

IX. EDUCATIONAL AFFAIRS

**RESOLUTION ON ACCREDITATION FOR PROGRAMS THAT PREPARE PSYCHOLOGISTS
TO PROVIDE HEALTH SERVICES**

SUMMARY

The Council of Representatives is asked to adopt as APA policy the Resolution on Accreditation for Programs that Prepare Psychologists to Provide Health Services. Exhibit 1 includes all comments received during the two comment periods for this item, along with responses by the Board of Educational Affairs (BEA). Exhibit 2 describes Frequently Asked Questions raised during the over two year process, and Exhibit 3 provides the required justification statement for APA resolutions.

STRATEGIC GOALS/OBJECTIVES

Maximize organizational effectiveness (1a).
Expand psychology's role in advancing health (2a, c, d).

FUNDING

No additional funding is requested. Staff time is included in the Education Directorate budget.

IMPLEMENTATION

BEA will continue its efforts to work collaboratively with relevant stakeholders to engage in capacity building for internships and in support of implementing the Resolution. Implementation should include grandparenting mechanisms so as to not penalize or disenfranchise current students and psychologists with respect to licensure. Coordination of such efforts will require resources in the form of staff time.

RECOMMENDATION

BEA recommends approval of the main motion. The Board of Directors recommendation will be provided to Council at the July 31 & August 2, 2013 Council meeting.

Boards and committees that provided support for BEA's Statement on Accreditation that was circulated from November 2011 through June 2013 were as follows: APAGS, BAPPI, CDIP, CAPP, CECP, CONA, CYF, CRH, P&P, and Membership. CWP agreed with the aspirational goals, although they were not able to endorse it at that time. BPA wrote that "The short-term and long term goals as well as implications of this aspiration for preparing future psychologist were considered a necessary direction." These groups also offered a number of suggestions that were incorporated in the development of the Resolution and some raised issues as addressed below. Comments from individuals during the public comment process revealed that some did not support the BEA Statement. More information about the comments is in the Background section of this item, and all comments received and responses by BEA are provided as Exhibit 1. It is also noted that at their meeting in May 2011, the Health Service Psychology Education

Collaborative also endorsed BEA’s proposal regarding the need for accreditation of doctoral and internship programs for health service psychologists.

MAIN MOTION

1 The Council of Representatives adopts as APA policy the following Resolution on Accreditation
2 for Programs that Prepare Psychologists to Provide Health Services:

3
4 **Resolution on Accreditation for Programs that Prepare Psychologists**
5 **to Provide Health Services**

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7 **Whereas** a defining feature of a profession is its professing to the public its shared standards
8 and values (Friedson, 2001; IOM, 2013);

9
10 **Whereas** the profession of psychology is responsible for developing and defining standards for
11 the preparation of professional psychologists;

12
13 **Whereas** a hallmark of a mature, autonomous profession is its self-regulation (Shah, Anderson &
14 Humphrey, 2008);

15
16 **Whereas** “Accreditation is the process used in U.S. education to ensure that schools,
17 postsecondary institutions, and other education providers meet, and maintain, minimum
18 standards of quality and integrity regarding academics, administration, and related services.”
19 (U.S. Department of Education, 2013a);

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21 **Whereas** “Both the federal and state governments recognize accreditation as the mechanism by
22 which institutional and programmatic legitimacy are ensured.” (U.S. Department of Education
23 2013a);

24
25 **Whereas** accreditation of professional psychology education and training programs is a peer
26 review process that provides evidence to the public and potential students of psychology’s
27 commitment to quality assurance and accountability;

28
29 **Whereas** the American Psychological Association (APA) Commission on Accreditation is the only
30 accrediting body recognized by the United States Secretary of Education to accredit professional
31 psychology doctoral, internship and postdoctoral programs (U.S. Department of Education,
32 2013);

33
34 **Whereas** APA accreditation protects and empowers students by ensuring adequate education,
35 supervision, access to due process procedures and a commitment to training over service
36 through the Guidelines and Principles for Accreditation of Programs in Professional Psychology
37 (APA, 2009a);

38
39 **Whereas** APA accreditation facilitates access to federal funding for education and training and
40 has been required for grant programs administered by the Health Resources and Services
41 Graduate Psychology Education Program since its inception (HRSA, 2013);

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43 **Whereas** the APA has recognized the equivalence of the systems of accreditation of the
44 Canadian Psychological Association (CPA) through the First Street Accord (APA, 2012);

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46 **Whereas** many students enter doctoral programs to prepare for careers as professional
47 psychologists engaged in the delivery of health care services (APA, 2013);

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49 **Whereas** psychology has long been recognized as a broad health profession that is inclusive of
50 but not confined to mental health services (Schofield, 1969; Belar, 1980; Stone, Weiss,
51 Matarazzo, Miller, Rodin, Belar, Follick & Singer, 1987);

52
53 **Whereas** “Psychologists are recognized as Health Service Providers if they are duly trained and
54 experienced in the delivery of preventive, assessment, diagnostic and therapeutic intervention
55 services relative to the psychological and physical health of consumers based on: 1) having
56 completed scientific and professional training resulting in a doctoral degree in psychology; 2)
57 having completed an internship and supervised experience in health care settings; and 3) having
58 been licensed as psychologists at the independent practice level” (APA,1996; APA, 2011);

59
60 **Whereas** the competencies to be expected in the preparation of health service psychologists
61 through education and training have been articulated by the interorganizational Health Service
62 Psychology Education Collaborative (HSPEC, in press);

63
64 **Whereas** psychology is the only major health profession that does not require preparation in
65 programs accredited by the profession for entry to practice;

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67 **Whereas** one of the three goals in the APA strategic plan is the advancement of psychology in
68 health (APA, 2009b);

69
70 **Therefore,**

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72 APA affirms that health service psychologists must be trained in APA/CPA accredited doctoral
73 and APA/CPA accredited internship programs or programs accredited by an accrediting body
74 that is recognized by the U.S. Secretary of Education for the accreditation of professional
75 psychology education and training in preparation for entry to practice.

76
77 APA also affirms that graduation from an APA/CPA accredited doctoral and APA/CPA internship
78 training program, or programs accredited by an accrediting body that is recognized by the U.S.
79 Secretary of Education for the accreditation of professional psychology education and training in
80 preparation for entry to practice, be a prerequisite for licensure for independent practice as
81 health service psychologists.

82
83 Unaccredited programs that train health service psychologists are expected to obtain APA/CPA
84 accreditation in a timely fashion following APA Council of Representatives approval of this
85 policy, no later than five years for doctoral programs and no later than seven years for
86 internship programs.

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References

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BACKGROUND/HISTORY

As noted by the American Council on Education, self-regulation through “accreditation has been a central feature of the higher education landscape in the United States for more than 100 years” and has served to both improve and assure quality in higher education. (ACE, 2012, p. 9) “Both the federal and state governments recognize accreditation as the mechanism by which institutional and programmatic legitimacy are ensured.” (U.S. Department of Education, 2013). Accreditation serves to protect the public, and as such is part of the profession’s social contract to set standards and self-regulate. Within psychology, accreditation requires evidence of student achievement of expected competencies in psychological science, practice and ethics that serve to prepare psychologists for entry to practice.

Accreditation protects students' rights, ensures that due process and grievance procedures are in place, and provides a mechanism for recourse if training standards are not being fulfilled. Although there are no randomized clinical trials regarding accreditation, empirical studies have indicated that students from APA/CPA accredited doctoral programs pass the examination for professional practice in psychology (EPPP) at significantly higher rates than those from doctoral programs that are not accredited (Shafer et al., 2012). Further, completing an APA or CPA accredited internship was found to contribute significantly to the likelihood of passing the EPPP.

Relationship to Internship Imbalance. BEA is aware that this Resolution will not solve the current internship imbalance, and is concerned about its impact on the imbalance in the short-term, hence the planned delay in implementation. However, BEA believes the Resolution is very important to promote quality in training, and its assurance, and that APA should not back away from articulating this policy as its goal. BEA also believes that had psychology adopted such a standard for education and training in years past, the current internship imbalance would not exist. BEA also noted that since accreditation is necessary for access to federal funding opportunities for programs, those unaccredited programs that become accredited have the potential to compete for monies that could help increase the number of internship positions. Close to \$32 million has been awarded through the HRSA Graduate Psychology Education Program since its inception. BEA is also aware that students who do not complete an APA accredited internship are already disadvantaged in terms of job opportunities, including those with the federal government. BEA is opposed to psychology having a two-tiered model of training, and has been working with other stakeholders in the education and training community to address the internship imbalance. The following are examples of initiatives since the original introduction of this item:

- Internship capacity building efforts include the August 2012 action by the APA Council providing up to \$3 million in grants over a three year period to facilitate internship programs becoming accredited. In the initial cycle there were 82 applications; 32 programs were funded in December 2012 and 6 programs have already applied for accreditation. The next funding cycle is underway, with over 60 applications in process.
- Research is underway and new collaborations with the Practice Directorate and APAGS are in progress to examine reimbursement issues for supervised services rendered by interns.
- The Education Directorate initiated Graduate Psychology Education (GPE) program in HRSA's Bureau of Health Professions received an additional \$1 million for the 2013 grant cycle.
- Education Directorate advocacy in the Affordable Care Act led to the new Mental and Behavioral Health Education and Training Grants Program administered by HRSA. In 2012 \$3.6 million in these grants were awarded to support expansion of psychology internship capacity to prepare health service psychologists.
- Community colleges provide an untapped opportunity for developing new internships. (College counseling centers are already the modal site of internship training.) There are 21,000 community colleges in the nation and an increased awareness of needs for mental health services on campus. Efforts are underway to expand resources in the Garrett Lee Smith Act, which contains an APA-initiated provision for both training and service in college counseling centers and psychology clinics.
- The President's FY 2014 budget calls for \$35 million for a new workforce development initiative for mental health services; APA is actively advocating for inclusion of psychology internships in this funding.
- Following the APA procedures for the development of accreditation policy, proposed changes were adopted in December 2012 that allow for an accreditation "eligibility" status and a new

accredited status of “accredited, on contingency” for internship and postdoctoral residency programs – statuses that will facilitate access to federal funds and the accreditation pipeline.

Implications. If adopted as APA policy this Resolution will be available to inform state licensing boards and other policymakers as does the current APA Model Licensing Act (which already requires preparation in an APA/CPA accredited doctoral program for those areas of psychology for which accreditation is available). However, an APA policy is not a mandate that must be followed by external organizations. Nonetheless, the Education Directorate has had several discussions with the Board of Directors and Membership of the Association of State and Provincial Psychology Boards (ASPPB) about this Resolution to inform them of its development and forge collaborations that might be of use if a state wished to make changes to its licensure laws or rules. For example, a plenary session and small group discussions on the topic of accreditation took place at the Spring 2012 ASPPB meeting. Feedback by those in attendance was positive about the Resolution. Such collaborations as well as outreach to state psychological associations will need to continue and expand if this Resolution is adopted to ensure that accurate information about its scope and purpose is available, and that mechanisms such as grandparenting are used so that individuals would not be disadvantaged if a state made changes to its licensing law. It is also important to reiterate that the Resolution relates to the preparation of health service psychologists, not all professional psychologists, and will not take effect for internships until seven years after its approval (a period that was extended based on comments received).

History of Development. The Resolution presented here was developed from discussions that started at the March 2011 meeting of BEA. At that meeting, members discussed ongoing efforts to mitigate the internship imbalance and considered additional actions that could be taken by BEA. There were considerable concerns expressed about the increasingly two-tier training system in the preparation of health service psychologists, and BEA’s ongoing commitment to assure quality in education and training was reiterated. Specifically, BEA identified that quality education and training experiences for students as evidenced by program accreditation through APA or CPA was important to promote. As such BEA drafted and endorsed the BEA Statement on Accreditation. This action was informed by a vision statement that had been endorsed by the Council of Chairs of Training Councils (CCTC) at their March 2011 meeting that included working toward APA or CPA accreditation at all levels of education and training as the standard for professional psychology.

In November 2011, BEA had additional discussions, made edits and approved sending its statement out to other APA governance groups and Divisions. That period of notice and opportunity for comments from Boards, Committees, and Divisions of 60 days ended April 13, 2012. The item was also included in the Spring 2012 Cross-Cutting agenda. The comments from Boards, Committees and Divisions were reviewed at the November 2012 BEA meeting and edits were made in response. Among the changes were the dates for implementation of the Resolution; they were extended to be five years (for doctoral programs) and seven years (for internship programs) following approval. The statement was subsequently formatted as an APA Resolution. BEA authorized a period of public comment on the Resolution which began March 20, 2013 and extended until June 20, 2013. Comments received during both periods of comment and BEA’s responses are attached as Exhibit 1 to this item. This item has been reviewed by the Office of General Counsel. Frequently asked questions can be found in Exhibit 2, and the required justification statement for the Resolution is included as Exhibit 3.

Comments. Board and Committees that provided comment on BEA’s Statement on Accreditation were as follows: APAGS supported the statement noting benefits for students and the profession; their suggestions were incorporated into the current Resolution. BAPPI and CDIP offered support with

comment expressing specific suggestions. CAPP supported the statement in principle and BPA noted “The short-term and long term goals as well as implications of this aspiration for preparing future psychologist were considered a necessary direction.” CECP strongly supported the Statement; CYF, CONA and CRH also supported the Statement. The P&P Board offered positive comments and along with others affirmed the importance of capacity building activities. The Membership Board noted appreciation for the intent and offered several considerations for BEA. CWP endorsed the goals of the Statement but did not endorse it at that time. COLI reviewed the Statement and raised a number of comments/concerns. Of the individual/faculty responses received, some were not in support of the Resolution. At its meeting in May 2011 meeting the Health Service Psychology Education Collaborative had also endorsed the BEA Statement on Accreditation.

Comments received from those raising concerns tended to cluster into a few categories. Many noted concern about the potential impact on the internship imbalance, an issue addressed in Exhibit 2 as well as earlier in this item. Others asked why the statement was limited to accreditation by the APA CoA and the Canadian Psychological Association (CPA). It is noted that APA has a mutual recognition agreement with CPA recognizing the equivalency of accreditation systems, and that the Resolution had been revised to allow for accreditation by another body recognized by the U.S. Secretary of Education to accredit professional psychology education and training in preparation for entry to practice. Eight of the 30 individual/faculty comments came from programs accredited by the Psychological Clinical Science Accreditation System, which does not currently accredit internships. The Resolution as now written does allow for the evolution of other accrediting organizations that achieve recognition by the federal government.

Other comments asked for changes that have subsequently been implemented, such as the new accreditation status for internships and postdoctoral programs (approved by the Board of Directors in December 2012), and capacity building initiatives (such as the internship grant program approved by the Council of Representatives in August 2012). The policy recommendations by BEA, as with other governance groups, have also been entered into the public comment process that the Commission on Accreditation has been conducting as it reviews its current criteria for accreditation. Per standard procedures, the CoA formulates accreditation policies considering input from the broad psychology community, and consensus statements from national groups.

As suggested by several groups, the timeline for implementation had been lengthened in the Resolution out for public comment until June 20, 2013. Moreover, capacity building regarding internships had continued since earlier comments. BEA has written Boards and Committees providing clarifications and updates on actions underway relevant to issues raised. Responses to individual comments will also be provided. A report of all comments received and responses by BEA is provided in Exhibit 1.

References

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EXHIBITS

1. Comments Received and Responses
2. Frequently Asked Questions
3. Justification Statement

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