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CAPIC's Public Comments In Response to APA/CoA Proposed Changes C-17D and C-9P Submitted By Rene Puliatti, CAPIC Executive Director On February 4, 2020

The California Psychology Internship Council (CAPIC) has concerns regarding C-9 P and several of the proposed revisions to C-17 D.

CAPIC also has overall concerns that the Commission on Accreditation (CoA) does not properly consider the actual impact of its implementing regulations (IR's) and administrative rules on stakeholders, including the public. This impact is not theoretical, but is demonstrable in CoA's implementation of IR D-4(7)b, which flags doctoral programs that utilize non-accredited but structured internships such as those offered by CAPIC, despite the lack of strong evidence that APA-accredited internships are substantially better. The actual impact of IR D-4(7)b has been for APA-accredited doctoral programs to almost exclusively use APA-accredited internships, since heightened scrutiny from CoA, APA's accrediting and enforcement arm, is very distressing for doctoral programs. As a result, placements at CAPIC internships have significantly decreased, resulting in adverse impacts on the profession and the public, such as fewer half-time internship options for interns; less diversity in theoretical training orientations offered to students and therefore provided to clients; and fewer clinical services to often-underserved communities where the majority of CAPIC internships serve.

Similarly, CAPIC is very concerned that these new IR's will have the impact of undervaluing theoretical orientations and treatments that don't follow the narrow definitions of "scientific orientation" and "evidence" offered, and which will reduce the profession's ability to provide appropriate care to the public.

Regarding C-9P, others have already offered comment on the narrow conceptualization of evidence-based treatment as it appears in APA's Guidelines, and the same comments extend to this effort to put the decisions reflected in the Guidelines program more concretely into training practices here. APA's training requirement of a "scientific orientation" on the part of its post-doctoral programs refers to the restricted view of science that has been at work in its Guidelines program's trend to favor randomized controlled trials (RCTs) over other sorts of

research, rather than a respect for science in general. This IR reflects a strong bias for “science” on practice than practice on science, despite lip service to their reciprocal relationship and to the need to cultivate sensitivity toward cultural diversity in trainees. Rigid research practices and the treatments they yield are directly at odds with the culturally sensitive approach which the IR purports to support.

We oppose the decision to conceptualize the largest Specialty track as “Behavioral and Cognitive,” reflecting a clear bias towards one modality over others, despite significant research to suggest that such treatments are mostly ineffective in helping actual patients deal with real-world struggles. We also find the lack of a Specialty Competency in Psychodynamic Psychotherapy very troubling, since it again shows your clear bias for Behavioral and Cognitive treatments that will serve neither trainees nor their patients. Thousands of clinicians have found psychodynamic treatments to be helpful and often essential for their clients. We call on you to respect their expertise and revise C-9 P to recognize the importance of a true diversity of effective treatment modalities in mind. The impact of such a clear bias for Behavioral and Cognitive modalities, and by implication against the others not favored, will likely have broad-reaching consequences for the future of the profession, in terms of resources, research, reimbursement, and others, most importantly, client care.

Regarding C-17D, while on the surface the proposed changes may appear to simply add specificity so that they are easier to implement and monitor, their actual impact will likely make it prohibitively difficult for accredited Clinical Psychology programs to send their students to unaccredited internships, regardless of the personal and professional preferences of students, the shortages of accredited internship positions, the needs of community service organizations and of their clients, the lack of diversity in the types of training offered, and the scarcity of half-time accredited sites that can accommodate students with familial and financial obligations. It will further exacerbate the impact of the previously mentioned IR D-4(7)b, again without strong evidence that APA-accredited internships are substantially better than non-accredited but structured internships such as those offered by CAPIC. Despite noting the importance of cultural sensitivity, the actual impact of this IR will likely be just the opposite, with the result being fewer culturally-sensitive opportunities for diverse students and less care for under-served communities.

Additionally, while six indices are articulated to show the equivalence of unaccredited placements, the actual content criteria for each of the six are not clear. For example, how is the quality of supervision to be demonstrated? The overarching requirement that placement policies of graduate programs be consistent with “national standards” is troubling, given the power of APA to simply declare “national interests,” despite the numerous unresolved issues noted here regarding narrow definitions of “evidence,” of bias, and of conflicts of interest. The likely impact of this position, coupled with APA’s power to accredit, will be to steer students away from valid unaccredited placements, regardless of the quality of the training provided.

In C-9 P, it is even more troubling that, while eight specialty competencies for an APA-approved post-doc are articulated, competencies for psychotherapies of depth, insight and relationship

are simply not included. Again the actual impact of including some competencies while ignoring others will be to undervalue those internships that offer competencies ignored by the IR, such as intensive training in psychodynamic treatment. They will also likely be more vulnerable to critique by accreditors due to the lack of relevant standards for evaluating training activities, quality of supervision, and intern competency. Demonstrating competency in critical “soft skills” central to psychotherapy modalities of depth, insight and relationship is also generally more laborious to demonstrate, likely leading to fewer internships offering placements that focus on psychodynamic treatment.

CAPIC strongly opposes the requirement that “Students are expected to apply for, and to the extent possible, complete internship training programs that are either APA- or CPA-accredited.” As previously demonstrated, CAPIC internships, which are structured but not accredited, are substantially equivalent to APA-accredited internships in terms of supervision and training. Further, we are not aware of data that conclusively demonstrate that students who complete APA-accredited internships make better psychologists than those who complete non-APA-accredited internships. However, it is clear that the impact of not including valid internships such as those offered by CAPIC is significant and negative: fewer opportunities for interns, less diversity in theoretical training orientations offered to students and therefore provided to clients, and fewer clinical services to often-underserved communities where the majority of CAPIC internships serve.

Finally, CAPIC continues to call for the examination of conflicts of interest by the CoA. The exclusion of other bodies such as the Psychological Clinical Science Accreditation System (PCSAS), which is also accredited by the Council for Higher Education Accreditation (CHEA), clearly demonstrates CoA’s bias in favor of APA (and against all others), as well as a direct conflict of interest between APA and CoA by conflating APA’s political and advocacy roles with its role as an arbiter of professional standards. It also demonstrates the profound and positive impact of including one entity, and by implication, the adverse impact of not including another.

The standards set by the CoA need to be fair and equitable in order to best serve the diverse mental health needs of the public, as well as the professional needs of the students, the next generation of psychologists. The current IR’s fall short of these goals, but can be improved by addressing the concerns raised here.

Similarly, it is important to understand what is being included, and conversely what by implication is being excluded, when these IR’s are written. It is equally important to understand their actual impact when implemented, and to revise policies and IR’s when their impact is contrary to their stated intent. We believe that many current policies and IR’s adversely and unjustifiably impact CAPIC’s ability to serve the needs of students and the public. We also believe that this impact can be reversed by the thoughtful and fair revision of policies and IR’s, to the benefit of the profession and the public.