



CAPIC  
100 Ellinwood Way  
Suite N275h  
Pleasant Hill, CA 94523  
  
925.969.4550  
[www.capic.net](http://www.capic.net)

## **CAPIC Comment on Phase II Implementation of Guidelines and Principles (G&P) for Accreditation**

(Submitted online on 06/03/2013)

### **CoA Phase II Questions for Doctoral and Internship Training**

CAPIC Comments in *italics*

#### **Accreditation Framework - Competencies and Program Characteristics**

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

*Certainly moving towards a uniform, profession-based competency-based assessment would facilitate continuity in the manner in which programs and doctoral internships are evaluated and compared. What may be lost, however would be the ability to honor the unique elements inherent to many training opportunities. Standards implemented should therefore best represent not only previously identified core constructs such as those put forth in the Benchmark and NCSPP competencies, but also include elements that represent differences in training models supported by doctoral academic programs, and that provide the ability to be flexible to real world changes encountered. Greater use of behaviorally anchored and validated measures would be facilitative in comparisons within and across program evaluations, but the principle should be broadening, arguing for diversity in order to meet the needs of the communities and market place. Included could be options for adding unique competency items for specific training sites, as well as an opt-out for situations that, due to variability, may result in that competency being irrelevant.*

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

*We would suggest that all distal and proximal data identified for evaluating programs should be based on measurements that have been found to be valid and reliable. Suggested 50% placement of cohort at APA accredited doctoral internships does not appear to be a data-supported quality measure, as an example. Nor does stipend amount have supportive data that correlates to any identified outcomes. Possible metrics may include: number of years from graduation to gaining relevant employment, placement in internship, completion of internship, defense of dissertation,*

*completion of dissertation, percentage of unique students who pass EPPP vs. total number of cohort, productivity, client satisfaction, independent functioning.*

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

*Programs should be evaluated based on their program goals, objectives and competencies, but should allow for diversity. Evaluation in the past has been too constrictive and has not embraced the diversity of experiences/training opportunities and models that exist.*

### **Curriculum**

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

*It is recommended that specialization not occur too early, for example prior to postdoc level. Emphasis (e.g. internship tracks, rotations, specialized services) is acceptable, but may not be sufficient for stating specialization in that area.*

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

*Interdisciplinary training should not be required, but should be an option. This will facilitate the development of appropriate training opportunities that support the anticipated expanded career path for psychologists within the integrated healthcare/ACA framework. Many sites in primary care settings may be unable to pursue internship development due to the lack of availability of adequate numbers of psychologists to provide all mandatory supervision and training hours. Allowing models that would let MDs, RNs, etc. provide supervisory hours would also need to have more flexibility of countable supervision hours for these alternative program contributors. We would need to address training on the practicum level, as well to allow for such interdisciplinary training, perhaps by proposing a certain allowable percentage of supervised hours by alternative practitioners.*

### **Sequence of Training**

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

*Not Answered.*

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

*Not Answered.*

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

*There should be different benchmarks for different models, particularly between half-time and full-time, as there is a marked difference between these two training models. It is generally better to have at least approval of the dissertation proposal prior to the internship. Based on our experience, students with proposals accepted prior to applying to internship are more likely finish the dissertation by completion of internship, and this also seems to assist in acquiring postdoctoral positions. Regardless, we believe there is a need to make allowances for a variety of training models.*

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

*No. Since the COA is accrediting its academic programs, allowing the doctoral academic programs to be responsible for planning and ensuring the placement their students at quality internships and to document the quality of the training by a variety of means, seems most reasonable. The behaviorally anchored measures discussed in Question 2 above should be used to assure quality internship experiences. This may include but would not be mandated to adhere to some of the following: site visit data which may include evaluation of the depth & breadth and cumulative aspects of training; CAPIC and APPIC membership criteria; APA/CPA accreditation status; student site performance data; and adherence to state Board or Psychology regulations.*

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

*We support the internship experience occurring pre-conferral of the degree. If the entire internship experience is moved to after conferral of the degree, there would be several disadvantages, including: (a) reduced ability to collect data (short-term and distal); (b) inability to provide guidance and oversight for the students; (c) lack of access to financial aid.*

*If the entire internship experience is moved to prior conferral of the degree, the main disadvantage is the difficulty in timing the dissertation in the process.*

*CAPIC supports the Model-Licensing Act which in its potential application to our field, would support all 3,000 hours for license eligibility be conferred at the doctoral internship level, and that practicum*

hours would be included towards this end. We would support the oversight of the practica remain with under the aegis of the doctoral academic program.

## **Diversity**

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

*Diversity should be always stressed, early and often, throughout the entire training experience. Diversity certainly means diversity/cultural competency training, but means much more. Attention to diversity should include diversity of internship models (e.g. half-time and fulltime), recognizing the diverse needs of clients and students, as well as the diversity in professional backgrounds of supervisors (integrated health model.). At each level of training there should be didactics commensurate with that level of training.*

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

*Yes to both questions. Diversity is that broad and that important.*

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

*Not Answered.*

## **Structural Issues and Resources**

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

*CAPIC supports the structures which are not new to COA (ex. Weidner) and are also represented within CAPIC internships. We would support that a wider lens be applied to what types are acceptable. For example, common elements may not be preferable to complementary elements; we should embrace innovation to meet the changes in job market; geography and regional uniqueness pose additional challenges, and may be better served through unique approaches which may better ensure delivery of care to underserved populations. Allowing creative approaches to providing quality training is one way in which we may collectively address the need for development of new internship opportunities that facilitate cost effectiveness through shared resources. We favor innovation to meet the needs for training as well as to meet the mental health needs of impacted communities.*

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

*Not Answered.*

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

*Additional data and information pertaining to telesupervision and training is needed to determine how best to implement this technology in an ethical manner that is compliant with client information protection standards.*

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

*COA should reflect a thoughtful approach towards allowing programs to develop and try using these technologies to ensure that psychology stays in tune with the changing world. The ability to provide mental health services to communities that may otherwise not have access to needed care cannot be overlooked. Telehealth is here and consulting with those psychologists and other allied healthcare providers at the forefront of this movement is needed.*

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

*While CAPIC generally supports weekly limit of internship hours, we are sensitive to the need for diverse models (esp. halftime) which may require exceptions without diminishing client care or the rights of interns.*

*Similarly, while CAPIC discourages unfunded internships, it does not specifically prohibit them, recognizing socio-economic, pedagogical, cultural, and other factors for allowing them. While there are advantages to offering stipends, many internships which serve the public do not have the requisite resources to offer them, and there is no data showing a qualitative difference in training experiences between funded and unfunded internships. CAPIC has many high quality internships; some are unfunded and others are funded.*

*As discussed in previous responses, programs should be evaluated based on their program goals, objectives, competencies, with allowances made for diverse models. Evaluation in the past has been too constrictive and not sensitive to diversity of models that exist.*

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

*Not Answered.*

**Other**

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

*Not Answered.*

Respectfully submitted,

Melodie R. Schaefer, Psy.D.  
Chair, CAPIC Board of Directors

CAPIC  
California Psychology Internship Council  
One Beach Street, Suite 200, Room 9  
San Francisco, CA 94133  
phone: 415-955-2034  
website: [www.capic.net](http://www.capic.net)