

Public Comment on CoA IR D.4-7(b) from the Chief Psychologist at a CAPIC Doctoral Internship Program, Community Health Awareness Council (CHAC)

I doubt that anyone reading these proposed regulations opposes quality standards for psychologists, or would oppose some form of universal accreditation for our profession. The problem is that the way this issue is being framed by the COA, the only form of accreditation that is acceptable is APA accreditation. APA accreditation, while it ensures many good things, has serious limitations in terms of the range of quality training sites it will approve or that can even apply to be approved. Imposing these limitations universally could, unfortunately, have a profoundly negative effect on underserved populations and could also close the doors of our profession to many talented and dedicated potential practitioners.

I am training director and chief psychologist of a training site which is a member of CAPIC (California Psychology Internship Council) in California. Our site is a highly regarded multi-disciplinary community mental health center in the San Francisco South Bay area with a strong emphasis on children, adolescents, families, and schools. We serve many middle-class clients, and approximately thirty-five percent of our clients are from underserved groups. Many are from struggling minorities.

Our site has been in existence since 1973. There are currently five licensed psychologists on staff, two full-time. For our didactic trainings we bring in highly regarded professionals from the community and academia, including many who are faculty at Stanford and other institutions. We have extensive multi-cultural trainings in issues related to the Latino, South Asian, and other Asian-American populations. Our trainees have ample opportunities for training and experience in psychological assessment. All therapy sessions are recorded, and we place great emphasis on supervision via review of actual therapy sessions or live supervision. We consistently track outcomes and process through standardized and proprietary instruments.

Our practicum programs are highly sought after and selective, with an acceptance rate of approximately ten percent. Each of our supervisors has more than 10 years of experience. The training director (i.e., this writer) has over 30 years' experience supervising and practicing, was a consultant to the Palo Alto VA for over 20 years, and also supervises psychiatry residents at Stanford Medical School.

With all this going for our agency, would it be possible for us to become an APPIC or APA internship? No possibility. Why not? There are two principal reasons:

First, we are not able, as the result of our funding streams, to provide a large enough stipend to interns. There are many other excellent sites which are members CAPIC which, like ours, for financial reasons could not become accredited sites for the doctoral academic programs, if accreditation means APPIC or APA accreditation. Like us, many of these sites also serve underserved populations and are unable to provide sufficiently large stipends to satisfy these requirements. Thus, if the proposed regulations are implemented, these populations will be systematically disadvantaged because fewer psychologists will be trained to work with them.

Second, although both APPIC and APA sites have some half-time internships, these are considered substandard by some colleagues and likely might not be approved for future doctoral internship programs. Our site offers a full-time doctoral internship as well as a two-year half-time option. This option has enabled us to train many students who, while they would be very competitive applicants to APPIC and APA sites, choose us because of their life circumstances. Some of them are parents with young children and attachments to their local community that make it very difficult to relocate anywhere from their residence for an APA or APPIC internship, or participate in a full-time program. Some sites are not able to offer the two year half-time option, only the one year. These sites would therefore be unlikely to meet requirements for APA or APPIC accreditation.

The questions I would like to see answered are these:

1. Who defines quality, and what is the evidence that all requirements for APA internship accreditation are related to outcomes, quality, or readiness to work in integrated health care?
2. Where are the data to show that the size of a stipend is related to the depth and breadth of the program and the quality of the training in general?
3. What are the advantages and disadvantages of excluding psychologists unable to relocate?
4. What is the evidence that participation in half-time programs yields lower quality than participation in full-time programs? Is it possible that the two-year half-time or even two sequential half-time internships model might be superior? There is no evidence either way.

I strongly favor quality standards, but I strongly oppose the exclusionary standards in the proposal under consideration. My wish is that another solution be found, one which allows for alternate kinds of accreditation, accreditation that could extend participation to well-regulated and monitored internships such as those offered by CAPIC in California. CAPIC has extensive membership criteria, many of which are identical to APA. As noted above, it is neither realistic nor justified by data, to include some of the additional requirements which are not included in our criteria but which are needed to become an APPIC or APA site. We shouldn't close the doors to psychologists wishing to enter the field because of APA-imposed rules that have no evidence-based relationship to outcomes.

Sincerely,

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