y S. Martínez Mejías (Eds.), *Trauma, Consumo y Adicciones, Psicosis: Reflexiones sobre algunos malestares contemporáneos* (pp. 31-42). Puerto Rico: Publicaciones Gaviota.
- Martínez, S. (2019). Las adicciones: ¿un asunto de apego? En M. Gómez Escudero y S. Martínez Mejías (Eds.), *Trauma, Consumo y Adicciones, Psicosis: Reflexiones sobre algunos malestares contemporáneos* (pp. 121-132). Puerto Rico: Publicaciones Gaviota.
- Martínez, S. (2018). La evaluación psicológica en etapas tempranas del desarrollo. *PSICOLOGÍA(S)*, 2 (2), 38-50.
- Martínez, S. y Ruíz, F. (2018). Reflexiones sobre la evaluación psicológica en Puerto Rico. *PSICOLOGÍA(S)*, 2 (2), 24-37.
- Martínez, S. (2017). Apego en el desarrollo temprano. En C. García Coll y N. Vélez Agosto (Eds.), *Perspectivas en Desarrollo: Prevención y promoción en niños y adolescentes* (pp. 93-108). Puerto Rico: Publicaciones Gaviota.



### **Edgardo Morales, Ed.D.**

**Edgardo Morales, Ed.D.** aporta al Programa Clínico su experiencia con modelos sistémicos, construccionistas y dialógicos de psicoterapia con individuos, parejas y familias. También, ha explorado el uso de las artes escénicas como metáfora para guiar la práctica psicoterapéutica, así como en el uso de la atención plena como recurso relacional en la psicoterapia. Está interesado en desarrollar modelos de evaluación basados en la práctica y ha llevado a cabo investigaciones sobre la prestación de servicios en el sistema de salud pública de Puerto Rico. El Profesor Morales, ha participado en la elaboración de política



pública en la práctica de la psicología en Puerto Rico, como miembro de Junta Examinadora de Psicólogos de Puerto Rico. Algunos ejemplos de sus publicaciones son:

- Morales, E. (2019) Mindfulness as a generative resource in compassionate healthcare. In S. McNamee, M. Gergen, C. Camargo-Borges, & E.F. Rasera (Eds.) *The SAGE handbook of social constructionist practice* (In press). Thousand Oaks, CA: Sage
- Morales, E. (2017) Guerra civil en la psicología: un llamado a la resistencia y a la inclusión [Civil wars in psychology: a call to resistance and inclusion]. *Psicologías*, 1, 17-29
- Morales, E., Torres, P., Solís, S., Ayala, Z. (2015) Diálogo, performatividad y generatividad en la psicoterapia. In D. Friedman Schnitman (Ed.) *Diálogos para la transformación: experiencias en terapia y otras intervenciones psicosociales en Iberoamérica*, volumen 1 (pp. 85-104). Chagrin Falls, OH: Taos Institute Publications/Worldshare Books.
- Morales, E. y Torres, P. (2013) Construcciónismo relacional en la psicoterapia. En G. Bernal y A. Martínez Taboas (Eds.) *Estudio de casos clínicos: La práctica de psicoterapia en Puerto Rico* (pp.301-321). Hato Rey, PR.: Publicaciones Puertorriqueñas



**Sandra Ralat, Ph.D., M.Sc.**

**La Dra. Sandra Ralat** posee una Maestría en Ciencias Postdoctoral en Investigación Clínica y Traslacional del Recinto de Ciencias Médicas, de la Universidad de Puerto Rico. Tiene un Ph.D. en Psicología Clínica de la UPR-RP. La Dra. Ralat cuenta con experiencia clínica en tratamientos basados en evidencia para niños, adolescentes y adultos con enfermedad mental grave. Tiene adiestramientos y certificaciones en terapias para niños y adolescentes que han sufrido de abuso sexual. Estos adiestramientos son en Terapia Cognitivo-Conductual para pacientes con Depresión y Terapia Cognitivo-Conductual, Enfocada en el Trauma. En los últimos seis años, la Dra. Ralat se ha dedicado a la investigación enfocada en los factores de riesgo a padecer enfermedad cardiovascular en pacientes con el trastorno bipolar. A través de la investigación con metodología cualitativa y cuantitativa trabajó en el desarrollo de una intervención psicosocial para promover la adherencia al tratamiento en pacientes con trastornos del ánimo. La Dra. Ralat obtuvo fondos en el 2018 a través del Centro para la Investigación Colaborativa en Disparidades de la Salud que forma parte del RCMI (Research Centers for Minority Institutions) para el desarrollo de una investigación en la cual se busca un biomarcador. Esta investigación es un estudio piloto, caso-control, titulado “Citoquinas inflamatorias y funcionamiento neurocognitivo en pacientes con el trastorno bipolar a través de sus distintos episodios”. Este estudio es apoyado por los Institutos Nacionales en Salud Minoritaria y Disparidades en Salud. Areas de investigación en las que participa son las siguientes: Trastornos del Animo, Trastorno Bipolar, Biología Molecular y Psiquiatría. Algunas de sus publicaciones son:

- Ralat, S.I. & Barrios, R. (2019). Cardiovascular disease risk factors in bipolar patients: A review of its management in Primary Healthcare through Collaborative Care Models. Manuscript submitted for publication. <sup>1</sup><sub>SEP</sub>
- Ralat, S.I., Rodríguez-Gómez, J., Arroyo, Y. (2019). Development and validation of an adherence to medication scale. Manuscript in preparation.
- Ralat, S.I., Depp, C.A., Bernal, G. (2018). Reasons for nonadherence to psychiatry medication and cardiovascular risk factors treatment among Latino bipolar disorder patients living in Puerto Rico: A qualitative Study, *Community Mental Health Journal*, 54(6), 706-716.  
<https://doi.org/10.1007/s10597-017-0202-z>



### **Frances Ruiz Alfaro, Ph.D.**

**La Dra. Frances Ruiz Alfaro** ha trabajado con la temática de los vínculos paternos. A través de su experiencia terapéutica, ha trabajado con individuos, familias y grupos de edades diversas en contextos hospitalarios, comunitarios y su práctica privada. Como psicóloga clínica se ha especializado en la evaluación e intervención temprana del Trastorno del Espectro de Autismo. Además, ha tenido experiencia en el área de evaluación forense para niños con necesidades especiales. Como investigadora se ha interesado en asuntos relacionados a vínculos familiares, necesidades especiales, construccionismo relacional y prácticas generativas en psicoterapia. Algunas de sus publicaciones son:

- Martínez-Mejías, S., & Ruiz-Alfaro, F. (2018). Reflexiones sobre la evaluación psicológica en Puerto Rico. *Psicologías*, 2(2), 24-37. Recuperado de: <https://revistas.upr.edu/index.php/psicologias/article/view/16135>
- Espada-Brignoni, T., & **Ruiz-Alfaro, F.** (2017). Political repertoires: Tellability and subjectivation in Gil Scott-Heron. In U. Onyebadi (Ed.), *Music as a Platform for Political Communication* (pp. 52-69). Hershey, PA: IGI Global. doi:10.4018/978-1-5225-1986-7.ch003.
- Martínez Mejías, S., Félix Fermín, J. **Ruiz Alfaro, F.** & Rivera Maldonado, M. (2015). El desarrollo de competencias interdisciplinarias en el trabajo con estudiantes de Educación Especial, *Pedagogía*, 48(1), 155-176. [http://cie.uprrp.edu/wp-content/uploads/2016/02/vol48\\_07.pdf](http://cie.uprrp.edu/wp-content/uploads/2016/02/vol48_07.pdf)



### **Carmen C. Salas-Serrano, Ph.D.**

**La Dra Carmen C. Salas Serrano** es la directora del Centro Universitario de Servicios y Estudios Psicológicos (CUSEP). Es psicóloga clínica, patóloga del habla-lenguaje y traductora profesional. Sus intereses principales son las psicopatologías infantiles, con un interés especial en el trastorno por déficit de atención e hiperactividad, los trastornos del aprendizaje y la alta capacidad intelectual. También trabaja con evaluación psicológica y psicoeducativa y desde el 2009 tiene una práctica privada limitada. En el 2014 la *National Association for Gifted Children* le otorgó la Beca Javits-Frazier, orientada al desarrollo de conocimientos y destrezas para servir como promotora y para el desarrollo de los talentos y dones de estudiantes cultural y lingüísticamente diversos. Ha traducido material para la *International Dyslexia Association (eida.org)* y para *Children and Adults with Attention Deficit Disorder (chadd.org)* para hacerlo accesible a la población de habla hispana. Sus intereses de investigación son en el área del trastorno por déficit de atención e hiperactividad y los trastornos del aprendizaje. Algunas de sus publicaciones son:

- Bauermeister, J.J., Matos-Román, M., & Salas-Serrano, C. (2018). Trastorno por déficit de atención e hiperactividad. En J.C. Arango-Lasprilla, I. Romero-García, N. Hewitt-Ramirez, & W. Rodríguez Irizarry (Eds.). *Trastornos Psicológicos y Neuropsicológicos en la Infancia y la Adolescencia*. Colombia: Manual Moderno.
- Bauermeister, J.J., & Salas-Serrano, C. (2017). Desarrollo e Impacto del Trastorno por Déficit de Atención e Hiperactividad en la Niñez. En C. García-Coll & N. Vélez-Arocho (Eds.). *Perspectivas del Desarrollo Humano: Prevención y Promoción en Niños y Adolescentes* (pp. 135-152). San Juan, PR: Editorial Publicaciones Gaviota

## **IV. ADMINISTRACIÓN DEL PROGRAMA**

El Ph. D. con especialidad en Psicología es uno de los ofrecimientos del Departamento de Psicología de la Facultad de Ciencias Sociales. A continuación, se detalla la composición administrativa:

- Milagros Méndez Castillo –Directora Interina del Departamento de Psicología
- Frances Ruiz Alfaro – Directora Asociada Interina
- Samuel Colón –Coordinador del Programa Graduado
- Amaryllis R. Muñoz Colón – Directora de Adiestramiento Clínico (DCT)/Coordinadora del Área Clínica y Coordinadora del Internado y prácticas clínicas externas

## **V. PRONTUARIOS**

Los prontuarios de todos los cursos que componen el currículo propuesto se desarrollan a tenor con la normativa institucional. Para evidenciar el cumplimiento a los requerimientos de la APA, como agencia acreditadora, los prontuarios se redactan en inglés. No obstante, dos de los prontuarios están en español ya que se sometieron al comité de currículo en español (Refiérase al Anejo).

## Referencias

American Psychological Association. (2015). Standards of Accreditation in Health Service

Psychology (SoA). Washington, DC: Author.

Catálogo de Estudios Graduados 2017-2018, Universidad de Puerto Rico – Recinto de Río Piedras

Certificación Núm. 51 (2017-2018) del Senado Académico – Política para los Estudios Graduados

en el Recinto de Río Piedras, UPR

Certificación Núm. 79 (2017-2018) del Senado Académico, Plan Estratégico del Recinto de Río

Piedras, Compromiso 2018-2023

		2018			2017			N
		N	# met MLA	%	N	# met MLA	%	
PSIC 6405	Theories of Personality of Psychotherapy	n/a	n/a	n/a	7	7	100%	11
PSIC 6006	Statistics Applied to Psychology	n/a	n/a	n/a	7	7	100%	9
PSIC 6007	Methods in Psychological Research	n/a	n/a	n/a	7	7	100%	8
PSIC 6305	Advanced Statistics and Methodological Designs	n/a	n/a	n/a	n/a	n/a	n/a	n/a
PSIC 6408	Psychopathology	n/a	n/a	n/a	7	7	100%	9
PSIC 6302	Human Development Across the Lifespan	n/a	n/a	n/a	7	7	100%	7
PSIC 6325	Psychological Approaches to the Study of Cognitive and Affective Processes	n/a	n/a	n/a	1	1	100%	6
PSIC 8000	History and Systems and the Philosophical & Historical Foundations of Psychology	n/a	n/a	n/a	7	7	100%	8
PSIC 6105	Advanced Social Psychology	n/a	n/a	n/a	n/a	n/a	n/a	7
PSIC 6317	Advanced Physiological Psychology	n/a	n/a	n/a	n/a	n/a	n/a	1
PSIC 6040	Seminar in Clinical Supervision	n/a	n/a	n/a	n/a	n/a	n/a	1
PSIC 6050	Seminar in Principles of Consultation	n/a	n/a	n/a	n/a	n/a	n/a	1
PSIC 6060	Seminar in Evaluation of Programs and Service	n/a	n/a	n/a	1	1	100%	5
PSIC 6996	Ethical and Legal Issues in Psychology	n/a	n/a	n/a	7	7	100%	8



2016		2015			2014			2013	
# met MLA	%	N	# met MLA	%	N	# met MLA	%	N	# met MLA
11	100%	13	13	100%	11	11	100%	12	12
9	100%	13	13	100%	11	11	100%	12	12
8	100%	13	13	100%	11	11	100%	12	11
n/a	n/a	12	12	100%	11	11	100%	10	10
9	100%	12	12	100%	11	11	100%	11	11
7	100%	12	12	100%	11	11	100%	11	11
6	100%	12	12	100%	10	10	100%	10	10
8	100%	13	13	100%	11	11	100%	11	11
7	100%	8	8	100%	10	10	100%	9	9
1	100%	13	13	100%	10	10	100%	10	10
1	100%	6	6	100%	1	1	100%	1	1
1	100%	3	3	100%	9	9	100%	4	4
5	100%	12	12	100%	10	10	100%	10	10
8	100%	13	13	100%	11	11	100%	12	11





	2012			2011			2010		
%	N	# met MLA	%	N	# met MLA	%	N	# met MLA	%
100%	15	15	100%	13	12	92%	13	13	100%
100%	15	15	100%	13	12	92%	13	13	100%
92%	15	15	100%	12	12	100%	13	13	100%
100%	14	13	93%	10	10	100%	13	13	100%
100%	14	14	100%	14	12	86%	13	13	100%
100%	14	14	100%	13	12	92%	11	10	91%
100%	14	14	100%	11	11	100%	13	13	100%
100%	15	15	100%	11	11	100%	13	13	100%
100%	14	14	100%	11	11	100%	13	13	100%
100%	14	14	100%	11	10	91%	13	13	100%
100%	n/a	n/a	n/a	2	2	100%	2	2	100%
100%	6	6	100%	2	2	100%	2	2	100%
100%	13	13	100%	11	11	100%	12	12	100%
92%	15	15	100%	12	12	100%	13	13	100%

100%	14	14	100%	14	13	93%	12	12	100%
91%	14	14	100%	11	11	100%	13	13	100%
100%	13	13	100%	10	10	100%	13	13	100%
100%	13	13	100%	10	10	100%	13	13	100%
100%	13	13	100%	10	10	100%	13	13	100%
100%							4	4	100%
100%	13	13	100%	10	9	90%	13	13	100%
100%	13	13	100%	10	9	90%	13	13	100%
100%	9	9	100%	9	9	100%	10	10	100%
100%	9	9	100%	9	9	100%	10	10	100%
100%	13	13	100%	9	9	100%	11	11	100%
100%	7	7	100%	n/a	n/a	n/a	4	4	100%
100%	11	11	100%	8	8	100%	9	9	100%
100%	12	12	100%	1	1	100%	2	2	100%
100%	12	12	100%	1	1	100%	1	1	100%
100%	12	12	100%	9	9	100%	11	11	100%
n/a	2	2	100%	4	4	100%	7	7	100%

2009			2008		
N	# met MLA	%	N	# met MLA	%
16	16	100%	13	13	100%
16	16	100%	13	13	100%
16	15	94%	13	13	100%
14	14	100%	10	10	100%
16	16	100%	13	13	100%
14	14	100%	3	2	67%
16	15	94%	4	4	100%
15	15	100%	11	11	100%
15	15	100%	11	11	100%
15	15	100%	11	11	100%
2	2	100%	6	5	83%
1	1	100%	5	5	100%
14	14	100%	2	1	100%
14	14	100%	13	13	100%

16	16	100%	11	11	100%
15	15	100%	12	11	92%
15	15	100%	11	10	91%
15	15	100%	10	10	100%
15	15	100%	10	10	100%
3	3	100%	3	3	100%
15	15	100%	11	11	100%
15	15	100%	11	11	100%
14	14	100%	9	9	100%
14	14	100%	9	9	100%
14	14	100%	10	10	100%
3	3	100%	9	8	89%
11	11	100%	4	4	100%
14	14	100%	12	12	100%
14	14	100%	11	11	100%
13	13	100%	10	10	100%
3	3	100%	1	1	100%

## Site Visit Report

**Program Name and Institution:** University of Puerto Rico, Clinical PhD

**Location:** San Juan, Puerto Rico

**Program Director:** Amaryllis R. Muñoz Colón, PhD

### Site Visit Team

**Chair:** Jason Washburn, PhD, ABPP

**Member:** James Maddox, PhD

**Member:** Dennis Galvan, PhD

### **Summary**

The PhD Program in Clinical Psychology at the University of Puerto Rico provides a PhD program in Health Service Psychology. The site visitors were able to meet with the faculty, students, alumni, supervisors, deans, and the chancellor, as noted on the schedule, and were able to tour the facilities. The site visit clarified several areas within the self-study and provided opportunities to learn more about the program at the University of Puerto Rico and the perspectives of their students, alumni, faculty, and leadership.

#### **Standard 1.A.1**

A review of documents and interviews with students, faculty, and university leadership supports the description of the program as provided in the self-study. Specifically, our observations and interactions during the site visit support the program description as providing education and training in health service psychology that integrates empirical evidence and practice (e.g., training in CBT, evidence-based assessment, applied and clinically-relevant research), sequential/cumulative/graded education/training (e.g., increasing complexity and expectations in both clinical and research competencies), and that respects and understands individuals and cultural differences. With regard to diversity, our interactions and observations during the site visit support a wide range of activities in which individual differences and diversity are integrated throughout the program.

#### **Standard I.A.2**

A review of documents and interviews with students, faculty, and university leadership supports the description of the program as providing a focus area in Clinical Psychology

#### **Standard I.B.1**

A review of documents, tours/observations, and interviews with faculty and university leadership (departmental chair and interim chair, deans, and chancellor) supports that the description of the program in the self-study as residing within the University of Puerto Rico, a university accredited regionally by the Middle State Commission on Higher Education. Further, our site visit supports that the program mission is consistent with the broader mission of the University of Puerto Rico, specifically with regard to providing access to educational

opportunities and serving and support the people of Puerto Rico. The Department of Psychology is one of the three largest of programs within the University, and the Clinical Psychology PhD program was referred to by the Chancellor as a “Flagship” program for the University. The Chancellor, Deans of the Graduate School and Social Science, as well as the other Deans that were interviewed by the site visit team all indicated a strong commitment of support to the Clinical Psychology program. All observations and interviews during the site visit indicate that the Clinical Psychology program is represented in the University’s budget as represented in the self-study. Further, the interactions of the site visitors with the University leaders suggest the University is committed to maintaining or increasing support for the program. For example, the Dean of Graduate Studies and Research reported a significant increase in the number of stipends provided to students in the Clinical Psychology PhD Program over the last academic year (2018 = 12, 2019 = 27). Leaders were also clear that the features of the program (e.g., competitiveness, quality of faculty, number of undergraduate and graduate students) as well as the possibility of being accredited, will continue to influence prioritization of funding for the Department of Psychology and the Clinical Psychology program into the future. University leadership were knowledgeable of the program and able to articulate the mission of the program and its role in the University, particularly with regard to research and the clinical service provided by the program. There were no discrepancies between the description of the program and our observations or interactions during the site visit as it relates to this standard.

#### **Standard I.B.2**

A review of documents and interviews with students, faculty and university leadership did not identify any non-adherence to policies regarding diversity.

#### **Standard I.C.1**

A review of documents and interviews with students and faculty supports the description of the program leadership and administration as presented in the self-study. Interviews indicate that leadership is stable. Of note, while the chair of the department is currently on medical leave and the associate chair is serving as the interim of chair, the stability of the leadership across the department was noted by several faculty members, suggesting that leadership roles and support are shared and supported broadly by the faculty. Interviews with faculty and students indicate no concerns with the number of faculty within the clinical program. Further, a review of documents and interviews with faculty and students confirm that the current DCT and Associate DCT are extremely well regarded and that they have the experience, credentials, and interest to fulfill their leadership roles in the program. Interviews with faculty confirm that the clinical core faculty meet every other week to discuss and manage the clinical psychology program, and that decisions are made as a group by consensus. The site team observed a high level of trust and collegiality between the faculty and the program leadership, as well as in the program’s decision-making procedures.

Students and faculty describe the program leadership and administration as effective in implementing the policies and procedures of the program. Students further indicated that the clinical handbooks are comprehensive and useful in helping them to navigate policies and procedures for both the program and the University. The clinical psychology faculty and leaders also noted that they have been able to work effectively with the University leadership in addressing University-wide policies that influence the program, such as changes the permissible length of residency from 10-years to 7-years.

#### **Standard I.C.2**

A review of documents and interviews with students and faculty support the description of the length of the program as presented in the self-study. As noted above, the policies of the University governing length of residency, referred to in the self-study as Certification 38 (prior) and Certification 51 (current) have decreased the allowable length of residency. The clinical psychology program believe it can now enforce a more standard six year (5 years plus one year internship) residency in the program with the changes in University policy. The students that were interviewed by the site visit team, including current interns, reported a desire to complete the program within six year.

#### **Standard I.C.3**

A review of documents and interviews with students and faculty verifies that the program is not a partnership or consortia.

#### **Standard I.C.4**

A tour of facilities, observations, and interviews with students, faculty, and university leadership supports the description of the program's resources as presented in the self-study. Of note, the University has not been immune to the challenge faced by Puerto Rico over the last several years, including the impacts of Hurricane Maria, the financial crisis, and the recent political crises. As such higher education budgets are not without limits, and while the University is working to move away from nearly full reliance of governmental funding, the clinical psychology program is unlikely to receive substantial increases in their budget in the near future. That said, the DCT, the Dean of Social Sciences, and the Chancellor were clear in their fiscal commitment to maintaining the program, including growing the program faculty within the confines of the overall University budget. As evidence of this, the site visit team toured the program's training clinic, which is in the final states of remodeling an expansion of the clinic that will double its size. In addition, faculty grant activity is increasing across the University and is expected to grow within the Department of Psychology as well as the associated psychologically relevant research programs across the University.

In summary, University leadership reported a continuing commitment to providing the psychology department broadly, and the clinical psychology program specifically, with the necessary resources to accomplish their missions, even in the face of fiscal limitations. Although no inadequacy of resources were identified, faculty indicated that they would "always appreciate" more funding to support faculty tenure lines, as well as more stipends for students.

As it relates to specific resources:

a. At the request of the site visitors, the program provided information indicating that 68% of students receive at least some funding support, including stipends of at least \$1000 a month, and tuition waivers/scholarships. Students did not express concern about the cost of attending the University during the site visit; instead, the students noted the substantially lower cost of tuition at the University compared to the private universities in Puerto Rico, and the low cost of living.

b. & c. The site team was told that the support described in the self-study enable the program to fulfill its mission and that the level of support did not pose any significant problems for the program. Although clerical support did not appear to be detailed in great depth in the self-study, more than ample clerical support was observed by the site visitors.

d. Faculty, administrators and students all agreed that the physical facilities are sufficient to meet the needs of the program. The site visitors observed numerous classrooms for students, offices for faculty, a large computer room for graduate students with statistical software installed (SPSS, NVivo), and an expanding clinical training facility.

e. Student support services were found to encompass those that would be expected at any major university, as described in the self-study. Students indicated that they are made aware of the resources available.

f. Both the in-house practica of the first two years and the external practica for advanced students appear to be well-integrated with the program. Neither the faculty nor the students reported any concerns about the number or diversity of practicum experiences; indeed, the diversity of experiences (clinics, hospitals, schools, prisons) and populations (infants, children, adolescents, adults) were noted as a significant strength of the program. The site team interviewed four external supervisors who reported close contact and communication with the program.

#### **Standard I.D.1**

A review of records and interviews with students and faculty supports the description of the program's adherence to the policies and procedures as presented in the self-study. Specifically, students reported being generally aware of the policies and procedures and identified the handbook as a resource. The students also identified the DCT/ADCT as resources and support related to the policies and procedures of the program. These policies and procedures were reflected in the students' records. The use of remediation plans to address concerns with student performance was verified via a record review; two remediation plans were reviewed and follow-up documentation indicating that the remediation was completed were documented in the files.



**Standard I.D.2**

A review of records indicates no concerns with policies and procedures that are inconsistent with the profession's current ethics code, the university's regulations, and local/state/federal statutes.

**Standard I.D.3**

A review of records and interviews with students indicates that they are provided with documentation of the policies and procedures at the time of matriculation, largely through the student handbooks and orientation.

**Standard I.D.4**

A review of records and interview with the DCT indicates that students' records are well maintained or organized. The site reviewers did not notice any missing or incomplete documentation. Records also supported, by in large, the developmental sequencing of the program, with competencies among students increasing over the course of the studies and training. Relevant work samples of comprehensive exams and dissertations were included in the records; however, given all but two of those work samples were written in Spanish and none of the site visitors had the Spanish language proficiency to read the samples, the site visitors were unable to determine the quality of the exams and dissertation.

For the two students with remediation plans, prior documentation of competencies demonstrated an expected lead-up to the concerns. In other words, the concerns did not "come out of the blue" from a documentation perspective. No grievances were reported during this accreditation period, so no paperwork related to grievances were reviewed.

**Standard I.(AI)**

None

**Standard II.A.1-2**

Interviews with students, program faculty, program leadership, and supervisors indicated strong support for the aims of the program, specifically within the tradition of a scientist practitioner model. Consistent with both aims 1 and 2 of the program, students, alumni, faculty, and supervisors all continually noted throughout the site-visit that the program develops critical thinking skills in both research and practice. Specifically, the interviewees noted that program provides a strong foundation theory and methods that allows the students to go beyond the role of a technician, and instead to develop and create as clinical psychologists. A review of records and interviews with graduates of the program indicate that the range of career paths reflect the aims of the program; indeed, the graduates of this program have positions, some at the leadership level, in numerous sectors (independent/group practice, health and hospital, non-profit service organizations, university-level teaching, research, and government) throughout Puerto Rico and in the mainland.

### **Standard II.B.1a**

A review of the curriculum, course syllabi and discussions with program administrators, faculty and students support the documentation in the self-study that the program provides students with broad exposure to discipline-specific knowledge, as articulated in the latest Implementing Regulations. The self-study, curriculum map, a review of syllabi, and student transcripts indicate the students have and are taking graduate level courses in a broad range of discipline-specific courses during their first few years in the program, including the following: History and Systems, Affective, Biological, Cognitive and Social aspects of behavior, Human Development, Statistics and Quantitative Methods, Research Methods and Psychometrics. Discussions with faculty and students support the notion that the curriculum is systematic and cumulative.

Of note, the faculty confirmed that the Advanced Integrate Knowledge requirement is achieved via the Candidacy Exam. A review of the Candidacy Exam rubric and description of the exam in the Student Handbook makes it clear that students are “required to choose and integrate three of the Integrative knowledge: affective, biological, cognitive, social, or developmental aspects of behavior”, consistent with this standard. Unfortunately, because Candidacy Exams were written in Spanish, and none of the site reviewers were proficient in written Spanish, we were unable to determine the extent to which the actual Candidacy Exams of students met the advanced integrative standard.

### **Standard II.B.1.b**

A review of documents and interviews with students, faculty, and university leadership supports the description of the program’s coverage of profession-wide competencies as provided in the self-study. Through coursework, research experiences, and clinical practicum, the program provides students with multiple opportunities to develop and demonstrate all profession-wide competencies (PWCs).

Syllabus review and interviews with faculty and students indicate that coverage of each area is appropriate in content, scope, and depth, and interviews and review of student records indicate that PWCs are evaluated systematically via course grades (MLA is equal to a grade of B) and instructor and practicum supervisor ratings of specific competencies. Reviews of coursework, evaluations forms, and discussions with students, faculty members, and off-site clinical supervisors indicate that the information provided in the self-study about each of these competencies is an accurate reflection of how they are covered in the program. Specifically:

**Research competencies** are covered in the four required statistics and methodology courses (6006, 6007, 6305, 8017), the two required research practicums (6995 for two semesters), the doctoral dissertation seminar (8001), and the doctoral dissertation (8002). Students and faculty reported that they typically continue to work with faculty on research even after fulfilling the research practicum requirement. Approximately half of students, usually advanced students, noted that they are funded to work up to 18 hours a week within a research lab through the

Programa de Experiencias Académicas Formativas (PEAF) mechanism, which is provided by the Dean of Graduate Studies and Research.

**Ethical and legal standards** are covered primarily in the required course Ethical and Legal Issues in Psychology, but these topics are also infused in other required courses including Introduction to Clinical Practice (6437), the four assessment courses (6401, 6402, 6403, 6404), the menu of five clinical skills courses (6407, 6427, 6421, 6423, 8525), and the supervision and assessment courses (6040, 6050, 6060). It was clear from discussions with students and faculty that knowledge of and adherence to ethical and legal standards are highly valued by the program. Indeed, students often referenced the importance of “ethics” in their discussions of the program.

**Individual and cultural diversity** has been a defining characteristic of Puerto Rican society for centuries, and the ethnic diversity of students, faculty members reflect this diversity. In addition, the coursework and required clinical experiences all reflect this diversity. Information about and discussions of diversity is infused throughout the curriculum in coursework, clinical practicum experiences, and the internship placements chosen by students, which are primarily in Puerto Rico. The director of the program’s training clinic provided data as evidence for the diversity of the client population it serves. The training clinic is the only mental health service facility that does not charge fees in Puerto Rico, thus removing a major barrier for financially disadvantaged people and further increasing the diversity of the clients seen by students.

**Professional values, attitudes, and behaviors** are an integral part of the Introduction to Clinical Practice course (6437) and are clearly valued throughout students’ coursework, research, and clinical activities – a view strongly supported by interviews with faculty, students, and supervisors from internship placements.

**Communication and interpersonal skills** are an integral part of all of the clinical skills courses. Written communication skills are evaluated routinely on practicum evaluation forms as well as by written assignments in required courses, the comprehensive examination, and the dissertation. Please note that the site visitors were unable to review most of the written documentation within the student files as it was written in Spanish; however, the site visitors were able to verify their presence in the files.

**Assessment and intervention** are covered in the two required assessment courses (PSIC 6401 Psychological Assessment I; and PSIC 6402 Psychological Assessment II); and two assessment laboratories (PSIC 6403 Psychological Assessment I Practice/Lab, and PSIC 6404 Psychological Assessment II Practice/Lab) and Psychopathology (PSIC 6409). Students are required to demonstrate assessment competencies in the laboratory courses and the clinical practicum by completing written assessments. These competencies are also assessed in the seminar on case presentation and conceptualization seminar, which requires students to present a current psychotherapy or assessment case.

**Theories and methods of supervision** are covered in a required seminar in clinical supervision (6433) and are discussed during individual and group supervision sessions, according to the interviews with faculty members and students.

**Consultation skills** are addressed in the required seminars on Evaluation of Programs and Service (6060) and Principles of Consultation (6050) and are evaluated by course grades and specific items on the clinical practicum evaluation form.

### **Standard II.B.2**

The program's self-study content and supporting materials within the self-study provide sufficient descriptions of the curriculum and experiential training opportunities that align with the goals to attain discipline-specific knowledge and profession-wide competencies, professional standards, and program aims.

A review of the syllabi by the site visitors noted numerous instances of courses in which the majority of the primary or secondary source material were a decade or older. This observation was shared with the program leadership. In response to this observation, the program leadership reported that faculty have used more recent material, but often do not update their syllabi. Further, the leadership shared that the University now requires that at least five of the source material used in a course be published within the last five years. The program leadership provided the site visitors with copies of 28 new syllabi, which the leadership were encouraged to share with CoA via the portal after submission of the site visit report.

### **Standard III.B.3**

Information in the self-study and interviews with students, faculty members, and off-site supervisors are all consistent with the program's stated goal of providing education and training of *health service psychologists* (HSP) who conduct research and provide clinical services.

As stated in the self-study, the observations and interactions of the site visit team with students, faculty, and leadership indicate that the program adheres to a developmental model of competencies that emphasizes the acquisition of competencies in a sequential and cumulative manner and increasing in complexity. For example, initial clinical experiences include learning to conduct initial interviews and psychological evaluations of individuals. They are later provided with experience in family therapy, couple's therapy, play therapy, and other modalities depending on their level of knowledge and skill.

Specifically, in **the first year**, students take courses on Introduction to Clinical Practice (6437) and Case Conceptualization & Presentation, and a clinical practicum in the program's training clinic (6431). In the **second year**, students take two more semesters of clinical practicum (6432 & 6433), two semesters of practicum in psychological assessment (6403 & 6404), and a seminar in case conceptualization and presentation (6506). In **year three**, they take an additional two semesters of clinical practicum (6434 & 6436), and another semester of case conceptualization

and presentation (6506). In **year four**, students take a seminar in clinical supervision (6040) and another semester of case conceptualization and presentation (6506). If they remain on schedule, in **year five** students attend the required clinical psychology internship (8495).

Interviews with clinical supervisors from both internal and external placements indicate that the practicum settings are clearly and strongly committed to training. Supervisors of external placements consistently noted that the program's students are highly valued members of their teams, typically selected after a rigorous application process that includes applications from doctoral students at several other universities in Puerto Rico. These sites are required to have at least one licensed clinical psychologist on site to provide supervision.

Review of written materials and interviews with supervisors indicate that practicum experiences included training in a variety of evidence-based assessment and intervention services, consistent with health service psychology and the program's aims. Supervisor evaluations and internship placement ratings support students' satisfactory competency development and readiness for internship.

Supervisors of advanced Year 3 students indicate that students begin the practicum very well prepared in the delivery of evidence-based services and that the students are ready to develop more advanced skills in applying and adapting interventions to different problem areas, diverse client backgrounds and needs, and more advanced cases. Supervision at these sites is provided by appropriately trained and credentialed individuals.

Students are evaluated on an on-going basis as part of the supervision process, with formal written evaluations provided twice each semester.

In the training clinic, supervision is provided individually (one hour weekly) and in small groups of no more than three students (three hours weekly). The training clinic has videotaping capacity in several therapy/assessment rooms and most rooms are equipped with observational windows. The director of the training clinic that all students are required to record sessions when possible for use in supervision. Discussions with students, faculty, and external supervisors indicate that similar supervision practices are in place at the external training sites. Of note, clinical supervisors at sites for which recording is not possible (e.g., correctional facilities), reported that they conduct in-room observations of their students.

#### **Standard II.B.4.a-b**

A review of documents and interviews with students, faculty, and university leadership supports the description of the program's internship training as provided in the self-study. Students are placed at internships that are consistent with their professional interests and the program's aims. Because the clinical program is not accredited, students have not been eligible to participate in the APICC matching process, limiting access to accredited internships. However, over the years, the program has developed close relationship with several internship training sites in Puerto Rico. These sites have been carefully vetted and by

the program leadership and are required to have a licensed clinical psychologist available to provide primary supervision to interns. Students are also encouraged to seek internship placements on the mainland US, and several have been successful in doing so. These sites are also carefully screened by the clinical faculty for the quality of their training experiences and proper supervision. Interns are evaluated on an on-going basis as part of the supervision process, with formal written evaluations provided twice each semester, although they have recently increased this requirement to every quarter. In addition, students on internship are required to submit monthly summaries of their experiences and clinical hours to the DCT. The site visit team was able to verify documentation of communication between the program and the internships, as well as these semi-annual or (now) quarterly evaluations and monthly productivity reports. Of note, while most of these documents consisted of ratings that could be reviewed by the site visitors, and comments that were written in Spanish were unable to be reviewed by the site visit team.

### **Standard II.C.1**

As indicated in the self-study, the Clinical Psychology program offers a PhD, scientist-practitioner model of training in health service psychology. Both students and faculty described their clinical psychology training as involving a reciprocal interplay between research and practice. The site visitors noted that all of the core faculty were Ph.D.-level faculty with degrees in clinical psychology that were trained in research and clinical work. Faculty were noted by alumni and students to serve as mentors to the students within the model of training specified by the program.

### **Standard II.C.2**

As indicated in the self-study, the program does not have additional specific program competencies.

### **Standard II.D.a**

A discussion with faculty and students supports the self-study comments that grades for courses and assignments in those courses are a major source of evaluation for many of the program competencies. Grades, however, are not the exclusive method by which students are evaluated. Rubrics for the Candidacy Exam, Comprehensive Exam, and the Case Presentation are used to evaluate program competencies. For example, case presentations and a comprehensive examination evaluate graduate level discipline specific knowledge and the integration of different areas of knowledge. A review of case presentation rubrics showed evidence of evaluation of clinical skills, professionalism, presentation style and communication skills. The comprehensive exam is designed to not only review various theories but also to compare, contrast, and evaluate theories and approaches. Faculty members reported that they evaluate students for graduate level critical thinking in the comprehensive evaluation. A review of the outcome data supports the department's report that students are demonstrating the achievement of these competencies.

**Standard II.D.1.b**

Data for program graduates appear in several tables and appendices provided by the program. For example, Table 7 reports on 97 graduates from 1999 to 2018. From this table it appears that all but 8 graduates (86) have received licensure and that all but 3 (91) are employed. Table 7 indicates that the jobs held by graduates are appropriate for a PhD in Clinical Psychology not only for 2016 and 2013, but across all the years the data was reported. Discussions with alumni of the program also identified a wide variety of careers held by graduates, including independent practice, university-level teaching, research, and staff and faculty level positions at hospitals and academic medical centers. Ratings by alumni of their perception of preparation for profession wide competencies demonstrated consistent perceptions of preparation for several competencies, including Ethics, Individual and Cultural Differences, Professional Values, Communication and Personal Skills, Assessment, Intervention, and general knowledge of the discipline. More variation in perceptions of preparation were noted with the areas of Research, Supervision, Consultation and Interprofessional/Interdisciplinary skills. Of note, it appears that the program completed one survey in January 2016 and that the program has not engaged in annual surveys for all alumni who graduated two years and five years after graduation from the program. Of note, however, interviews with current students and alumni did not identify any specific areas for which they perceived the program to not provide adequate preparation.

**Standard II.D.2.a-b**

Conversations with program administrators and deans support the program's commitment to ongoing self and program evaluation and commitment to the aims of the university. The aim of the University, which is reflected in the program, is to serve the people of Puerto Rico. Leaders noted that Puerto Rico is in the midst of a mental health crisis following Hurricane Maria and the financial and political crises. The Chancellor, the Deans, the faculty, and the student were able to accurately reflect this mission and articulated a commitment to working to provide improved mental health professionals to the people of Puerto Rico, the Caribbean, Latin America, and Latinx people in the mainland.

The University requires regular program review. Further, there was clear evidence that the self-study process provided an opportunity for evaluation. We saw evidence of new rubrics, new courses, courses being restructured, updated sources being included in syllabi, and ongoing discussions related to the needs of diverse populations in Puerto Rico. For example, the newly created student-led Diversity Committee, which operated informally until recently, led a change in the intake forms at the training clinic (CUSEP) to better reflect non-binary gender and multi-race individuals. Another example of ongoing program review was evident in the new limits on time to completion of the degree, and the processes to encourage timely completion of the degree.

Alumni and interns were asked what they would change about the program. The overwhelming consensus is that many of the things they would like to see changed about the program, including the program obtaining accreditation from APA, have already been addressed by the

program. For example, one of the interns indicated a desire for more individual treatment rooms in CUSEP, but then acknowledged that they are already in the process of doubling the size of CUSEP.

Finally, students reported that they believe they were included in many of the decisions related to program review and changes. Overall, the relationships between the students and faculty appeared collegial and collaborative, including as it relates to the ongoing assessment and improvement of the program.

### **Standard II.D.3**

As noted previously, the site visitors' review of student records as well as discussions with faculty, graduates, students and supervisors indicate that the program works very closely with students to ensure that students acquire the competencies identified by the program. For example, rubrics in student files show a progression in clinical competences from average skills to excellent skills in most cases, with some variation year to year with different evaluators. For students that received remediation plans, evidence of escalating concerns or lower than expected progress leading up to the remediation were evident in the student files.

Data for program graduates appear in several tables and appendices provided by the program. For example, Table 7 reports on 97 graduates from 1999 to 2018. From this table it appears that all but 8 graduates (86) have received licensure within Puerto Rico and that all but 3 (91) are employed. Table 7 indicates that the jobs held by graduates are appropriate for a PhD in Clinical Psychology not only for 2016 and 2013, but across all the years the data was reported. Discussions with alumni of the program also identified a wide variety of careers held by graduates, including independent practice, university-level teaching, research, and staff and faculty level positions at hospitals and academic medical centers. Ratings by alumni of their perception of preparation for profession wide competencies demonstrated consistent perceptions of preparation for several competencies, including Ethics, Individual and Cultural Differences, Professional Values, Communication and Personal Skills, Assessment, Intervention, and general knowledge of the discipline. More variation in perceptions of preparation were noted with the areas of Research, Supervision, Consultation and Interprofessional/Interdisciplinary skills. Of note, it appears that the program completed one survey in January 2016 and that the program has not engaged in annual surveys for all alumni who graduated two years and five years after graduation from the program. Of note, however, interviews with current students and alumni did not identify any specific areas for which they perceived the program to not provide adequate preparation.

It is also important to acknowledge that the long-standing impact of Hurricane Maria has influenced and will likely influence licensure rates given that the exam by the Puerto Rico Board of Examiners of Psychology was postponed in 2017.



## **Standard II. (AI)**

None

### **Standard III.A.1**

The program currently has 88 students at different levels of matriculation. Students had some dedicated space for work and socialization within the department, as well as additional space through the University campus. It was clear from discussions with students that they are close to each other and utilize each other for support.

Since virtually all of the students broadly identify themselves with APA's racial/ethnic category of Hispanic-Latino, students and faculty noted a wide variety of diversity characteristics, including traditionally identified visual racial characteristics, but also language, country of origin, immigration history and status, geographic location within Puerto Rico, and socioeconomic status. Although it was not apparent in the self-study (at least to the site visitors), the program focuses on both recruiting and retaining students from lower socioeconomic backgrounds. For example, the site visitors learned that the vast majority of students who are accepted into colleges in Puerto Rico, including the University of Puerto Rico, graduate from private high schools. One student explained that students in public high school are typically tracked into the trades, and it is traditionally atypical for these students to be accepted into colleges. The University was identified by the current students as actively working to bring in students who graduated high school from public schools, and the program was identified as working to bring those qualified students into the clinical psychology program. The students also emphasized efforts to recruit and retain gender and sexual minorities within the program.

In short, conversations with faculty and students revealed that diversity at the University and within the program is considered to be a more complex and intersectional concept than the racial/ethnic categorizations required in Table 9, and that diversity is that the faculty and students are always discussing these issues and working for ways to make the program more welcoming.

A review of application procedures shows the program primarily uses test scores from the EXADEP (an ETS test for graduate and professional programs taught in Spanish). They also use the GRE for students from non-Spanish speaking countries outside of Puerto Rico. A review of table 10 indicates that the UG GPAs of incoming students were virtually all above 3.5 and many were 4.0 or close to it. All available evidence indicates that the students' interests and desired career paths align with those of the program. Specifically, the students are largely committed to the aim of serving Puerto Rico's diverse and vulnerable population.

### **Standard III.B.1**

Discussions with faculty and students support the self-study's claim that faculty are accessible to students, that they serve as professional role models, and that they engage in actions to promote the students' acquisition of knowledge, skills, and competencies consistent with the program's aims. The site visitors observed collegial and collaborative relationships between the students and faculty, and the students regarded the faculty highly. Students spoke of calling their faculty on the phone to discuss course assignments or particularly complex cases that encountered while on practica or internship (in addition to their regular supervision). Faculty members also call students to check up and ask questions. It is clear that the students and faculty have a special relationship.

Further evidence of the supportive learning environment of this program was identified by students in response to Hurricane Maria. Students who lost their residence or property noted that they were supported by the faculty and the University, who provided them with resources and emergency housing. One student noted that the faculty would charge their devices for them because they were experiencing a prolonged electricity outage in their neighborhood.

### **Standard III.B.2**

Observations and discussions with students indicate a courteous, respectful, and professional climate and culture within the program; no concerns were identified or shared with the site visit team. A review of the student handbook and pamphlets about the Clinical Psychology program along with discussions with faculty and students support the self-study's report that interactions between students, staff, and faculty are in accordance with the APA code of ethics.

### **Standard III.B.3**

A review of all materials and discussions with everyone from the Chancellor, administrators, faculty to the students, support what is reported in the self-study: The University and the program avoid any actions that would restrict program access on grounds that are irrelevant to success in graduate training.

### **Standard III.C.1**

A review of documents and interviews with students and faculty support the description of the length of the program as presented in the self-study. As noted above, the policies of the University governing length of residency, referred to in the self-study as Certification 38 (prior) and Certification 51 (current) have decreased the allowable length of residency. The clinical psychology program believe it can now enforce a more standard six year (5 years plus one year internship) residency in the program with the changes in University policy. The students that were interviewed by the site visit team, including current interns, reported a desire to complete the program within six year.

Interviews with administrators, faculty and students indicate that students who need accommodations and additional support receive these services. Students report that faculty are available to discuss course assignments and readings outside of class; indeed, they reported that faculty are available even in the evening or on weekends via telephone or online. No concerns with attrition were noted or observed.

### **Standard III.C.2**

In the response to the administrative review, the program articulated four long-term efforts for retention of diverse students. Although most of those effort are ongoing and were not immediately observed by the site visitors, we were able to meet with the recently formalized Diversity Committee. Given the complex and intersectional approach the program takes to understanding diversity, the Diversity Committee was able to articulate efforts taken to increase the inclusion and ultimate retention of gender and sexual minorities in the program.

As mentioned above, another priority of the University and the program is to recruit and retain students from low socio-economic status into the program, including recruitment of and supporting public school graduates. The program and university recognize that these students will need more financial support. Discussions with program administrators and students indicate that when a student is having financial difficulty, the Deans support the program in identifying opportunities for tuition waivers or employment support (research of teaching assistantships) to help the student finish the program.

Longer term goals, which could have a targeted focus on recruiting and retaining diverse students, is diversification of funding at the University. Administrators indicate they are working to set up endowed funds to support graduate students, with the goal of increasing independence from the state budget. Students recognized the substantially lower cost of the program when compared to all other doctoral program in clinical psychology in Puerto Rico. The students also identified that the cost of living is low and that they are generally satisfied with the level of financial support received by the program.

### **Standard III.C.3**

Discussion with faculty and students, and a review of student files support the information in the self-study that regular and timely feedback takes place. As mentioned above, the two students with remediation plans, prior documentation of competencies demonstrated an expected lead-up to the concerns. In other words, the concerns did not “come out of the blue” from a documentation perspective.

### **Standard III.(A)**

None

### **Standard IV.A.1**

Interviews with and observations of the DCT, Dr. Amaryllis Munoz, indicates that she is thoroughly qualified to be the director of the clinical program. She has a PhD in clinical psychology and has been licensed in Puerto Rico as a clinical psychologist since 1988. She has published frequently in peer reviewed journals and has presented frequently at scientific and professional meetings. She also supervises clinical practicum and has served as an expert witness in local and federal courts on cases of sexual abuse, sexual harassment, and child custody. As such, Dr. Munoz credentials and expertise are consistent with the program's mission and aims.

### **Standard IV.A.2**

A review of documents and interviews with students, faculty, and university leadership supports the description of the program leaders and core faculty member provided in the self-study. The program leaders and core clinical faculty members have primary responsibility for the design, implementation, and evaluation of the program. The clinical faculty meet twice a month and are in frequent communication outside of those meetings. Subcommittees are often formed to address program specific concerns or issues. The clinical faculty work collaboratively to develop and implement procedures for student admissions and evaluation. The clinical program also manages its curriculum, including coursework, practicum experiences, and research training.

### **Standard IV.B.1-2**

The program has a core faculty (n=9) that are sufficient in number, experience, and credentials to meet the program's educational, research, and clinical training goals. Eight of the core faculty have a PhD in clinical psychology, and one has a masters' degree in clinical psychology and a PhD in education. All are employed full-time in the department of psychology, and all are engaged in teaching, supervision, service, research, and program decision-making. All are licensed in Puerto Rico. All but one of the core faculty devote 100% of their time to the clinical program (or to related/supportive activities, such as running CUSEP or writing grants) and have no responsibilities in the other graduate programs or in the undergraduate program. One faculty member is half-time in the Industrial Organizational PhD program. Many have served in leadership positions in scientific and professional organizations. The core clinical faculty hold a diversity of theoretical orientations including cognitive-behavioral, psychodynamic, psychoanalytic, systemic, and constructionist perspectives. The diversity of theoretical orientations reflects the multinational focus of the program across Latin America and Europe.

### **Standard IV.B.3**

A number of the other 15 full-time faculty members associated with other graduate programs in the department contribute to the clinical program by teaching some required non-clinical

DSK courses and by supervising research and dissertations. Their education and interests are appropriate for these activities.

The program also makes use of the resources of the greater San Juan area in recruiting qualified affiliated and adjunct faculty for teaching, research, and clinical training, especially for specialty topics that are not well-represented in the program. They are properly vetted by the program to ensure that they are appropriately qualified.

#### **Standard IV.B.4**

The program has a core faculty that are sufficient in number, experience, and credentials to meet the program's educational, research, and clinical training goals. The Clinical Program has 9 core faculty members. Eight have a PhD in clinical psychology, and one has a masters' degree in clinical psychology and a PhD in education. All are employed full time in the department of psychology, and all engaged in teaching, supervision, service, research, and program decision-making. All are licensed in Puerto Rico. The core faculty devoted 100% of their time to the clinical program and have no responsibilities in the other graduate programs or the undergraduate program.

As noted previously, the program faculty, including the core faculty, are large enough to address the needs of the students and the program. No concerns with admissions, matriculation, or timely completion of the program requirements or graduation were noted due to faculty size, experience, or credentials. As noted above, all core faculty are licensed to practice clinical psychology in Puerto Rico. Faculty are involved in a wide range of diverse activities that reflect the scientist practitioner model, including academic, clinical, and research/scholarly work. Of note, all of the required courses are taught by program faculty.

#### **Standard IV.B.5.a**

All advertisements for new faculty are advertised on the local Puerto Rico professional organizations and newspapers assuring dissemination to wide pool of potential applicants within Puerto Rico. The self-study notes that the program has not advertised in APA publications such as the Monitor and other US mainland outlets because they are not an accredited program. Their recruitment plan going forward is to advertise future openings in the APA Monitor and the listserv of COGDOP and to work closely with the department chair to ensure that the new faculty meets the diversity needs of the clinical program.

The clinical faculty noted that they meet once a year to conduct a self-assessment of the program's diversity needs and work with the department chair to meet those needs. They also regularly evaluate student satisfaction with the faculty diversity and diversity environment.

Of note, it is important to identify that – like the students – all of the core faculty in this program identify within APA's racial/ethnic category of Hispanic-Latino. From a mainland (or hegemonic) perspective, the program has recruited a diverse faculty if we consider that specific

racial/ethnic categorization in our conceptualization of diversity. What the site visitors learned, however, is that this simplistic conceptualization does not fit with the faculty's understanding of their own diversity, which encompasses multiple diverse identities and intersectionalities. Although not fully articulated in the self-study, at least from the perspective of the site visitors, we were able to observe and discuss the numerous considerations that the faculty make related to diversity when considering the composition of their faculty.

#### **Standard IV.B.5.b**

Given the observations in IV.B.5.a, from a mainland perspective, all of the faculty in this program are diverse, and therefore efforts to retain all faculty could be considered applicable to this program. For example, program and University leaders noted that efforts to retain a diverse faculty include reduced teaching loads to allow time for research, laptop computers, equipment for research, money for travel to conferences, and 5 years of financial support for research. Further, the faculty verified the implementation of the plan for faculty retention that is articulated in the response to the administrative review in the self-study.

#### **Standard IV.(AI)**

None

#### **Standard V.A.1**

A review of available records and interviews with students and graduates support the description of the program's commitment to public disclosure, including accreditation status. Please note that the site visitors' ability to review the records and the website were limited to text written in English.

#### **Standard V.A.2**

A review of available English-language records and interviews with students and graduates support the accuracy of the description of the program and communication between applicants and the program. With regard to student selection criteria, a review of application procedures shows the program primarily uses test scores from the EXADEP (an ETS test for graduate and professional programs taught in Spanish). They also use the GRE for students from non-Spanish speaking countries outside of Puerto Rico.

#### **Standard V.A.3**

The site visitors confirmed that the program's internship director maintains communication with the internship, both at the beginning of the internship and throughout the internship year, as needed. Formal, written communication on student performance/competence between the internship programs and the doctoral program occur at least twice a year, and interviews with

current interns and program leadership, as well as a review of records, indicate that this formal evaluation has increased to four times a year.

**Standard V.B.1**

Based on a review of the available documentation, the program has abided by the CoA's published policies and procedures regarding reporting, and has responded to requests for information by site visitors and other formal communications from the CoA office. To our knowledge, all fees have been paid; however, the site visitors did not specifically ask or inquire about fees.

**Standard V.B.2**

We did not discover or review any communication between CoA and the program regarding changes to the program, and the program did not report any such changes or anticipated changes. The program is exploring with the University options for how the specific name of the program will be represented on the doctoral degree (e.g., PhD in Psychology, PhD in Psychology with an emphasis in Clinical Psychology, or Clinical Psychology).

**Standard V.(A)**

None

**Closing Statement**

Except where indicated in this report, our visit confirmed that the information conveyed in the self-study was an accurate portrayal of the program.



# SoA

STANDARDS *of*  
ACCREDITATION  
*for* HEALTH SERVICE  
— PSYCHOLOGY —

The Standards of Accreditation for Health Service Psychology were approved by the APA Council of Representatives in February 2015 and will not go in effect until January 1, 2017. At that time, the SoA will replace the current Guidelines and Principles for Accreditation in Professional Psychology (G&P), and serve as a guiding document for health service psychology training programs seeking initial or continued accreditation. All programs who submit a self-study on or after September 1, 2016, for a 2017 site visit, will submit a self-study demonstrating adherence to the SoA and not the G&P.





# STANDARDS OF ACCREDITATION IN HEALTH SERVICE PSYCHOLOGY

<b>INTRODUCTION.....</b>	<b>3</b>
<b>I. SCOPE OF ACCREDITATION.....</b>	<b>3</b>
A. Scope of Accreditation for Doctoral Programs.....	3
B. Scope of Accreditation for Internship Programs.....	3
C. Scope of Accreditation for Postdoctoral Residency Programs.....	3
<b>II. GUIDING PRINCIPLES OF ACCREDITATION.....</b>	<b>3</b>
A. The Purpose and Practice of Accreditation.....	4
B. Professional Values.....	4
C. Outcome-Oriented Evaluation Focus.....	6
D. Function of the CoA: Professional Judgment.....	7
<b>STANDARDS OF ACCREDITATION: DOCTORAL PROGRAMS.....</b>	<b>8</b>
<b>I. Institutional and Program Context.....</b>	<b>8</b>
A. Type of Program.....	8
B. Institutional and Administrative Structure.....	8
C. Program Context and Resources.....	9
D. Program Policies and Procedures.....	10
<b>II. Aims, Competencies, Curriculum, and Outcomes.....</b>	<b>11</b>
A. Aims of the Program.....	11
B. Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession.....	12
C. Program-Specific Elements—Degree Type, Competencies, and Related Curriculum.....	14
D. Evaluation of Students and Program.....	14
<b>III. Students.....</b>	<b>16</b>
A. Student Selection Process and Criteria.....	16
B. Supportive Learning Environment.....	17
C. Plans to Maximize Student Success.....	17
<b>IV. Faculty.....</b>	<b>18</b>
A. Program Leadership, Administration, and Management.....	18
B. Faculty Qualifications and Role Modeling.....	18
<b>V. Communication Practices.....</b>	<b>20</b>
A. Public Disclosure.....	20
B. Communication and Relationship With Accrediting Body.....	21

**STANDARDS OF ACCREDITATION: DOCTORAL INTERNSHIP PROGRAMS.. 22**

<b>I. Institutional and Program Context .....</b>	<b>22</b>
A. Type of Program.....	22
B. Institutional and Program Setting and Resources.....	22
C. Program Policies and Procedures .....	24
D. Program Climate.....	25
<b>II. Aims, Training, Competencies, and Outcomes .....</b>	<b>26</b>
A. Required Profession-Wide Competencies.....	26
B. Program-Specific Aims and Competencies .....	26
C. Learning Elements to Develop Competencies .....	26
D. Outcomes and Program Effectiveness .....	27
<b>III. Interns.....</b>	<b>29</b>
A. Intern Selection Process and Criteria .....	29
B. Feedback to Interns .....	29
<b>IV. Supervisor/Faculty/Staff Leadership .....</b>	<b>30</b>
A. Program Leadership .....	30
B. Faculty/Staff Diversity.....	31
<b>V. Communication Practices .....</b>	<b>31</b>
A. Public Disclosure .....	31
B. Communication and Relationship With Accrediting Body.....	32

**STANDARDS OF ACCREDITATION:  
POSTDOCTORAL RESIDENCY PROGRAMS..... 33**

<b>I. Institutional and Program Context .....</b>	<b>33</b>
A. Type of Program.....	33
B. Institutional and Program Setting and Resources.....	34
C. Program Policies and Procedures .....	35
D. Program Climate.....	37
<b>II. Aims, Competencies, Training, and Outcomes .....</b>	<b>37</b>
A. Aims of the Program.....	37
B. Competencies .....	37
C. Learning Experiences That Promote the Development of Advanced Competencies .....	38
D. Evaluation .....	39
<b>III. Program Residents.....</b>	<b>40</b>
A. Resident Selection Processes and Criteria .....	40
B. Program Activities, Resources, and Processes.....	40
<b>IV. Program Faculty/Staff .....</b>	<b>41</b>
A. Program Leadership and Faculty/Staff Qualifications.....	41
B. Faculty/Staff .....	41
C. Ancillary Faculty/Staff .....	42
<b>V. Communication Practices .....</b>	<b>42</b>
A. Public Disclosure .....	42
B. Communication and Relationship With Accrediting Body.....	43

# INTRODUCTION

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## I. SCOPE OF ACCREDITATION

The accreditation process is intended to promote consistent quality and excellence in education and training in health service psychology. Education and training provide tangible benefits for prospective students; the local, national, and international publics that are consumers of psychological services; and the discipline of psychology itself.

For the purposes of accreditation by the APA Commission on Accreditation (CoA), “health service psychology” is defined as the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders.

Programs that are accredited to provide training in health service psychology prepare individuals to work in diverse settings with diverse populations. Individuals who engage in health service psychology have been appropriately trained to be eligible for licensure as doctoral level psychologists.

The commission reviews programs for accreditation at doctoral, internship, and postdoctoral levels.

### A. Scope of Accreditation for Doctoral Programs

The CoA reviews doctoral programs in psychology that provide broad and general training in scientific psychology and in the foundations of practice in health service psychology. Practice areas include clinical psychology, counseling psychology, school psychology, and other developed practice areas. The CoA also reviews programs that combine two or three of the above-listed practice areas.

### B. Scope of Accreditation for Internship Programs

The CoA reviews internship training programs in practice areas in health service psychology, which may include clinical psychology, counseling psychology, school psychology, and other developed practice areas.

### C. Scope of Accreditation for Postdoctoral Residency Programs

The CoA reviews postdoctoral residency programs providing education and training in preparation for health service psychology practice at an advanced level of competency in: (a) the developed practice areas that have been defined within the scope of accreditation at the doctoral level, (b) a focus area that promotes attainment of advanced competencies within one or more of the developed practice areas that have been defined within the scope of accreditation at the doctoral level, and/or (c) in a recognized specialty practice area in health service psychology.

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## II. GUIDING PRINCIPLES OF ACCREDITATION

The accreditation standards and procedures are greatly influenced by the following principles and practical concerns.

## A. The Purpose and Practice of Accreditation

Accreditation is a voluntary, nongovernmental process of self-study and external review intended to evaluate, enhance, and publicly recognize quality in institutions and in programs of higher education. As such, it serves:

1. General, liberal education;
2. Technical, vocational education and training; and
3. Education and training for the professions.

Accreditation is intended to protect the interests of students; benefit the public; and improve the quality of teaching, learning, research, and practice in health service psychology. Through its standards, the accrediting body is expected to encourage dual attainment of a common level of professional competency and ongoing improvement of educational institutions and training programs, sound educational experimentation, and constructive innovation.

The accreditation process involves judging the degree to which (a) a program has achieved its educational aims and the standards described in this document and (b) its students/trainees and graduates have demonstrated adequate mastery of the discipline-specific knowledge and profession-wide competencies. The accreditation body should not explicitly prescribe the processes by which competencies should be reached; rather, it should judge the degree to which a program achieves outcomes consistent with the standards in this document and its training aims.

Thus, accreditation in psychology is intended to “achieve general agreement on the goals of training ... encourage experimentation on methods of achieving those goals and ... suggest ways of establishing high standards in a setting of flexibility and reasonable freedom.”<sup>1</sup>

## B. Professional Values

1. Certain principles and values are at the core of the profession and impact the way in which the CoA functions and the decisions it makes. The following overarching values govern the policies, standards, and procedures of the CoA.

### a. Quality

The primary goal of the accreditation process is to ensure quality in the education of psychologists and to ensure that students/trainees receive the requisite knowledge, skills, attitudes, and values required for competent and safe practice. The focus on quality ensures that those most vulnerable in the educational process, students/trainees and the public to whom students/trainees and future psychologists will provide services, are adequately protected.

### b. Transparency

As part of its commitment to accountability, the CoA is transparent regarding the policies, standards, and procedures by which it operates. It is open to and values input regarding these from the public, students, faculty, and practitioners. The CoA is also committed to transparency regarding its decisions, within the limits imposed by the confidentiality of the information it receives from programs as part of their application process.

<sup>1</sup> The APA Committee on Training in Clinical Psychology. (1947). First report of the new accreditation process in psychology. *American Psychologist*, 2, 539-558.

### **c. Peer review**

Peer review is fundamental to the decision making of the CoA. This process ensures that the education students/trainees receive is assessed by peers nominated for their expertise in health service psychology. Peer review, following carefully developed policies, standards, and procedures, further ensures that the program review process will be fair and objective. A goal of the peer-review process is to promote trust and credibility of the process and outcomes of program review.

2. In addition to the principles and values that regulate the functions of the CoA, the following five principles guide accreditation decisions, such that programs whose policies and procedures violate them would not be accredited.

#### **a. Commitment to cultural and individual differences and diversity**

The Commission on Accreditation is committed to a broad definition of cultural and individual differences and diversity that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

#### **b. Broad and general preparation for practice at the entry level**

Education in health service psychology resides on a continuum: progressing from broad and general preparation for practice at the entry level at the doctoral and internship levels to advanced preparation at the postdoctoral level in a focus area and/or recognized specialties.

Doctoral and internship education and training in preparation for entry-level practice in health service psychology should be broad and professional in its orientation rather than narrow and technical. This preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the declared substantive practice area(s) and should be well integrated with the broad theoretical and scientific foundations of the discipline and field of psychology in general.

#### **c. Advanced preparation for practice at the postdoctoral level in a focus area and/or recognized specialty**

Postdoctoral residency education and training in health service psychology reflects advanced and focused knowledge of the science and practice of psychology. It builds upon the breadth of knowledge attained in earlier doctoral and internship education so as to ensure competence in health service psychology and is of sufficient depth and focus to ensure advanced competence in the practice area for which the residents are being prepared. This preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the practice area(s) and should be well integrated with the broad theoretical and scientific foundations of the discipline and field of psychology in general.

#### **d. Science and practice**

The competent practice of psychology requires attention to the empirical basis for all methods involved in psychological practice, including a scientific orientation toward psychological knowledge and methods. Therefore, education and training as

a psychologist should be based on the existing and evolving body of general knowledge and methods in the science and practice of psychology, whether in preparation for entry-level practice or in preparation for advanced-level practice in a substantive traditional or specialty practice area. Broad and general knowledge in the discipline of psychology is foundational to and should be well integrated with the specific knowledge, skills, attitudes, and values that define a particular area of interest in health service psychology. The relative emphasis a particular program places on science and practice should be consistent with its training aims and the intended career path of its students/trainees. However, all programs should enable their students to understand the value of science for the practice of psychology and the value of practice for the science of psychology.

**e. Program aims and student/trainee competencies**

A program or institution will be evaluated in light of its educational aims and the educational principles described above, the demonstrated competencies of its students/trainees, and the career paths of its graduates. There are certain educational aims that are accepted by the profession as necessary, including adequate mastery by students/trainees of the discipline-specific knowledge in psychology and the profession-wide competencies.

The program should be consistent with the stated aims and its policies and with the standards of the CoA described herein. Consistent with these parameters, a program should have a clear, coherent, and well-articulated description of the principles underlying its aims, as well as a clear description of the resources, methods, and processes by which it proposes to attain its desired training outcomes. A program may describe program-specific competencies in addition to profession-wide competencies. Such program-specific competencies should be consistent with the stated aims of the program and with the general requirements of accreditation and should include clear demonstration by students/trainees of attainment of discipline-specific knowledge and profession-wide competencies.

The program’s aims and desired training outcomes should be consistent with that of its parent or sponsor institution’s mission. The program should also address the validity and consistency of its aims and mission in relation to current professional standards and regional and national needs.

**C. Outcome-Oriented Evaluation Focus**

The accreditation review process places great emphasis on the outcomes of a program’s training efforts. The accreditation process reviews resources and processes to ensure they are adequate to meet the program’s aims and the SoA. However these evaluations are not meant to discourage experimentation, innovation, or modernization with regard to the delivery of education.

Consistent with this outcomes-oriented approach, the accreditation standards do not contain a “checklist” of criteria. Rather, they identify and describe the profession-wide competencies and the discipline-specific knowledge that all programs must address as well as general areas that are considered essential to the success of any training program in health service psychology.

Programs are expected to document their record of achievements in these areas (in the case of already accredited programs) or their potential for success (in the case of applicant programs).

It is assumed that, with reasonable guidance about the kind of information needed by the CoA, programs can decide how best to present their aims, competencies, and outcomes. Similarly, it is assumed that with adequate information from a program, the CoA can reach an informed, fair, and reasonable decision about that program without relying solely on highly restrictive lists of specific criteria.

Protection of the interests of the program and the public will be ensured by the creation of procedures that utilize fair and reasonable evaluative methods to assess:

1. The clarity of program aims and outcomes and their consistency with accreditation standards,
2. The sufficiency of resources and adequacy of processes to support the accomplishment of the program's aims,
3. The effectiveness of a program to achieve its aims and outcomes, and
4. The likelihood that such outcomes can be maintained or improved over time.

#### **D. Function of the CoA: Professional Judgment**

This document reflects shared assumptions about the attributes of high-quality education. It is assumed that the CoA will use these shared assumptions, the collective professional judgment of its members, and the accreditation standards to reach an informed, fair, and reasonable decision about a program's readiness for accreditation review and/or its accreditation.

The CoA, in representing a broad array of constituencies, has the authority to adopt implementing regulations that elucidate, interpret, and operationally define its standards, principles, and procedures. The implementing regulations are meant to convey to programs and the public the criteria used by the CoA in determining a program's compliance with a standard, while recognizing that application of these criteria and standards requires the exercise of professional judgment. The CoA may in its decision-making processes refer to or adopt definitions, aims, practices, and principles developed by certain health service psychology training communities or reference groups. By creating procedures that utilize fair and reasonable evaluative methods designed to assess program compliance with accreditation standards, principles, and areas, the CoA seeks to ensure protection of the interests of the program and the public.

# STANDARDS OF ACCREDITATION: DOCTORAL PROGRAMS

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## I. INSTITUTIONAL AND PROGRAM CONTEXT

### A. Type of Program

- 1. Health service psychology.** The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:
  - a. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.
  - b. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.
  - c. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.
- 2. Practice area.** Health service psychology includes several practice areas in which an accredited program may focus, including the areas of clinical psychology, counseling psychology, school psychology, combinations of these areas, and other developed practice areas.

### B. Institutional and Administrative Structure

- 1. Administrative structure.** The program's purpose must be pursued in an institutional setting appropriate for doctoral education and training in health service psychology. The institution must have a clear administrative structure and commitment to the doctoral program.
  - a. The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate graduate degree-granting authority. This includes state authorization and accreditation of the institution by a nationally recognized regional accrediting body in the United States.
  - b. The program is an integral part of the mission of the academic department, college, school, or institution in which it resides. It is represented in the institution's operating budget and plans in a manner that supports the training mission of the program. Funding and resources are stable and enable the program to achieve its aims.
- 2. Administrative responsibilities related to cultural and individual differences and diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. 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 program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse back-



grounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus, this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, students, faculty, and staff before their application to or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare graduates to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

## C. Program Context and Resources

### 1. Program administration and structure

a. **Program leadership.** The program has consistent and stable leadership with a designated leader who is a doctoral level psychologist and a member of the core faculty. The program leader's credentials and expertise must be in an area covered by HSP accreditation and must be consistent with the program's aims. This leadership position may be held by more than one individual.

b. **Program administration.** The program has designated procedures and personnel responsible for making decisions about the program, including curriculum, student selection and evaluation, and program maintenance and improvement. The program's decision-making procedures, including who is involved in decision making, must be consistent with the missions of the institution and department, and with the program's aims. The program ensures a stable educational environment through its personnel and faculty leadership.

2. **Length of degree and residency.** The program has policies regarding program length and residency that permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to promote student development, socialization, and peer interaction; faculty role modeling; and the development and assessment of student competencies. Residency provides students with mentoring and supervision regarding their development and socialization into the profession, as well as continuous monitoring and assessment of student development through live face-to-face, in-person interaction with faculty and students.

These obligations cannot be met in programs that are substantially or completely online. At a minimum, the program must require that each student successfully complete:

- a. A minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree,
  - b. At least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted,
  - c. At least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of 1 year of full-time residency based on “the equivalent thereof” must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement.
3. **Partnerships/consortia.** A graduate program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or in a partnership or consortium among separate administrative entities. A consortium is composed of multiple independently administered entities that have, in writing, formally agreed to pool resources to conduct a training or education program.
4. **Resources.** The program has, and appropriately utilizes, the resources it needs to achieve its training aims, including student acquisition and demonstration of competencies. The program works with its academic unit and/or the administration of the sponsor institution to develop a plan for the acquisition of additional resources that may be necessary for program maintenance and development. The resources should include the following:
- a. Financial support for training and educational activities;
  - b. Clerical, technical, and electronic support;
  - c. Training materials and equipment;
  - d. Physical facilities;
  - e. Services to support students with academic, financial, health, and personal issues;
  - f. Sufficient and appropriate practicum experiences to allow a program to effectively achieve the program’s training aims.

#### **D. Program Policies and Procedures**

1. **Areas of coverage.** The program has and adheres to formal written policies and procedures that govern students as they enter, progress through, and matriculate from the program. These must include policies relevant to:
- a. Academic recruitment and admissions, including general recruitment/admissions and recruitment of students who are diverse;
  - b. Degree requirements;
  - c. Administrative and financial assistance;
  - d. Student performance evaluation, feedback, advisement, retention, and termination decisions;

- e. Due process and grievance procedures;
  - f. Student rights, responsibilities, and professional development;
  - g. Nondiscrimination policies. The program must document non-discriminatory policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.
2. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and adhere to their sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. If the program utilizes policies developed at another level (e.g., department or institution), it must demonstrate how it implements these policies at the program level.
3. **Availability of policies and procedures.** The program makes the formal written policies and procedures available to all interested parties. By the time of matriculation, the program provides students with written policies and procedures regarding program and institution requirements and expectations regarding students' performance and continuance in the program and procedures for the termination of students.
4. **Record keeping.** The program is responsible for keeping information and records related to student training and complaints/grievances against the program. Records must be maintained in accordance with federal, state, and institution policies regarding record keeping and privacy. The Commission on Accreditation will examine student records and programs' records of student complaints as part of its periodic review of programs.
- a. **Student records.** The program must document and maintain accurate records of each student's education and training experiences and evaluations for evidence of the student's progression through the program and for future reference and credentialing purposes. The program should inform students of its records retention policies.
  - b. **Complaints/grievances.** The program must keep records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of student complaints as part of its periodic review of the program.

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## II. AIMS, COMPETENCIES, CURRICULUM, AND OUTCOMES

### A. Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.

2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

## **B. Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession**

### **1. Discipline-specific knowledge and profession-wide competencies**

Discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health service psychology. Thus, all students in accredited programs should acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.

- a. Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:
  - (i) Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate-level discipline-specific knowledge.
  - (ii) Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.
- b. Profession-wide competencies include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession-wide competency. Although in general, the competencies appearing at or near the top of the following list serve as foundations upon which later competencies are built, each competency is considered critical for graduates in programs accredited in health service psychology. The specific requirements for each competency are articulated in Implementing Regulations. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training students in the following competency areas. Students must demonstrate competence in:
  - (i) Research
  - (ii) Ethical and legal standards
  - (iii) Individual and cultural diversity
  - (iv) Professional values, attitudes, and behaviors
  - (v) Communication and interpersonal skills
  - (vi) Assessment
  - (vii) Intervention

(viii) Supervision

(ix) Consultation and interprofessional/interdisciplinary skills

2. **Learning/curriculum elements related to the program's aims.** The program must describe the process by which students attain discipline-specific knowledge and each profession-wide competency (i.e., the program's curriculum) and provide a description of how the curriculum is consistent with professional standards and the program's aims.

3. **Required practicum training elements**

- a. Practicum must include supervised experience working with individuals who are diverse with a variety of presenting problems, diagnoses, and issues. The purpose of practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The doctoral program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, that ensures that by the time the student applies for internship, the student has attained the requisite level of competency.
- b. Programs must place students in settings that are committed to training, provide experiences consistent with health service psychology and the program's aims, and enable students to attain and demonstrate appropriate competencies.
- c. Supervision must be provided by appropriately trained and credentialed individuals.
- d. As part of a program's ongoing commitment to ensure the quality of its graduates, each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically).

4. **Required internship training elements.** The program must demonstrate that all students complete a 1-year full-time or 2-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, and

(vi) Documentation of the evaluation of its students in its student files.

### C. Program-Specific Elements—Degree Type, Competencies, and Related Curriculum

1. **Degree type.** All accredited programs in psychology support the development of disciplinary knowledge and core competencies associated with the profession and support the acquisition and integration of knowledge, skills, and attitudes from two major domains within the discipline: research and evidence-based practice. Programs are accredited either to offer the PhD degree or to offer the PsyD degree. Other doctoral degree designations that meet these general parameters may be eligible for consideration as appropriate. Although all doctoral degrees contain all the required elements common to programs accredited in HSP, they differ in the balance among, and relative emphasis on, program components, based on specific training aims or likely career paths of their graduates.

In general, PhD programs place relatively greater emphasis on training related to research, and PsyD programs place relatively greater emphasis on training for engaging in professional practice. Graduates of each type of program or other doctoral degree designations, however, must demonstrate a fundamental understanding of and competency in both research/scholarly activities and evidence-based professional practice.

Programs that confer the PhD must have a substantial proportion of faculty who conduct empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PhD programs are trained to both create and disseminate the scholarly research upon which science and practice are built and utilize such research to engage in evidence-based practice.

Programs that confer the PsyD must have a substantial proportion of faculty who engage in scholarship and/or empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PsyD programs are trained to engage in evidence-based practice and in scientific inquiry and evaluation.

2. **Program-specific competencies and related curricula.** Doctoral programs accredited in health service psychology may require that students attain additional competencies specific to the program.
  - a. If the program requires additional competencies of its students, it must describe the competencies, how they are consistent with the program's aims, and the process by which students attain each competency (i.e., the curriculum).
  - b. Additional competencies must be consistent with the ethics of the profession.

### D. Evaluation of Students and Program

#### 1. Evaluation of students' competencies

- a. The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those

required by the program. Thus, for each competency, the program must:

- (i) Specify how it evaluates student performance and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.
  - (ii) Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of achievement in each profession-wide competency and in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.
  - (iii) Present formative and summative evaluations linked to exit criteria and data demonstrating achievement of competencies for each student in the program.
- b. For program graduates, the program must provide distal evidence of students' competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.
- (i) Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency. The program must also provide data on students' job placement and licensure rates.
  - (ii) At 5 years postgraduation, the program must provide data on graduates, including data on graduates' licensure (as appropriate for their current job duties) and their scholarly/research contributions (as consistent with the program's aims).

## **2. Evaluation of program effectiveness and quality improvement efforts**

- a. The program must demonstrate a commitment to ensure competence in health service psychology through ongoing self-evaluation to monitor its performance and contribution to the fulfillment of its sponsor institution's mission.
- b. The program must document mechanisms for performing the regular, ongoing self-assessment, and the self-assessment must:
  - (i) Involve program stakeholders, including faculty, students, graduates, and others involved in the training program;
  - (ii) Evaluate the program's effectiveness in training students who, by the time of graduation, demonstrate the competencies required by the profession and the program, and who, after graduation, are able to engage in professional activities consistent with health service psychology and with the program's aims;



(iii) Evaluate the currency and appropriateness of the program's aims, curriculum, and policies and procedures with respect to the following: its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession; and

(iv) Identify potential areas for improvement.

3. **Documenting students' achievements and outcomes that demonstrate the program's effectiveness.** All accredited doctoral programs are expected to document students' achievements while they are in the program and to look at postgraduation outcomes. Accredited programs are also expected to prepare students for entry-level practice, and the program's achievement of this should be reflected in student success in achieving licensure after completion of the program.
- a. The outcomes of program graduates, including licensure rate and other proximal and distal outcomes of program graduates, shall be evaluated within the context of: the requirement that all accredited doctoral programs prepare students for entry-level practice, program's expressed and implied stated educational aims and competencies, and statements made by the program to the public.
  - b. Doctoral programs' specific educational aims and expected competencies may differ from one another; therefore, there is no specified threshold or minimum number for a program's licensure rate. Instead, the Commission on Accreditation shall use its professional judgment to determine if a program's licensure rate, in combination with other factors, such as attrition of students from the program and their time to degree, demonstrates students' successful preparation for entry-level practice in health service psychology.

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### III. STUDENTS

#### A. Student Selection Processes and Criteria

1. The program has an identifiable body of students at different levels of matriculation who:
  - a. Constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
  - b. Are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the glossary.
    - (i) The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
    - (ii) The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels and the areas it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts



to attract students who are diverse and document any steps needed to revise/enhance its strategies.

- c. By prior achievement, students have demonstrated appropriate competency for the program's aims and expectations for a doctoral program.
  - (i) If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.
  - (ii) If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
- d. By interest and aptitude, students are prepared to meet the program's aims.
- e. The students reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.

## B. Supportive Learning Environment

1. Program faculty are accessible to students and provide them with guidance and supervision. They serve as appropriate professional role models and engage in actions that promote students' acquisition of knowledge, skills, and competencies consistent with the program's training aims.
2. The program recognizes the rights of students and faculty to be treated with courtesy and respect. To maximize the quality and effectiveness of students' learning experiences, all interactions among students, faculty, and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see the current *APA Ethical Principles of Psychologists and Code of Conduct*). The program has an obligation to inform students of these principles, put procedures in place to promote productive interactions, and inform students of their avenues of recourse should problems with regard to the principles arise.
3. To ensure a supportive and encouraging learning environment for students who are diverse, the program must avoid any actions that would restrict program access on grounds that are irrelevant to success in graduate training.

## C. Plans to Maximize Student Success

1. Program faculty engage in and document actions and procedures that actively encourage timely completion of the program and maximize student success. The program minimizes preventable causes of attrition (e.g., flawed admission procedures or unsupportive learning environments) and engages in tailored retention/completion efforts as appropriate (e.g., accommodation of student needs and special circumstances).
2. **Program engagement.** The program engages in specific activities, approaches, and initiatives to implement and maintain diversity and ensure a supportive learning environment for all students.

The program may participate in institutional-level initiatives aimed toward retaining students who are diverse, but these alone are not sufficient. Concrete program-level actions to retain students who are diverse should be integrated across key aspects of the program and documented. The program should also demonstrate that it examines the effectiveness of its efforts to retain students who are diverse and document any steps needed to revise/enhance its strategies.

3. **Feedback and remediation.** Students receive, at least annually and as the need is observed for it, written feedback on the extent to which they are meeting the program's requirements and performance expectations. Such feedback should include:
  - a. Timely, written notification of any problems that have been noted and the opportunity to discuss them;
  - b. Guidance regarding steps to remediate any problems (if remediable); and
  - c. Substantive, written feedback on the extent to which corrective actions have or have not been successful in addressing the issues of concern.

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## IV. FACULTY

### A. Program Leadership, Administration, and Management

1. Leadership of the program is stable. There is a designated leader who is a doctoral level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.
2. The program leader(s) together with program core faculty have primary responsibility for the design, implementation, and evaluation of the program's administrative activities (e.g., policies and procedures for student admissions, student evaluations, and arrangement of practicum experiences) and for its educational offerings (e.g., coursework, practicum experiences, and research training).

### B. Faculty Qualifications and Role Modeling

1. **Core faculty.** The program has an identifiable core faculty responsible for the program's activities, educational offerings, and quality, who:
  - a. Function as an integral part of the academic unit of which the program is an element,
  - b. Are sufficient in number for their academic and professional responsibilities,
  - c. Have theoretical perspectives and academic and applied experiences appropriate to the program's aims,
  - d. Demonstrate substantial competence and have recognized credentials in those areas that are at the core of the program's aims, and
  - e. Are available to function as appropriate role models for students in their learning and socialization into the discipline and profession.

## 2. Additional core faculty professional characteristics

- a. Core faculty must be composed of individuals whose education, training, and/or experience are consistent with their roles in the program in light of the substantive area in which the program seeks accreditation.
- b. Core faculty must be composed of individuals whose primary professional employment (50% or more) is at the institution in which the program is housed and to whom the institution has demonstrated a multiyear commitment. At least 50% of core faculty professional time must be devoted to program-related activities.
- c. Core faculty must be identified with the program and centrally involved in program development, decision making, and student training. “Identified with the program” means that each faculty member is included in public and departmental documents as such, views himself or herself as core faculty, and is seen as core faculty by the students.
- d. Core faculty activities directly related to the doctoral program include program-related teaching, research, scholarship, and/or professional activities; supervising students’ research, students’ dissertations, and students’ teaching activities; mentoring students’ professional development; providing clinical supervision; monitoring student outcomes; teaching in a master’s degree program that is an integral part of the doctoral program; and developing, evaluating, and maintaining the program.
- e. Core faculty activities not directly related to the doctoral program and not seen as aspects of the core faculty role include undergraduate teaching in general and related activities; teaching and related activities in terminal master’s or other graduate programs; and clinical work or independent practice not directly associated with training, such as at a counseling center.

3. **Associated and adjunct faculty.** In addition to core faculty, programs may also have associated program faculty, contributing faculty, and adjunct (visiting, auxiliary, or “other”) faculty. Associated program faculty do not meet the criteria for core faculty. They are not centrally involved in program development and decision making, but they still make a substantial contribution to the program and take on some of the tasks often associated with core faculty. Adjunct faculty are hired on an ad hoc basis to teach one or two courses, provide supervision, etc.

## 4. Faculty sufficiency

- a. Consistent with the program’s model, the program faculty, and in particular the core faculty, needs to be large enough to advise and supervise students’ research and practice, conduct research and/or engage in scholarly activity, attend to administrative duties, serve on institutional or program committees, provide a sense of program continuity, provide appropriate class sizes and sufficient course offerings to meet program aims, and monitor and evaluate practicum facilities, internship settings, and student progress.
- b. The program faculty, and in particular the core faculty, needs to be large enough to support student engagement and success within the program, from admissions to matriculation to timely completion of program requirements and graduation.

- c. At least one member of the core faculty needs to hold professional licensure as a psychologist to practice in the jurisdiction in which the program is located.
- d. The program faculty must themselves be engaged in activities demonstrating the skills they are endeavoring to teach their students, such as delivering psychological services, conducting psychological research, publishing scholarly work, presenting professional work at conferences/meetings, teaching classes/workshops, and supervising the professional work of others.

## 5. Cultural and individual differences and diversity

- a. **Recruitment of faculty who are diverse.** Each accredited program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) and retain faculty from differing backgrounds. The program has developed a systematic, long-term plan to attract faculty from a range of diverse backgrounds and implemented it when possible (i.e., when there have been faculty openings). The program may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient. The program should document concrete actions it has taken to achieve diversity, addressing the areas of diversity recruitment in which it excels and the areas in which it is working to improve. It should demonstrate that it examines the effectiveness of its efforts to attract faculty who are diverse and documents any steps needed to revise/enhance its strategies.
- b. **Retention of faculty who are diverse.** The program implements program-specific activities, approaches, and initiatives to maintain diversity among its faculty. A program may include institutional-level initiatives aimed toward retaining faculty who are diverse, but these alone are not sufficient. The program demonstrates that it examines the effectiveness of its efforts to maintain faculty who are diverse and documents any steps needed to revise/enhance its strategies.

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## V. COMMUNICATION PRACTICES

### A. Public Disclosure

#### 1. General disclosures

- a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.
- b. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

## 2. Communication with prospective and current students

- a. All communications with potential students should be informative, accurate, and transparent.
- b. The program must be described accurately and completely in documents available to current students, prospective students, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.
- c. Descriptions of the program should include information about its requirements for admission and graduation; tuition and other costs; curriculum; time to completion; faculty, students, facilities, and other resources, including distance learning technologies; administrative policies and procedures; the kinds of research, practicum, and internship experiences it provides; and its education and training outcomes.
  - (i) If the program has criteria for selection that involve competence-based assessments (e.g., GRE subject tests), it must describe how those criteria are appropriate for the aims of the program, how the curriculum is structured in terms of students' initial assessed competency at entry to the program, and how the criteria maximize student success.
  - (ii) If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), it must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accordance with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
- d. The program must provide reasonable notice to its current students of changes to its aims, curriculum, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its educational quality.

## 3. Communication between doctoral and doctoral internship programs

- a. Throughout the internship year, communication between the doctoral program and the internship should be maintained. This ongoing interaction can remain largely informal, depending on the needs of the program and the trainee. The doctoral program should initiate this contact at the start of the training year.
- b. Any formal, written internship evaluations must be retained in student files and used to evaluate the student competencies required for degree completion.

## B. Communication and Relationship With Accrediting Body

The program must demonstrate its commitment to the accreditation process through:

1. **Adherence.** The program must abide by the accrediting body's published policies and procedures as they pertain to its recognition

as an accredited program. The program must respond in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to all questions.

- a. **Standard reporting.** The program must respond to regular, recurring information requests (e.g., annual reports and narrative reports) as required by the accrediting body's policies and procedures.
  - b. **Nonstandard reporting.** The program must submit timely responses to any additional information requests from the accrediting body.
  - c. **Fees.** The program must be in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.
2. **Communication.** The program must inform the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in practice area or degree conferred or changes in faculty or administration.

## STANDARDS OF ACCREDITATION: DOCTORAL INTERNSHIP PROGRAMS

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### I. INSTITUTIONAL AND PROGRAM CONTEXT

#### A. Type of Program

1. **Sponsoring institution.** The program is sponsored by an institution or agency that provides service to a population sufficient in number and variability to give interns adequate experiential exposure to meet training purposes, aims, and competencies.
2. **Length of program.** Accredited internships may be structured as full time or part time. The program requires interns to have the equivalent of 1 year of full-time training to be completed in no fewer than 12 months (or 10 months for school psychology internships), or the equivalent of half-time training to be completed within 24 months. The sponsoring doctoral program, internship program, and intern must have a clear understanding of the intern's plan if internship time is to be divided among two or more agencies for half-time training.
3. Programs can be single-site or multiple sites.

#### B. Institutional and Program Setting and Resources

1. **Internship program setting descriptions must include:**
  - a. Description of the sponsoring institution/agency,
  - b. Description of the training setting and how it is appropriate for the aims/purposes of the training program,

- c. Description of how the setting functions primarily as a service provider, and
- d. Information on required hours.

2. **Administrative structure.** The program offers education and training in psychology that prepare interns for the practice of health service psychology.

- a. The program is an integral part of the mission of the institution in which it resides.
- b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.

3. **Administrative responsibilities related to cultural and individual differences and diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. 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 program has made systematic, coherent, and long-term efforts to attract interns and faculty/staff from diverse backgrounds into the program and retain them. Consistent with such efforts, it acts to support and encourage an appropriate learning environment, training, and training opportunities for individuals who are diverse. Further, the program avoids any actions that would restrict program access on grounds irrelevant to success in graduate training, either directly or from the imposition of significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus, this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been given to applicants, interns, faculty, and staff before their application to or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare interns to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

4. **Funding and budget**

- a. Interns are provided financial support. Financial support should be set at a level that is representative and fair in relationship to both the geographic location and clinical setting of the training site.



- b. The program must have financial support for faculty/staff and sufficient and dependable training activities for the duration of the year or years of the contract with interns.
- c. Funding for the program should be represented in the institution's operating budget and plans in a manner that enables the program to achieve its training aims.

5. **Training resources and support services.** The program must demonstrate adequacy of its educational and training resources, including:

- a. Clerical, technical, and electronic support sufficient to meet the program's needs;
- b. Training materials, equipment, and access to the current knowledge base in the profession, including access to appropriate technology and resources to stay current with the scholarly literature;
- c. Physical facilities that are appropriate for confidential interactions, including facilities and resources compliant with the Americans With Disabilities Act.

### C. Program Policies and Procedures

1. **Areas of coverage.** The program has, adheres to, and makes available to all interested parties formal written policies and procedures that govern interns as they enter and complete the program. These must include policies relevant to:

- a. Intern recruitment and selection;
- b. Any required prior doctoral program preparation and experiences;
- c. Administrative and financial assistance;
- d. Requirements for successful internship performance (including expected competencies and minimal levels of achievement for completion);
- e. Intern performance evaluation, feedback, retention, and termination decisions;
- f. Identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing, and appeal;
- g. Grievance procedures for interns including due process;
- h. Supervision requirements;
- i. Maintenance of records; and
- j. Documentation of nondiscrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.

2. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must demonstrate how it incorporates and implements departmental and institutional policies at the program level, whenever such policies impact the program specifically.



3. **Availability of policies and procedures.** At the start of internship, the program must provide interns with written or electronic policies and procedures regarding program and institution requirements, expectations regarding interns' performance and continuance in the program, and procedures for the termination of interns.

4. **Record keeping**

a. **Intern performance.** The program must document and permanently maintain accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program and for future reference and credentialing purposes. The program should inform interns of its records retention policies.

b. **Complaints and grievances.** The program must keep information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

**D. Program Climate**

1. **Cultural and individual differences and diversity.** The program ensures a welcoming, supportive, and encouraging learning environment for all interns, including interns from diverse and underrepresented communities.

a. Program climate is reflected in the recruitment, retention, and development of training supervisors and interns and in didactic and experiential training that fosters an understanding of cultural and individual differences and diversity as it relates to professional psychology.

b. The program conducts periodic self-assessment of its training climate in regards to diversity and takes steps to maintain an atmosphere that promotes the success of all interns.

2. **Supportive learning environment**

a. The program recognizes the rights of interns and faculty/staff to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and faculty/staff should be collegial and conducted in a manner that reflects the highest standards of the profession. (See the current *APA Ethical Principles of Psychologists and Code of Conduct*.) The program has an obligation to inform interns of these principles and of their avenues of recourse should problems arise.

b. Program faculty/staff are accessible to interns and provide them with a level of guidance and supervision that encourages successful completion of the internship. Faculty/staff members serve as appropriate professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the program's training aims.

## II. AIMS, TRAINING, COMPETENCIES, AND OUTCOMES

### A. Required Profession-Wide Competencies

1. Certain competencies are required for all interns who graduate from programs accredited in health service psychology. Programs must provide opportunities for all their interns to demonstrate they have met each required profession-wide competency.
2. The role of the internship is to build upon a trainee's competencies in all the competency areas. Because science is at the core of health service psychology, programs must demonstrate they rely on the current evidence base when training and assessing interns in the competency areas. Interns must demonstrate competence in:
  - a. Research
  - b. Ethical and legal standards
  - c. Individual and cultural diversity
  - d. Professional values, attitudes, and behaviors
  - e. Communication and interpersonal skills
  - f. Assessment
  - g. Intervention
  - h. Supervision
  - i. Consultation and interprofessional/interdisciplinary skills

### B. Program-Specific Aims and Competencies

1. **Specific aims of the training program.** Consistent with profession-wide competencies required of all programs, the program must provide information on the specific aims of the training program. The program's aims should be aligned with the program's training activities and intended outcomes.
2. **Program-specific competencies.** While internship programs accredited in health service psychology must encompass profession-wide competencies required of all programs, they may also elect to demonstrate program-specific competencies.
  - a. The program must specify if its intended training outcomes will place special emphasis on the development of any competencies in addition to those expected for all psychology interns or to a greater degree of achievement than might be expected for all psychology interns.
  - b. Additional competencies, if any, must be current and consistent with the definition of health service psychology, ethics of the profession, and aims of the program.

### C. Learning Elements to Develop Competencies

1. **Educational activities.** It is the responsibility of the program to have a clear and coherent plan for educational activities that support interns' achievement of both profession-wide and any program-specific competencies.

## 2. Learning elements

- a. The program's primary training method must be experiential (i.e., service delivery in direct contact with service recipients) and include sufficient observation and supervision by psychologists to facilitate interns' readiness to enter into the general practice of psychology on training completion.
- b. The program must follow a logical training sequence that builds on the skills and competencies acquired during doctoral training.
- c. Training for practice must be sequential, cumulative, and graded in complexity in a manner consistent with the program's training structure.
- d. The program must demonstrate that intern service delivery tasks and duties are primarily learning oriented, and training considerations take precedence over service delivery and revenue generation.

## 3. Supervision

- a. Supervision is regularly scheduled.
- b. Interns receive at least 4 hours of supervision per week.
- c. One or more doctoral level psychologists who are appropriately trained and licensed are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.
- d. Supervisory hours beyond the 2 hours of individual supervision must be consistent with the definition of supervision in the glossary and must be supervised by health care professionals who are appropriately credentialed for their role/contribution to the program. These interactive experiences can be in a group or individual format.
- e. Interns should have access to consultation and supervision during times they are providing clinical services.
- f. The doctoral level licensed psychologist supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals.

## D. Outcomes and Program Effectiveness

### 1. Evaluation of interns' competencies

- a. **Current interns.** As part of its ongoing commitment to ensuring the quality of its graduates, the program must evaluate interns in both profession-defined and program-defined competencies. By the end of the internship, each intern must demonstrate achievement of both the profession-wide competencies and any additional competencies required by the program. For each competency, the program must:
  - (i) Specify how it evaluates intern performance;

- (ii) Identify the minimum level of achievement or performance required of the intern to demonstrate competency;
- (iii) Provide outcome data that clearly demonstrate all interns successfully completing the program have attained the minimal level of achievement of both the profession-wide and any program-specific competencies;
- (iv) Base each intern evaluation in part on direct observation (either live or electronic) of the intern; and
- (v) While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with professionally accepted practices in intern competencies evaluation.

b. **Internship program alumni.** The program must evaluate the functioning of alumni in terms of their career paths in health service psychology. Each program must provide data on how well the program prepared interns in each of the profession-wide and any program-specific competencies. The program must also provide data on interns' job placement and licensure status.

## 2. Evaluation of program effectiveness and quality improvement efforts

- a. The program must demonstrate ongoing self-evaluation to monitor its performance to ensure competence in health service psychology and contribute to fulfilment of its sponsor institution's mission.
- b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:
  - (i) Involves program stakeholders, including training faculty/staff, interns, program graduates, and others involved in the training program;
  - (ii) Evaluates its effectiveness in training interns who, by the completion of the internship, demonstrate competencies required by the profession and the program and are able to engage in professional activities consistent with health service psychology and with the program's aims;
  - (iii) Has procedures in place to use proximal and distal data to monitor, make changes in, and improve the program;
  - (iv) Provides resources and/or opportunities to enhance the quality of its training and supervision faculty/staff through continual professional development;
  - (v) Evaluates the currency and appropriateness of its aims, educational activities, policies, and procedures with respect to its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.

#### A. Intern Selection Process and Criteria

1. **Identifiable body of interns.** The program has an identifiable body of interns who are qualified to begin doctoral internship training.
  - a. They are currently enrolled in a doctoral program accredited by an accrediting body recognized by the U.S. Secretary of Education or the Canadian Psychological Association. If the internship accepts an intern from an unaccredited program, the program must discuss how the intern is appropriate for the internship program.
  - b. Interns have interests, aptitudes, and prior academic and practicum experiences appropriate for the internship's training aims and competencies.
  - c. Adequate and appropriate supervised practicum training for the internship program must include face-to-face delivery of health service psychological services.
2. **Recruitment of interns who are diverse**
  - a. The program has made and continues to make systematic, coherent, and long-term efforts to attract interns from different ethnic, racial, gender, and personal backgrounds into the program.
  - b. Consistent with such efforts, the program acts to ensure the provision of training opportunities appropriate for the training of individuals who are diverse. It reviews its success with these efforts and makes changes as appropriate.
3. **Intern sufficiency**

The program has at least two interns who:

- a. Are provided with opportunities that ensure appropriate peer interaction, support, and socialization;
- b. Are provided with opportunities for socialization and interaction with professional colleagues in a manner consistent with the program's training structure;
- c. Have an understanding of the program's philosophy, aims, and expected competencies;
- d. Have a training status at the site that is officially recognized in the form of a title or designation such as "psychology intern" (consistent with the licensing laws of the jurisdiction in which the internship is located and with the sponsoring institution).

#### B. Feedback to Interns

1. Interns receive, at least semiannually and as the need is observed for it, written feedback on the extent to which they are meeting stipulated performance requirements. Feedback is linked to the program's expected minimal levels of achievement for profession-wide competencies and any program-specific competencies.
2. Such feedback should include:

- a. Timely written notification of all problems that have been noted and the opportunity to discuss them;
- b. Guidance on steps to remediate all problems (if remediable);
- c. Substantive written feedback on the extent to which corrective actions are or are not successful in addressing the issues of concern; and
- d. Documentation that the intern evaluation was reviewed and discussed by the intern and the supervisor.

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## IV. SUPERVISOR/FACULTY/STAFF LEADERSHIP

### A. Program Leadership

#### 1. Internship program director

- a. The program director is primarily responsible for directing the training program and has administrative authority commensurate with that responsibility.
- b. The director should have appropriate administrative skills to ensure the success of the program and serve as a role model for the interns.
- c. The director must be a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located.
- d. The director's credentials and expertise must be consistent with the program's aims and the expected competencies of its interns.

**2. Administrative and program leadership structure.** The program's administrative structure and processes facilitate appropriate review and continuous program improvement to ensure the program achieves its aims and provides the training environment needed for interns to attain all competencies. The program must describe how faculty/staff and interns contribute to the planning and implementation of the training program.

#### 3. Intern training supervisors

- a. Supervisors function as an integral part of the site where the program is housed and have primary responsibility for professional service delivery.
- b. The program must have a sufficient number of supervisors to accomplish the program's service delivery and to supervise training activities and program aims. An accredited internship program must have a minimum of two doctoral level psychologists on-site.
- c. Supervisors are doctoral level psychologists who have primary professional responsibility for the cases for which they provide supervision and are appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the internship is located.
  - (i) When supervision services are conducted in a context in which a state or territory credential is required for practice, the supervisor holds that required credential.

- (ii) When supervision services are conducted in a federal jurisdiction (e.g., the VA or Bureau of Prisons), the credentialing rules pertaining to practice in a federal setting apply.
  - (iii) Supervision requirements for school settings are governed by federal general education and special education laws.
- d. Supervisors are responsible for reviewing with the interns the relevant scientific and empirical bases for the professional services delivered by the interns.
  - e. Supervisors participate actively in the program's planning, implementation, and evaluation and serve as professional role models to the interns consistent with the program's training aims and expected competencies.
  - f. Other professionals who are appropriately credentialed can participate in the training program. These individuals may augment and expand interns' training experiences, provided the professionals are integrated into the program and are held to standards of competence appropriate to their role/contribution within the program.

## **B. Faculty/Staff Diversity**

The program must demonstrate systematic and long-term efforts to recruit and retain faculty/staff of diverse backgrounds.

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## **V. COMMUNICATION PRACTICES**

### **A. Public Disclosure**

#### **1. General Disclosures**

- a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent the program to all relevant publics. At a minimum this includes general program information pertaining to its aims, required training sequence, program-specific competencies, and expected outcomes in terms of its interns' careers.
- b. The program also demonstrates commitment to public disclosure by providing current information on its use of distance education technologies for training and supervision.
- c. The program articulates its commitment to attracting and training diverse interns.
- d. The program provides its status with regard to accreditation, including the specific training program covered by that status and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials that pertain to the program's accreditation status.

## 2. Communication with prospective and current interns

- a. All communications with potential interns should be informative, accurate, and transparent.
- b. The program is described accurately and completely in documents available to current interns, prospective interns, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.
- c. The program describes its aims; requirements for admission and completion; curriculum; training supervisors, facilities, and other resources; administrative policies and procedures, including vacation, sick leave, maternity and paternity leave policies; the kinds of experiences it provides; anticipated workload requirements; and training outcomes in documents available to current interns, prospective interns, and other publics.
- d. The program provides reasonable notice to its current interns of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its training quality.
- e. The program issues a certificate of completion to all interns who have successfully met all program requirements. The certificate of completion must include a statement about the program's scope of accreditation (e.g., Internship in Health Service Psychology).

## 3. Communication between doctoral and internship programs

- a. Throughout the internship year, there should be communication between the doctoral program and the internship program. The nature and frequency of this communication will depend on needs. Communication must take place when problems arise with interns.
- b. The internship should send formal written intern evaluations to the doctoral program at or near the midpoint of the training year and again at internship completion.

## B. Communication and Relationship With Accrediting Body

The program demonstrates its commitment to the accreditation process through:

1. **Adherence.** The program abides by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program, and the program responds in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to questions from the accrediting body.
  - a. **Standard reporting.** The program responds to regular recurring information requests (e.g., annual reports and narrative reports) as identified by the accrediting body's policies and procedures.
  - b. **Nonstandard reporting.** The program submits timely responses to any additional information requests from the accrediting body consistent with its policies and procedures.



- c. **Fees.** The program is in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.
2. **Communication.** The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty changes, and changes in administration.

# STANDARDS OF ACCREDITATION: POSTDOCTORAL RESIDENCY PROGRAMS

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## I. INSTITUTIONAL AND PROGRAM CONTEXT

### A. Type of Program

1. **Areas of postdoctoral accreditation.** Programs providing training in health service psychology (HSP) may be accredited in one or more areas:
- a. Advanced competencies in the major areas of training in health service psychology recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas)  
  
A focus area that promotes attainment of advanced competencies in a context within one or more of the major areas of training in health service psychology recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas)
  - b. Specialty practice areas in health service psychology. If accreditation is sought in a recognized specialty practice area, the specialty practice area must meet at least two of the following requirements:
    - (i) The specialty is recognized by the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association or by the American Board of Professional Psychology (ABPP).
    - (ii) The specialty is recognized by and holds membership on the Council of Specialties (CoS).
    - (iii) The specialty has provided the Commission on Accreditation with specialty-specific postdoctoral educational and training guidelines endorsed by the Council of Specialties.
2. **Length of program.** Each resident must complete a minimum of 1 year of full-time training in no fewer than 12 months (10 months for school psychology postdoctoral training programs) or 2 years of half-time training in no more than 24 months. Specialty practice residencies may require longer training periods, as specified in their respective education and training guidelines.

3. **Direct service delivery.** This is an essential element of training that promotes advanced competencies in health service psychology. Programs must allocate sufficient time to various training activities in order to promote the development of advanced competencies (e.g., direct service, didactics, supervision, and research). Programs that require substantial research activities must demonstrate how these research activities are directly related to the program's aims, competencies, and outcomes as described in Section II.
4. **Learning.** Learning must take precedence over service delivery. The program must demonstrate that residents' service delivery activities are primarily learning oriented and that training considerations take precedence over service needs and revenue generation.

## B. Institutional and Program Setting and Resources

1. **Training setting.** The setting must be appropriate for the program's aims and the development of residents' advanced competencies. Resources to support training must be sufficient to meet the program's aims and various expected learning outcomes. The service population must be appropriate and sufficient to meet the direct service activities that foster development of advanced competencies.
2. **Administrative structure**
  - a. The program's aims are consistent with the mission of the larger institution in which it resides. The program is represented in the institution's operating budget and plans in a manner that enables it to achieve its aims.
  - b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.
  - c. A postdoctoral training program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or may take the form of a consortium.
3. **Administrative responsibilities related to cultural and individual differences and diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. 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 program has made systematic, coherent, and long-term efforts to attract and retain residents and faculty/staff from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for training and training opportunities for individuals who are diverse. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in postdoctoral training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus, this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been given to applicants, residents, and faculty/staff before their application to or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the pro-

gram, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare residents to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

#### 4. Funding and budget sources

- a. A program must have stable and sufficient funding to conduct the training necessary to meet its aims.
- b. All postdoctoral residents must be financially supported at a level consistent with comparable doctoral level professionals training at the same site or in the region.

#### 5. Training resources and support services

- a. The program provides sufficient and appropriate resources to fulfill the aims of the program (e.g., office space, supplies, computers, clerical support, library, and test equipment).
- b. These resources and facilities must be compliant with the Americans With Disabilities Act.

### C. Program Policies and Procedures

#### 1. Administrative

##### a. Resident recruitment and selection

- (i) The program has procedures for resident selection that ensure residents are appropriately prepared for the training offered.
- (ii) At the initiation of training, residents will have completed doctoral and internship training in programs accredited by an accrediting body recognized by the U.S. Secretary of Education or the Canadian Psychological Association. If the program accepts residents who attended unaccredited programs, the residency must describe how the program ensures that selected residents are otherwise qualified and appropriately prepared for advanced training in the residency program.

b. **Program policies and procedures.** The program has, adheres to, and makes available to all interested parties formal written policies and procedures that govern residents as they enter and complete the program. These must include policies relevant to:

- (i) Resident recruitment and selection;
- (ii) Any required prior doctoral program and internship preparation and experiences;
- (iii) Administrative and financial assistance;

- (iv) Requirements for successful resident performance (including expected competencies and minimal levels of achievement for completion);
- (v) Resident performance evaluation, feedback, retention, and termination decisions;
- (vi) Identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing, and appeal;
- (vii) Grievance procedures for residents including due process;
- (viii) Supervision requirements;
- (ix) Maintenance of records; and
- (x) Documentation of nondiscrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in postdoctoral training or the profession.

2. **Resident evaluation.** Residents must receive written feedback on the extent to which they are meeting performance requirements at least semiannually (or more often as the need arises).

3. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must demonstrate how it incorporates and implements departmental and institutional policies at the program level, whenever such policies specifically impact the program.

4. **Availability of policies and procedures.** At the start of residency, the program must provide residents with written or electronic copies of policies and procedures regarding program and institution requirements, expectations regarding residents' performance and continuance in the program, and procedures for the termination of residents.

#### 5. **Record keeping**

- a. The program documents and permanently maintains accurate records of the residents' supervised training experiences and evaluations for future reference, certification, licensing, and credentialing purposes.
- b. Each program is responsible for maintaining records of all formal complaints and grievances against the program of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of residents' complaints as part of its periodic review of the program.

## D. Program Climate

1. **Cultural and individual differences and diversity.** The program ensures a welcoming, supportive, and encouraging learning environment for all residents, including residents from diverse and underrepresented communities.
  - a. Program climate is reflected in the recruitment, retention, and development of training supervisors and residents, as well as in didactic and experiential training that fosters an understanding of cultural and individual diversity as it relates to professional psychology.
  - b. The program conducts periodic self-assessment of its training climate in regards to diversity and takes steps to maintain an atmosphere that promotes the success of all residents.
2. **Resident/faculty/staff relationship climate**
  - a. The program recognizes the rights of residents and training supervisors to be treated with courtesy and respect. To maximize the quality and effectiveness of residents' learning experiences, interactions among residents, training supervisors, and program staff should be collegial and conducted in a manner that reflects psychology's ethical principles and professional conduct standards.
  - b. The program provides opportunities for socialization into the profession.
  - c. The program encourages peer interaction, and residents are provided with opportunities for appropriate peer interaction, support, and learning.
  - d. Residents are provided with opportunities for collegial interaction with professionals and/or trainees in other disciplines.

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## II. AIMS, COMPETENCIES, TRAINING, AND OUTCOMES

### A. Aims of the Program

The program must describe its aims in residency training (i.e., the overall, long-term expected outcome of the residency program).

### B. Competencies

Postdoctoral programs ensure that residents attain advanced competencies relevant to the program's specialty or area of focus. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing residents in the competency areas. All programs provide experiences to promote advanced competencies fundamental to health service psychology (Level 1). Additionally, programs ensure that residents attain advanced competencies relevant to the program's aims or area of focus (Level 2) or that are consistent with the program's designated specialty (Level 3).

1. **Level 1—Advanced competency areas required of all programs at the postdoctoral level**
  - a. **Integration of science and practice.** This includes the influence of science on practice and of practice on science.

- b. **Individual and cultural diversity.** This includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.
- c. **Ethical and legal.** This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

## 2. Level 2—Program-specific or area-of-focus competencies

- a. The program specifies expected learning outcomes appropriate and relevant for the area of health service psychology emphasized in training (i.e., residents' expected competencies upon program completion).
- b. The program requires all residents to demonstrate competencies at an advanced level in those domains integral to achieving its aims. These may include some or all CoA profession-wide competencies or other competencies identified by the program.

- 3. **Level 3—Specialty competencies.** To be accredited in a specialty practice area, the program must fulfill the standards for accreditation and the training and education guidelines endorsed by the recognized specialty.

## C. Learning Experiences That Promote the Development of Advanced Competencies

- 1. A formal, goal-directed training plan describing planned training experiences must be developed for each resident. To plan for how the resident will successfully attain the program's exit criteria, the individualized training plan should include the resident's competence level at entry. The educational activities listed below may occur in an interprofessional context or may make use of existing didactics occurring in the setting if they are appropriate for an advanced level of training.
- 2. **Educational activities** (e.g., didactics, clinical conferences, grand rounds, group supervision). The program must demonstrate how structured educational activities complement experiential training and how they are linked to competencies in Levels 1–3 above.
- 3. **Clinical activities.** The program must provide in an appropriate setting supervised service delivery experiences that promote the development of the advanced competencies identified in Levels 1–3.
- 4. **Individual supervision**
  - a. At least 2 hours per week of individual supervision focused on the resident's professional activities must be conducted by an appropriately trained and licensed doctoral level psychologist.
  - b. Supervisors must maintain an ongoing supervisory relationship with the resident and have primary professional clinical responsibility for the cases for which they provide supervision.
  - c. A postdoctoral resident must have an appropriately trained and licensed doctoral level psychologist serving as primary supervisor to ensure continuity of the training plan.

- d. The primary supervisor must maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other health professionals.

## D. Evaluation

### 1. Evaluation of resident competencies

- a. An evaluation is made of the resident's progress toward satisfactory attainment of the program's expected competencies, as reflected in the completion of the program's stated minimum levels of achievement and other program requirements.
- b. Data on residents' competencies must include competency-based assessments of residents as they progress through, and at completion of, the program (proximal data) and information regarding residents' attainment of competencies after they complete the program (distal data).
  - (i) Proximal data will, at the least, include evaluations of residents by knowledgeable others (i.e., supervisors or trainers). The evaluation process and assessment forms must parallel the program's expected competencies. These evaluations include the feedback provided to residents as required in Standard I.C.1d.
  - (ii) At each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated.
  - (iii) Distal data reflect the program's effectiveness in achieving its aims, as reflected by resident attainment of program-defined competencies.
  - (iv) Distal data typically include information obtained from alumni surveys assessing former residents' perception of the degree to which the program achieved its aims by preparing them in the competencies identified as important by the program. The data may also include graduates' professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations).

### 2. Quality improvement of the program. The program must demonstrate continuous self-evaluation, ensuring that its aims are met, the quality of its professional education and training are enhanced, and it contributes to the fulfillment of its host institution's mission.

- a. The program, with appropriate involvement of its training supervisors, residents, and former residents, engages in a self-study process that addresses:
  - (i) Its expectations for the quality and quantity of the resident's preparation and performance in the program;
  - (ii) Its effectiveness in achieving program aims for residents in terms of outcome data (while residents are in the program and after completion), taking into account the residents' views regarding the quality of the training experiences and the program;
  - (iii) Its procedures to maintain current achievements or to make changes as necessary; and



(iv) Its aims and expected outcomes as they relate to local, regional, state/provincial, and national needs, as well as advances in the knowledge base of the profession and the practice area in which the program provides its training.

- b. The program provides resources and/or opportunities to enhance the quality of its training and supervision staff through continued professional development.
- c. The program and its host institution value and recognize the importance of resident training and of the supervisors' training and supervisory efforts and demonstrate this in tangible ways.
- d. The program demonstrates how it utilizes proximal and distal data to monitor and improve the program.

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### III. PROGRAM RESIDENTS

#### A. Resident Selection Processes and Criteria

1. **Resident selection.** As evidence that residents meet the program's entry requirements, the program ensures that its residents:
  - a. Have completed appropriate doctoral education and training in health service psychology or appropriate re-specialization, either of which must include the completion of an appropriate internship; and
  - b. Have interests and abilities appropriate for the postdoctoral training program's aims and expected competencies.
2. **Postdoctoral psychology residents.** The program has one or more post-doctoral psychology residents who:
  - a. Have an understanding of the program's aims and expected competencies;
  - b. Have meaningful involvement in those activities and decisions that serve to enhance resident training and education; and
  - c. Have a title commensurate with the title used in that setting by other professionals in training who have comparable responsibility, education, and training, consistent with the laws of the jurisdiction in which the program is located.
3. **Resident diversity.** The program has made systematic and sustained efforts to attract residents from diverse backgrounds into the program.

Consistent with such efforts, the program acts to provide a supportive and encouraging learning environment for all residents, including those with diverse backgrounds, and to provide learning opportunities appropriate for the training of individuals who are diverse.

#### B. Program Activities, Resources, and Processes

Activities, resources, and processes are designed to maximize the likelihood of all residents' success in completing the program. The program must provide professional mentoring to residents in addition to supervision.



## IV. PROGRAM FACULTY/STAFF

### A. Program Leadership and Faculty/Staff Qualifications

#### 1. Program leadership

- a. The program has a designated director who is a psychologist appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located, who is primarily responsible for directing the training program, and who has administrative authority commensurate with those responsibilities.
- b. The program director's credentials and expertise are consistent with the program's aims.
- c. For programs that include a recognized specialty practice area, the individual providing leadership of that area must have appropriate expertise and credentials in that specialty.

2. **Program leadership structure.** The program must describe how faculty/staff and residents contribute to the planning and implementation of the training program.

### B. Faculty/Staff

1. **Sufficiency.** The formally designated supervisors include at least two psychologists who:

- a. Deliver services in the practice area in which postdoctoral training occurs;
- b. Function as an integral part of the program at the site where the program is housed;
- c. Have primary professional and clinical responsibility for the cases on which they provide supervision;
- d. Are appropriately trained and credentialed (i.e. licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located;
- e. Are of appropriate quality for the program's aims and have appropriate qualifications for advanced training in the focus area or specialty;
- f. Participate actively in the program's planning, implementation, and evaluation; and
- g. Serve as professional role models for the residents.

2. **Recruitment and retention of diverse faculty/staff**

- a. The program makes systematic and sustained efforts to attract and retain faculty/staff from diverse backgrounds into the program.
- b. Consistent with such efforts, the program acts to ensure a supportive and encouraging learning environment and the provision of continuing educational opportunities appropriate for a broad spectrum of professionals.

- c. The program avoids any actions that would restrict program access on grounds that are irrelevant to a career in health service psychology.

### **C. Ancillary Faculty/Staff**

1. The program may utilize ancillary faculty/staff to achieve its aims and competencies.
2. An accredited program must demonstrate that the ancillary faculty/staff are appropriate and sufficient to achieve the program's aims and ensure appropriate competencies for the residents.

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## **V. COMMUNICATION PRACTICES**

### **A. Public Disclosure**

#### **1. General disclosures**

- a. The program demonstrates its commitment to public disclosure by providing accurate and complete written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, recruitment, and selection; implementation of strategies to ensure resident cohorts that are diverse; required training experiences; use of distance education technologies for training and supervision; and expected training outcomes.
- b. The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program makes available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

#### **2. Communication with prospective and current residents**

- a. The program provides current information on training outcomes deemed relevant by the profession.
- b. The program is described accurately and completely in documents available to current residents, prospective residents, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. At a minimum, descriptions of the program should include the licensure status, employment status, and advanced certifications residents can expect to obtain. Program descriptions should be updated regularly as new cohorts begin and complete the program.
- c. The program describes its aims and expected resident competencies; selection procedures and requirements for completion; training supervisors, residents, facilities, service recipient populations, training settings, and other resources; administrative policies and procedures, including the average amount of time per week residents spend in direct service delivery and other educational, training, and program activities; and the total time to completion.

- d. The program provides reasonable notice to its current residents of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any program transitions that may impact training quality.
- e. The program issues a certificate of completion to residents who successfully attain the expected competencies and complete the contracted learning period.

## **B. Communication and Relationship With Accrediting Body**

The program demonstrates its commitment to the accreditation process through:

1. **Adherence.** The program abides by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program responds in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to questions from the accrediting body.
  - a. **Standard reporting.** The program responds to regular recurring information requests (e.g., annual reports and narrative reports) as identified by the accrediting body's effected policies and procedures.
  - b. **Nonstandard reporting.** The program submits timely responses to information requests from the accrediting body consistent with its affected policies and procedures.
  - c. **Fees.** The program remains in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.
2. **Communication.** The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty/staff changes, or changes in administration.

**Table 2: Profession-Wide Competencies Template:** Complete the table for each of the profession-wide competencies (see [IR C-8 D](#)) to demonstrate how each required competency is covered.

The program should also use this table as it prepares proximal data consistent with the requirements of Implementing Regulation (IR) C-18 D. Proximal data must be *collected* at the element level and *presented* at the competency level; distal data may be collected and presented at the competency level. IR C-18 D states that, “Accredited programs are required to operationalize competencies in terms of multiple elements. At a minimum, those elements must reflect the content description of each PWC defined in IR C-8 D, including the bulleted content, and must be consistent with the program aim(s).” The table below has been pre-populated with the required elements from IR C-8 D, and programs must ensure that multiple elements are listed in Table 2 and assessed for each competency.

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Table 2 (Doctoral); Standard II.B.1.b

Provide information below to illustrate how the program ensures that ALL students can acquire and demonstrate substantial understanding of and competence in:		
<b>Competency:</b>	<i>(i) Research</i>	
<b>Elements associated with this competency from <a href="#">IR C-8 D</a></b>	<ul style="list-style-type: none"> <li>• Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.</li> <li>• Conduct research or other scholarly activities.</li> <li>• 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.</li> </ul>	
<b>Program-defined elements associated with this competency</b> (if applicable; see table description above)	<ul style="list-style-type: none"> <li>• No additional program elements</li> </ul>	
<b>Required training/experiential activities to meet each element.</b> If applicable, clarify where activity description (e.g., syllabus) is located.	<ul style="list-style-type: none"> <li>• Research Courses (PSIC 6006 Statistics Applied to Psychology PSIC 6007 Methods in Psychological Research, PSIC 6305 Advanced Statistics and Method Design, PSIC 8017 Multiple Perspectives in Research)</li> <li>• Completion of Master’s Comprehensive Exam</li> <li>• Completion of Doctoral Candidacy Exam</li> <li>• Completion of dissertation research</li> </ul>	
<b>How outcomes are measured</b> for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<p>How outcomes are measured:</p> <ul style="list-style-type: none"> <li>• <b>Coursework:</b> PSIC 6006, PSIC 6305, PSIC 8017</li> <li>• <b>Projects:</b> <ol style="list-style-type: none"> <li>1) Comprehensive exam</li> <li>2) Doctoral Candidacy Exam</li> <li>3) Dissertation</li> </ol> </li> </ul>	<p>Evaluation tool and self-study location:</p> <ul style="list-style-type: none"> <li>• Comprehensive exam rubric (Appendix II.B.1.b.2.1)</li> <li>• Doctoral Candidacy Exam rubric (Appendix II.B.1.b.2.2.)</li> <li>• Passing Grade on dissertation</li> </ul>
<b>Minimum levels of achievement (MLAs)</b> for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> <li>* A minimum grade of B=3 for the following research courses: (PSIC 6006, PSIC 6007, PSIC 6305, PSIC 8017)</li> <li>* A minimum score of 80 in the Doctoral Candidacy Exam</li> <li>* A minimum score of 80 in the Comprehensive exam</li> <li>* A passing grade of P (pass) in the Doctoral Dissertation defense</li> </ul>	

Table 2 (Doctoral); Standard II.B.1.b

<b>Competency:</b>	<i>(ii) Ethical and legal standards</i>	
<b>Elements associated with this competency from <a href="#">IR C-8 D</a></b>	<ul style="list-style-type: none"> <li>• Be knowledgeable of and act in accordance with each of the following:               <ol style="list-style-type: none"> <li>a. the current version of the APA Ethical Principles of Psychologists and Code of Conduct;</li> <li>b. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and</li> <li>c. Relevant professional standards and guidelines.</li> </ol> </li> <li>• Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.</li> <li>• Conduct self in an ethical manner in all professional activities.</li> </ul>	
<b>Program-defined elements associated with this competency (if applicable)</b>	Not applicable	
<b>Required training/experiential activities to meet each element.</b> If applicable, clarify where activity description (e.g., syllabus) is located.	<ul style="list-style-type: none"> <li>• <b>Coursework:</b> Ethics (PSIC 6996), Methods in Psychological Research (PSIC 6007),</li> <li>• <b>Projects:</b> <ol style="list-style-type: none"> <li>1. Case Presentation &amp; Conceptualization (PSIC 6506)</li> <li>2. CITI ethics certificate (assignment in course PSIC 6007)</li> <li>3. Clinical Practices (Practicum)</li> <li>4) Preparing and submitting an IRB proposal</li> </ol> </li> </ul>	
<b>How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.</b>	How outcomes are measured: <ul style="list-style-type: none"> <li>• Clinical Practicum evaluations</li> <li>• Case Presentations Evaluation Rubric</li> <li>• Course Grades</li> <li>• Dissertation Defense</li> </ul>	Evaluation tool and self-study location: <ul style="list-style-type: none"> <li>Clinical Practicum Evaluation Form/Rubric (Appendix II.B.1.b.)</li> <li>Case Presentation Evaluation Form/Rubric (Appendix II.B.1.b.)</li> <li>Case Presentation Table (Appendix II.B.1.b.)</li> </ul>
<b>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</b>	<ul style="list-style-type: none"> <li>• Passing grades (B or better) in Ethics (PSIC 6996), Methods in Psychological Research (PSIC 6007); Case Presentation &amp; Conceptualization (ethics sections) (PSIC 6506)</li> <li>• A Passing grade in Dissertation</li> <li>• A minimum average rating of 3 on “Ethics &amp; Professional Conduct” items from Clinical Practicum Evaluations</li> <li>• Obtain a minimum grade of 80 in the CITI certification as part of an assignment in the Methods course (PSIC 6007)</li> </ul>	

Table 2 (Doctoral); Standard II.B.1.b

Competency:	<i>(iii) Individual and cultural diversity</i>	
<b>Elements associated with this competency from <a href="#">IR C-8 D</a></b>	<ul style="list-style-type: none"> <li>• An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.</li> <li>• 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.</li> <li>• 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 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.</li> <li>• Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.</li> </ul>	
<b>Program-defined elements associated with this competency (if applicable)</b>	5) No applicable	
<b>Required training/experiential activities to meet each element.</b> If applicable, clarify where activity description (e.g., syllabus) is located.	<ul style="list-style-type: none"> <li>• Course work: Theories of Personality &amp; Psychotherapy (PSIC 6004), Advanced Social Psychology (PSIC 6105), Human Development Across the Lifespan (PSIC 6302); Psychological Assessment I (PSIC 6401); Family Therapy (PSIC 6421); Psychopathology (PSIC 6408)</li> <li>• Diversity infused throughout all pertinent required courses (see syllabi);</li> <li>• Clinical practices (Practicum)</li> <li>• Case Presentation &amp; Conceptualization of a Patient</li> </ul>	
<b>How outcomes are measured</b> for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: <ul style="list-style-type: none"> <li>• Clinical Practicum evaluations</li> <li>• Case Presentations</li> <li>• Course Grades</li> </ul>	Evaluation tool and self-study location: <ul style="list-style-type: none"> <li>Clinical Practicum Evaluation Form/Rubric (Appendix II.B.1.b.1.3)</li> <li>Case Presentation Evaluation Form/Rubric (Appendix II.B.1.b.1.3)</li> <li>Case Presentation Table (Appendix II.B.1.b.)</li> </ul>
<b>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed</b>	<ul style="list-style-type: none"> <li>• A minimum grade of B in the following courses: Theories of Personality (PSIC 6005), Advanced Social Psychology (PSIC 6105), Human Development Across the Lifespan (PSIC 6302); Psychological Assessment I (PSIC 6401); Family Therapy (PSIC 6421).</li> </ul>	

above.	<ul style="list-style-type: none"><li>• A minimum score of 3 on “Individual differences” items from Case Presentation Rubric (PSIC 6506)</li></ul>
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Table 2 (Doctoral); Standard II.B.1.b

<b>Competency:</b>	<i>(iv) Professional values, attitudes, and behaviors</i>	
<b>Elements associated with this competency from <a href="#">IR C-8 D</a></b>	<ul style="list-style-type: none"> <li>Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others</li> <li>Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.</li> <li>Actively seek and demonstrate openness and responsiveness to feedback and supervision.</li> <li>Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.</li> </ul>	
<b>Program-defined elements associated with this competency (if applicable)</b>	No additional program elements	
<b>Required training/experiential activities to meet each element.</b> If applicable, clarify where activity description (e.g., syllabus) is located.	Clinical practices (Practicum) Case Presentation & Conceptualization of a Patient	
<b>How outcomes are measured</b> for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: Clinical Practicum evaluations Case Presentation & Conceptualization	Evaluation tool and self-study location: Clinical Practicum Evaluation Form/Rubric (Appendix II.B.1.b.1.3) Case Presentation Rubric (Appendix II.B.1.b.) Case Presentation Table (Appendix II.B.1.b.)
<b>Minimum levels of achievement (MLAs)</b> for each outcome measure/evaluation tool listed above.	<p>* A minimum average rating of 3 on “<i>Professional values, attitudes, and behaviors</i>” items of the Clinical Practicum Evaluation Forms</p> <p>* A minimum average rating of 3 on “<i>Integration/Professionalism</i>” items of the Case Presentation Rubric</p>	

Table 2 (Doctoral); Standard II.B.1.b

<b>Competency:</b>	<i>(v) Communications and interpersonal skills</i>	
<b>Elements associated with this competency from <a href="#">IR C-8 D</a></b>	<ul style="list-style-type: none"> <li>• Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.</li> <li>• Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.</li> <li>• Demonstrate effective interpersonal skills and the ability to manage difficult communication well.</li> </ul>	
<b>Program-defined elements associated with this competency (if applicable)</b>	No additional program elements	
<b>Required training/experiential activities to meet each element.</b> If applicable, clarify where activity description (e.g., syllabus) is located.	Clinical practices (Practicum) Case Presentation & Conceptualization of a Patient Dissertation	
<b>How outcomes are measured</b> for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: Clinical Practicum evaluations Case Presentations Dissertation defense	Evaluation tool and self-study location: Clinical Practicum Evaluation Form/Rubric (Appendix II.B.1.b.1.3) Case Presentation Evaluation Form/Rubric (Appendix II.B.1.b.1.3) Case Presentation Table (Appendix II.B.1.b.)
<b>Minimum levels of achievement (MLAs)</b> for each outcome measure/evaluation tool listed above.	<p>*A minimum score of 3 on “<i>Communications and interpersonal skills</i>” items of the Clinical Practicum Evaluations Forms/Rubrics</p> <p>*A minimum average rating of 3 on “<i>Communications skills</i>” and “<i>Presentation Style</i>” items of the Case Presentation Rubric</p> <p>*A passing grade on Dissertation defense</p>	

Table 2 (Doctoral); Standard II.B.1.b

<b>Competency:</b>	<i>(vi) Assessment</i>	
<b>Elements associated with this competency from <a href="#">IR C-8 D</a></b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	
<b>Program-defined elements associated with this competency (if applicable)</b>	No additional program elements	
<b>Required training/experiential activities to meet each element.</b> If applicable, clarify where activity description (e.g., syllabus) is located.	<ul style="list-style-type: none"> <li>• Clinical practices (Practicum)</li> <li>• Case Presentation &amp; Conceptualization of a Patient</li> <li>• Assessment Courses and Laboratories: PSIC 6401 Psychological Assessment I; PSIC 6403 Psychological Assessment I Practice/Lab; PSIC 6402 Psychological Assessment II; PSIC 6404 Psychological Assessment II Practice/Lab</li> <li>• Psychopathology (PSIC 6408)</li> </ul>	
<b>How outcomes are measured</b> for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<p>How outcomes are measured:</p> <ul style="list-style-type: none"> <li>• Clinical Practicum evaluations</li> <li>• Case Presentations</li> <li>• Psychological Assessment Practices E* * * Evaluation Forms</li> <li>• Course grades</li> </ul>	<p>Evaluation tool and self-study location:</p> <p>Clinical Practicum Evaluation Form/Rubric (Appendix II.B.1.b.1.3)</p> <p>Case Presentation Evaluation Form/Rubric (Appendix II.B.1.b.1.3)</p> <p>Psychological Assessment Practice I Evaluation Form (Appendix II.B.1.b.1.3)</p> <p>Psychological Assessment Practice II Evaluation Form (Appendix II.B.1.b.1.3)</p> <p>Case Presentation Table (Appendix II.B.1.b.)</p>

<p><b>Minimum levels of achievement (MLAs)</b> for each outcome measure/evaluation tool listed above.</p>	<ul style="list-style-type: none"> <li>• A minimum average rating of 3 on “<i>Assessment</i>” items from Clinical Practicum Evaluations Forms/Rubrics</li> <li>• A minimum average rating of 3 on “<i>Assessment</i>” items from Psychological Assessment Practice I &amp; II Evaluations Forms/Rubrics</li> <li>• A minimum grade of B in the following courses: PSIC 6401 Psychological Assessment I</li> <li>• A Passing grade of P (Pass) on the following Practices: PSIC 6403 Psychological Assessment Practice I; and PSIC 6404 Psychological Assessment Practice II</li> </ul>
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Table 2 (Doctoral); Standard II.B.1.b

<b>Competency:</b>	<i>(vii) Intervention</i>	
<b>Elements associated with this competency from <a href="#">IR C-8 D</a></b>	<ul style="list-style-type: none"> <li>• Establish and maintain effective relationships with the recipients of psychological services.</li> <li>• Develop evidence-based intervention plans specific to the service delivery goals.</li> <li>• Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.</li> <li>• Demonstrate the ability to apply the relevant research literature to clinical decision making.</li> <li>• Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.</li> <li>• Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.</li> </ul>	
<b>Program-defined elements associated with this competency (if applicable)</b>	No additional program elements	
<b>Required training/experiential activities to meet each element.</b> If applicable, clarify where activity description (e.g., syllabus) is located.	<ul style="list-style-type: none"> <li>• Graded clinical training and related courses: Theories of Personality and psychotherapy (PSIC 6004); Introduction to Clinical Practice (PSIC 6437); Human Development Across Lifespan (PSIC 6302); Psychopathology (PSIC 6408); Ethics (PSIC 6996); and two of any of the following clinical skill courses: Family Psychotherapy (PSIC-6421), PSIC 6407 Techniques in Crisis Intervention and Short-Term Therapy, PSIC 8525 Play Therapy; PSIC 6416 Group Therapy</li> <li>• Clinical Practicum</li> <li>• Clinical skill Practices</li> <li>• Case Presentation &amp; Conceptualization Presentation</li> </ul>	
<b>How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.</b>	<p>How outcomes are measured:</p> <ul style="list-style-type: none"> <li>• Course grades</li> <li>• Pass/No Pass Assessment Clinical Practices</li> <li>• Average clinical practicum ratings on relevant items</li> <li>• Case Presentation Evaluation Form</li> </ul>	<p>Evaluation tool and self-study location:</p> <p>Clinical Practicum Evaluation Forms (Appendix II.B.1.b.)</p> <p>Assessment Evaluation Rubric (Appendix II.B.1.b.)</p> <p>Case Presentation Evaluation Rubric (Appendix III.c.2.2?)</p> <p>Case Presentation Table (Appendix II.B.1.b.)</p>
<b>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</b>	<ul style="list-style-type: none"> <li>• Passing grade (B or better) for relevant graded courses</li> <li>• A Pass for Pass/No-pass courses</li> <li>• A minimum average score of 3 on “<i>Clinical skills</i>” items on Case Presentation Rubric</li> <li>• A minimum average score of 3 on “<i>Psychological Intervention skills</i>” items on Clinical Practicum Evaluations</li> </ul>	

	<ul style="list-style-type: none"><li>• A minimum grade of B in the following courses: Theory of Personality and psychotherapy (PSIC 6004); Introduction to Clinical Practice (PSIC 6437); Human Development Across Lifespan (PSIC 6302); Psychopathology (PSIC 6408); Ethics (PSIC 6996); Family Psychotherapy (PSIC-6421) or PSIC 6407 Techniques in Crisis Intervention and Short-Term Therapy, PSIC 8525 Play Therapy; PSIC 6416 Group Therapy</li><li>• Clinical Practicum</li></ul>
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Table 2 (Doctoral); Standard II.B.1.b

<b>Competency:</b>	<i>(viii) Supervision</i>	
<b>Elements associated with this competency from IR C-8 D</b>	<ul style="list-style-type: none"> <li>• Demonstrate knowledge of supervision models and practices.</li> </ul>	
<b>Program-defined elements associated with this competency</b>	<ul style="list-style-type: none"> <li>• No applicable</li> </ul>	
<b>Required training/experiential activities to meet each element.</b> If applicable, clarify where activity description (e.g., syllabus) is located.	<ul style="list-style-type: none"> <li>• Clinical Practices</li> <li>• Supervision course</li> </ul>	
<b>How outcomes are measured</b> for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<b>How outcomes are measured:</b> <ul style="list-style-type: none"> <li>• Course grades</li> <li>• Average clinical practicum ratings on relevant items</li> </ul>	<b>Evaluation tool and self-study location:</b> Clinical Practicum Evaluation Form/Rubric (Appendix II.B.1.b.1.3)
<b>Minimum levels of achievement (MLAs)</b> for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> <li>• A minimum grade of B in the following course:</li> <li>• A minimum average score of 3 on the aggregate “ Supervision” items on Clinical Practicum Evaluations</li> <li>• A minimum grade of B in the Supervision course</li> </ul>	

Table 2 (Doctoral); Standard II.B.1.b

<b>Competency:</b>	<i>(ix) Consultation and interprofessional/interdisciplinary skills</i>	
<b>Elements associated with this competency from <a href="#">IR C-8 D</a></b>	<ul style="list-style-type: none"> <li>• Demonstrate knowledge and respect for the roles and perspectives of other professions.</li> <li>• Demonstrates knowledge of consultation models and practices.</li> </ul>	
<b>Program-defined elements associated with this competency (if applicable)</b>	No applicable	
<b>Required training/experiential activities to meet each element.</b> If applicable, clarify where activity description (e.g., syllabus) is located.	<ul style="list-style-type: none"> <li>• Case Presentation &amp; Conceptualization of a Patient</li> <li>• Clinical Practices</li> </ul>	
<b>How outcomes are measured</b> for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: <ul style="list-style-type: none"> <li>• Case Presentation Evaluation</li> <li>• Clinical Practices</li> </ul>	Evaluation tool and self-study location: <ul style="list-style-type: none"> <li>Clinical Practicum Evaluation Form/Rubric (Appendix II.B.1.b.1.3)</li> <li>Case Presentation Evaluation Form/Rubric (Appendix II.B.1.b.1.3)</li> <li>Case Presentation Table (Appendix II.B.1.b.)</li> </ul>
<b>Minimum levels of achievement (MLAs)</b> for each outcome measure/evaluation tool listed above.	<ul style="list-style-type: none"> <li>• A minimum average score of 3 on “<i>Clinical skills</i>” items on Case Presentation Rubric</li> <li>• A minimum average score of 3 on “<i>Psychological Intervention skills</i>” items on Clinical Practicum Evaluations</li> <li>• A minimum grade of B in PSIC 6050 Pro Seminar in General &amp; Applied Psychology: Principles of Consultation</li> </ul>	



**V. Communications**

**Overview**

**General Disclosures**

1. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.
2. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

**Standard V.A.3**

**Description**

**Communication Between Doctoral and Doctoral Internship Programs**

1. Throughout the internship year, communication between the doctoral program and the internship should be maintained. This ongoing interaction can remain largely informal, depending on the needs of the program and the trainee. The doctoral program should initiate this contact at the start of the training year.
2. Any formal, written internship evaluations must be retained in student files and used to evaluate the student competencies required for degree completion.

**Supporting Material**

1. Upload optional

Appendix	Title	Uploaded By
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**Self Assessment**

**Focused Questions**

- [Describe the program's policy for communicating with internships that accept the program's students.
- [Describe the process for maintaining files of internship evaluations and have sample communications ready for site visitors to review.
- [Describe how internship evaluations are used to review and make program adjustments.

a.

The Coordinator of Internship training communicates a minimum of two times a year with the Internship Training Directors to monitor the trainee's progress. Minimums of two evaluations (mid and end of term evaluations) are requested to internship supervisors to assess trainee's competencies. The Coordinator of Internship collects the evaluation forms and gives updates to faculty and to the DCT during end of semester evaluation meetings of students.

b.

Two evaluation forms (mid and end of term) are collected for each trainee. These evaluations are placed in the student's files.

**Status**

**Progress Status:** Ready for Submission

**Admin Review**

**Review Status:** No Additional Info Needed

**Site Visit Review**

**Site Visit Review Status:** Ready for CoA Review

**Site Visit Comment (Last updated on: 2019-11-21):**

The site visitors confirmed that the program's internship director maintains communication with the internship, both at the beginning of the internship and throughout the internship year, as needed. Formal, written communication on student performance/competence between the internship programs and the doctoral program occur at least twice a year, and interviews with current interns and program leadership, as well as a review of records, indicate that this formal evaluation has increased to four times a year.

**Program Response**

**Status:** Read/No Comment

**V. Communications**

**Overview**

**General Disclosures**

1. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.
2. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

**Standard V.B.1**

**Description**

**Communication and Relationship With Accrediting Body**

The program must demonstrate its commitment to the accreditation process through:

**Adherence.**

The program must abide by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program must respond in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to all questions.

1. **Standard Reporting.** The program must respond to regular, recurring information requests (e.g., annual reports and narrative reports) as required by the accrediting body's policies and procedures.
2. **Nonstandard Reporting.** The program must submit timely responses to any additional information requests from the accrediting body.
3. **Fees.** The program must be in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

**Supporting Material**

1. Upload optional

Appendix	Title	Uploaded By
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### Self Assessment

#### Focused Questions

[Since the program's last site visit (if applicable), have there been any changes in the program's, or the sponsor institution's, mission or resources, or in the doctoral program's processes or practices, or other issues that have influenced the quality of the doctoral program, the faculty, or the students' experiences? If so, describe them.

[Describe the program's status with regard to financial responsibility to the accrediting body. Applicant programs should note if the application fee has been paid. Accredited programs should note whether annual fees have been paid in a timely manner.

a) It is the intention of the Clinical Program to adhere in a timely manner to all standard reports required by the Commission on Accreditation.

b) The Clinical Program intends to respond in a timely manner to all nonstandard requests from the Commission on Accreditation.

c) The Clinical Program intends to remain up-to-date on fees.

#### Status

**Progress Status:** Ready for Submission

#### Admin Review

**Review Status:** No Additional Info Needed

#### Site Visit Review

**Site Visit Review Status:** Ready for CoA Review

**Site Visit Comment (Last updated on: 2019-11-21):**

Based on a review of the available documentation, the program has abided by the CoA's published policies and procedures regarding reporting, and has responded to requests for information by site visitors and other formal communications from the CoA office. To our knowledge, all fees have been paid; however, the site visitors did not specifically ask or inquire about fees.

#### Program Response

**Status:** Read/No Comment

**V. Communications**

**Overview**

**General Disclosures**

1. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.
2. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

**Standard V.B.2**

**Description**

**Communication.**

The program must inform the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in practice area or degree conferred or changes in faculty or administration.

**Supporting Material**

1. Upload any correspondence with CoA, including notifications of non-compliance with IR D.4-7 b "Thresholds for Student Achievement Outcomes in Doctoral Programs."

Appendix	Title	Uploaded By
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**Self Assessment****Focused Questions**

[Does the program or its host institution have any plans that might substantially change the nature, function or mission of the doctoral program in the foreseeable future? Describe these plans and their potential consequences to the program's accreditation status.

[If over the course of the review period the program has received notification of noncompliance with one or more of the IR D.4-7 b "Thresholds for Student Achievement Outcomes in Doctoral Programs", the program is asked to upload any associated notifications and responses and describe the way(s) in which it responded to such notifications.

No

**Status**

**Progress Status:** Ready for Submission

**Admin Review**

**Review Status:** No Additional Info Needed

**Site Visit Review**

**Site Visit Review Status:** Ready for CoA Review

**Site Visit Comment (Last updated on: 2019-11-21):**

We did not discover or review any communication between CoA and the program regarding changes to the program, and the program did not report any such changes or anticipated changes. The program is exploring with the University options for how the specific name of the program will be represented on the doctoral degree (e.g., PhD in Psychology, PhD in Psychology with an emphasis in Clinical Psychology, or Clinical Psychology).

**Program Response**

**Status:** Read/Comment Provided

**Program Response to Site Visit (Last updated on: 2020-02-21):**

Correct. Currently the Program name should be represented as: PhD in Psychology in the Area of Emphasis in Clinical Psychology

## V. Communications

### Overview

#### General Disclosures

1. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.
2. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

## Standard V.(AI)

### Description

Additional information relevant to Section V.

## Supporting Material

### 1. Upload optional

Appendix	Title	Uploaded By
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**Self Assessment****Focused Questions**

[(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the CoA note any **Section V** issues to specifically address "in the next self-study"? If so, provide your response here.

[(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the CoA note any other **Section V** issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.

Not applicable

**Status**

**Progress Status:** Ready for Submission

**Admin Review**

**Review Status:** No Additional Info Needed

**Site Visit Review**

**Site Visit Review Status:** Ready for CoA Review

**Site Visit Comment (Last updated on: 2019-11-21):**

None

**Program Response**

**Status:** Read/No Comment