

The following is an adaptation for Clinical Health Psychology of "Accreditation Domains and Standards: C. Postdoctoral Residencies"¹ from APA's Office of Program Consultation and Accreditation. This revision incorporates those definitions and standards that are specific to Clinical Health Psychology as endorsed by the Council of Health Psychology Training Directors or as adopted by the APA Council of Representatives in August 1997 as the "Archival Description of Clinical Health Psychology." All specialty-specific criteria are identified in italics and prefaced with the letters "CHP."

ACCREDITATION DOMAINS AND STANDARDS

C. POSTDOCTORAL RESIDENCIES IN *CLINICAL HEALTH PSYCHOLOGY*

Domain A: Eligibility

As a prerequisite for accreditation, the postdoctoral training program's purpose must be within the scope of the accrediting body and must be pursued in an institutional setting appropriate for the education and training of professional psychologists.

A.1. The program offers postdoctoral residency education and training in psychology, one goal of which is to provide residents with education and training in preparation for practice at an advanced level in a substantive traditional or specialty³ practice area in professional psychology.

CHP.A.1. Clinical Health Psychology specialty practice.

A.2. The program is sponsored by an institution or agency that has among its primary functions the provision of service to a population of recipients sufficient in number and variability to provide residents with adequate experiential exposure to meet the program's education and training goals and objectives.

A.3. The program is an integral part of the mission of the institution in which it resides, and is represented in the institution's operating budget and plans in a manner that enables the residency program to achieve its goals and objectives. All postdoctoral residents in psychology are financially supported and provided benefits at a level consistent with that afforded comparable doctoral level professionals in training.

A.4. The program requires of each resident a minimum of one year full-time training to be completed in no less than 12 months (10 months for school psychology postdoctoral training programs), or two years of half-time training to be completed in no more than 24 months. Substantive traditional practice area residencies may consist of up to three years of full time training. Substantive specialty practice area residencies may require longer training periods, in which the overall program duration and weekly time commitment is consistent with the program's training model and the standards of the specialty practice area in which the program provides its training.

¹ Guidelines and Principles for Accreditation in Professional Psychology," Office of Program Consultation and Accreditation, Education Directorate, American Psychological Association. Guidelines for the Postdoctoral Programs effective 1/1/97. This section for postdoctoral residencies is preceded by Sections (III) A and B, pertaining to doctoral and internship programs, respectively.

³ All accreditation decisions must be made on the basis of the Domains and Standards in the Guidelines and Principles for Accreditation of Programs in Professional Psychology. Within the Standards of the Guidelines and Principles, the Committee on Accreditation may in its decision making processes refer to or adopt definitions, training models, goals, objectives and norms developed by certain professional psychology training communities or reference groups.

CHP.A.4. Residencies require a minimum of one year (12 months) of full-time training or equivalent time with training occurring on no less than a half-time basis.

A.5. The program engages in regular and systematic actions that indicate respect for and understanding of cultural and individual diversity.⁴ This is reflected in the recruitment, retention, and development of training supervisors and residents, and in didactic and experiential training that foster an understanding of cultural and individual diversity as they relate to professional psychology. The program has nondiscriminatory policies and operating conditions and avoids any actions that would restrict program access on grounds that are irrelevant to success in the postdoctoral training program or the profession.

A.6. The program adheres to, and makes available to all interested parties, formal written policies and procedures that govern resident selection, internship and academic preparation requirements, administration and financial assistance, resident performance evaluation and feedback, advisement, retention, termination, due process and grievance redress for residents and training supervisors. It complies with other policies and procedures of the sponsor institution that pertain to supervisors' and residents' rights, responsibilities, and personal development.

Domain B: Program Philosophy, Training Plan and Objectives

The program has a clearly specified philosophy or model of training, compatible with the mission of its sponsor institution and appropriate to the practice of professional psychology. The psychology postdoctoral residency is an organized, logically sequenced program. Its goal is to provide quality education and training that is primarily experiential in nature, and is aimed at preparing psychologists for professional psychology practice at an advanced competency level in a substantive traditional or specialty practice area. The program's training goals and objectives are consistent with its philosophy and model.

B.1. The program publicly states an explicit philosophy or model of professional training and education by which it intends to prepare residents for advanced practice in a substantive traditional or specialty practice area in professional psychology. The program's philosophy and educational model should be substantially consistent with the mission, goals, and culture of the program's sponsor institution. It must also be consistent with the following principles of the discipline:

CHP.B.1. The residency training completes an integrated sequence of education and training beginning at the doctoral and internship levels so as to produce an advanced level of competence sufficient for independent practice in the specialty. Resident graduates are eligible for board certification in Clinical Health Psychology by the American Board of Professional Psychology.

B.1.(a) the postdoctoral residency in a substantive traditional area or specialty practice area of professional psychology is designed to develop practice competencies and expertise based upon sound scientific and professional practice foundations: psychological practice is based on the science of psychology which, in turn, is influenced by the professional practice of psychology;

CHP.B.1.(a) The residency provides education and training in the application of scientific knowledge of the interrelationships among behavioral, emotional, cognitive, social and biological components in

⁴ See APA "Ethical Principles and Code of Conduct" (*American Psychologist*, December, 1992), and the Canadian Psychological Association "Code of Ethics for Psychologists" (1991).

health and disease to the promotion and maintenance of health; the prevention, treatment and rehabilitation of illness and disability; and the improvement of the health care system.

B.1.(b) postdoctoral training has sufficient breadth to ensure advanced competence as a professional psychologist and sufficient depth and focus to ensure professional and technical expertise in the area in which the program provides its substantive traditional or specialty practice training.

CHP.B.1.(b) See items in B.3 for details.

B.2. The postdoctoral program is organized, and builds upon but is distinct from doctoral preparation and internship. The postdoctoral program must be clearly differentiated from other training programs offered within the institution. The program includes the following:

B.2.(a) education and training activities are cumulative, graduated in complexity and are structured in terms of their sequence, intensity, duration, and frequency, as well as planned and programmed in their methods and content.

B.2.(b) the primary training method is supervised service delivery in direct contact with service recipients;

CHP.B.2.(b). Residents will spend approximately half-time delivering supervised clinical services involving direct contact with service recipients.

B.2.(c) training includes socialization into the profession of psychology, and is augmented by other appropriately-integrated modalities, such as mentoring, didactic exposure, role-modeling and enactment, observational/vicarious learning, and supervisory or consultative guidance;

CHP.B.2.(c). Residents will have dedicated time each week for activities of primarily an educational (i.e., non-service delivery) nature and in activities of primarily a research nature.

B.3 Consistent with its philosophy or training model and the standards for the advanced substantive traditional or specialty area of professional psychology practice in which the program provides its training, the program specifies education and training objectives in terms of residents' competencies expected upon program completion.

CHP.B.3. Fundamental to Clinical Health Psychology is the biopsychosocial model and the ability to work in a broad range of health care settings with other health care providers. Upon completing the residency, residents must demonstrate the knowledge and competencies necessary for (1) the study of health--behavior relationships, (2) the practice of clinical health psychology, (3) clinical health psychology assessment, (4) clinical health psychology treatment and intervention, (5) clinical health psychology consultation, (6) clinical health psychology research, and (7) teaching and supervision.

In achieving these objectives, the program requires that all residents demonstrate an advanced level of professional psychological competencies, skills, abilities, proficiencies, and knowledge in the following content areas:

B.3.(a) theories and effective methods of psychological assessment, diagnosis and interventions;

CHP.B.3.(a). Clinical Health Psychology has evolved as a specialty area of knowledge and practice with extensive intradiscipline as well as interdisciplinary foundations in the health sciences. Biological, cognitive, affective, social and psychological bases of health and disease are bodies of knowledge that, when integrated with knowledge of biological, cognitive, affective, social and psychological bases of behavior, constitute the distinctive knowledge base of Clinical Health Psychology. This includes broad understanding of biology, pharmacology, anatomy, human physiology and pathophysiology, and psychoneuroimmunology. Health psychologists also have knowledge of how learning, memory, perception, cognition, and motivation influence health behaviors, are affected by physical illness/injury/disability, and can affect response to illness/injury/disability. Knowledge of the impact of social support, culture, physician-patient relationships, health policy and the organization of health care delivery systems on health and help-seeking is also fundamental, as is knowledge of diversity and minority health issues, individual differences in coping, emotional and behavioral risk factors for disease/injury/disability, human development issues in health and illness, and the impact of psychopathology on disease, injury, disability and treatment. The specialty also includes special expertise in health research methods and awareness of the distinctive ethical and legal issues associated with practice in Clinical Health Psychology.

B.3.(b) consultation, program evaluation, supervision and/or teaching;

CHP.B.3.(b) Residents are trained to provide consultation to professionals in two or more of the medical specialties, and at least one other health care discipline.

B.3.(c) strategies of scholarly inquiry;

CHP.B.3.(c) Residents will demonstrate knowledge of the current specialty literature and skills in the critical review of literature, design and execution of research, and communications of results.

B.3.(d) organization, management and administration issues pertinent to psychological service delivery and practice, training, and research;

CHP.B.3.(d). Residents will demonstrate knowledge of health care systems and health policy.

B.3.(e) professional conduct; ethics and law; and other standards for providers of psychological services;

B.3.(f) issues of cultural and individual diversity that are relevant to all of the above.

B.4. Resident supervision is regularly scheduled and sufficient relative to the resident's professional responsibility. At a minimum, a full-time resident will receive four hours structured learning activities per week, at least two hours of which will include individual, face-to-face supervision;

CHP.B.4. Residencies must provide more than two hours of individual face-to-face supervision.

B.4.(a) Each resident shall have at least two supervisors during any one training year; at least one of these shall be a psychologist who shall serve as the resident's primary supervisor;

B.4.(b) Supervision is consistent with the residents' training activities, so as to provide an intensive, advanced substantive area or specialty practice learning experience while maintaining appropriate responsibility for the service recipients;

B.4.(c) Methods of supervision are appropriate for advanced practice training and reflect the knowledge base of the substantive traditional or specialty practice area in supervision;

CHP.B.4.(c) In addition to or concurrent with individual, face-to-face supervision, residents will receive supervision on written reports of clinical health psychology professional services and scholarly work products.

B.4.(d) Residents have access to supervisor consultation and intervention in emergencies.

B.5. Postdoctoral residency programs encourage their residents to participate in state, provincial, regional, national and international professional and scientific organizations.

B.6. The program demonstrates that residents' service delivery activities are primarily learning oriented and that training considerations take precedence over service delivery and revenue generation.

B.7. The postdoctoral program has well documented procedures for the administrative structure and process that systematically coordinates, controls, directs, and organizes its training activities and resources. The program has responsibility for recruitment, selection, evaluation and termination of residents, as well as program content.

B.7.(a) The program has a designated director who is a psychologist, appropriately 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 has administrative authority commensurate with those responsibilities:

B.7.(b) The program director's credentials and expertise must be consistent with the program's mission and goals and with the advanced substantive traditional or specialty practice area of professional psychology in which the program provides its training.

CHP.7.(b). The program director is a clinical health psychologist, appropriately credentialed (e.g., board certified in Clinical Health Psychology).

Domain C: Program Resources

The program demonstrates that it possesses resources of appropriate quality and sufficiency to achieve its education and training goals and objectives and ensure program stability and sustainability:

C.1. The postdoctoral training program has formally designated training supervisors who are sufficient in number to accomplish the program's service delivery, education and training and supervision goals;

C.2. The formally designated supervisors include at least two psychologists, who:

C.2.(a) deliver services in the advanced substantive traditional or specialty practice area in which the postdoctoral training occurs;

C.2.(b) function as an integral part of the program at the site where the program is housed;

C.2.(c) have primary professional/clinical responsibility for the cases on which they provide supervision;

C.2.(d) are appropriately-credentialed (i.e. licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located;

C.2.(e) are of appropriate quality for the program's philosophy of training, model and goals;

C.2.(f) have expertise, demonstrate substantial competence and have credentials in the advanced substantive traditional or specialty practice area of professional psychology which are at the core of the program's training goals and objectives;

CHP.C.2.(f) Training faculty will include a board-certified clinical health psychologist.

C.2.(g) participate actively in the program's planning, its implementation, and its evaluation; and

C.2.(h) serve as professional role models for the residents.

CHP.2.(h). At this level, clinical health psychology faculty accept residents as junior colleagues.

C.3. The program may include appropriately qualified adjunct staff/supervisors to augment and expand residents' training experiences, provided these adjuncts are integrated into the program.

C.4. The program has postdoctoral psychology residents who:

C.4.(a) are of sufficient number to ensure meaningful peer interaction, support and socialization;

CHP.C.4.(a). Meaningful peer interaction, support and socialization for clinical health psychology at the postdoctoral level is more dependent upon interactions with residents in other health care professions than on interactions with other psychology trainees.

C.4.(b) have completed appropriate doctoral education and training in professional psychology or appropriate respecialization, both of which must include the completion of an appropriate internship;

CHP.C.4.(b) Applicants to residencies will have received education in the foundations of health psychology and the foundations of practice in clinical health psychology at the doctoral and internship levels.

C.4.(c) have interests and attitudes that are appropriate for the postdoctoral training program's goals and objectives;

C.4.(d) have an understanding of the program's philosophy, model and goals;

C.4.(e) have meaningful involvement in those activities and decisions that serve to enhance resident training and education; and

C.4.(f) have a title commensurate with the title carried in that setting by other professionals in training who have comparable responsibility and comparable education and training, consistent with the laws of the jurisdiction in which the program is located.

C.5. The program has the additional resources necessary to achieve its training goals and objectives. The program works with the administration of the sponsor institution to develop a plan for the acquisition of those additional resources that may be necessary for program development. The resources include:

C.5.(a) financial support for resident stipends, training supervisors, and training activities, consistent with the standards of the advanced substantive traditional or specialty practice area in which the program provides its training;

C.5.(b) clerical and technical support;

C.5.(c) training resources, materials and equipment;

C.5.(d) physical facilities, training populations and settings.

CHP.C.5.(d) Residency programs are located in health care facilities regulated or accredited by appropriate agencies (e.g., Joint Commission on the Accreditation of Health Care Organizations, Commission on the Accreditation of Rehabilitation Facilities).

C.6. The program takes advantage of the resources and diversity offered by the community in which the program is located.

C.7. A postdoctoral training program may consist of, or be located under, a single administrative entity (institution, agency, school, department, etc.) or may take the form of a consortium. A consortium is comprised of multiple independently administered entities which have, in writing, formally agreed to pool resources to conduct a training or education program. Written consortial agreements should articulate:

C.7.(a) the nature and characteristics of the participating entities;

C.7.(b) the rationale for the consortial partnership;

C.7.(c) each partner's commitment to the education and training program, its philosophy, model, and goals;

C.7.(d) each partner's obligations regarding contributions and access to resources;

C.7.(e) each partner's adherence to central control and coordination of the training program; and,

C.7.(f) each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing resident admission, financial support, training resource access, potential performance expectations and evaluations.

C.8. An individual consortial partner (member entity) of an accredited consortium may not publicize itself as independently accredited unless it also has independently applied for and received accreditation.

Domain D: Cultural and Individual Differences and Diversity

The program recognizes the importance of cultural and individual differences in the training of psychologists.

D.1. The program has made systematic, coherent, and long-term efforts to attract and retain residents and supervisors from different ethnic, racial, gender and personal backgrounds into the program. Consistent with such efforts it acts to ensure a supportive and encouraging learning environment and the provision of training opportunities appropriate for the training of diverse individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in postdoctoral training or a career in professional psychology.⁷

D.2. The program has a thoughtful and coherent instructional plan to provide residents with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. It engages in positive efforts designed to ensure that residents will have opportunities to learn about cultural and individual diversity as they relate to the advanced substantive traditional or specialty practice area of psychology postdoctoral training. The avenues by which these training goals are achieved by the program are to be developed by the program.

Domain E: Resident-Supervisor Relations

The program demonstrates that its policies, procedures, education, training, and socialization experiences are characterized by mutual respect and courtesy between residents and training supervisors and that it operates in a manner that facilitates residents' training and educational experiences.

E.1. The program recognizes the rights of residents and training supervisors to be treated with courtesy and respect. In order to maximize the quality and effectiveness of residents' learning experiences, all interactions among residents, training supervisors, and program staff should be as between colleagues and conducted in a manner that reflects psychology's ethical principles and professional conduct standards⁸. The program has an obligation to inform residents of these principles and their avenues of recourse should problems arise.

CHP.E.1. See C.2.(h). At the postdoctoral level, socialization of the resident moves increasingly toward the role of faculty in psychology and with other disciplines.

E.2. Training supervisors are accessible to the residents and provide them with a level of guidance and supervision that actively encourages timely and successful completion of the program. The supervisors provide appropriate professional role modeling and engage in actions that promote the residents' acquisition of knowledge, skills and competencies consistent with the program's training goals.

⁷ See Section III.A. (Domain D.1, Footnote 4) of the "Guidelines and Principles for Accreditation of Programs in Professional Psychology" for further explication of this principle.

⁸ See APA "Ethical Principles and Code of Conduct" *American Psychologist*, December, 1992), and the Canadian Psychological Association "Canadian Code of Ethics for Psychologists" (1991).

E.3. The program shows respect for cultural and individual diversity among its residents by treating them in accord with the principles contained in Section C, Domain A, Standard 5 of this document.

E.4. The program provides residents immediately upon entry with written grievance and conflict resolution procedures and policies regarding program requirements and expectations for residents' performance and continuance in, or termination from the program. The nature and structure of supervision are reviewed early in the program. Residents receive, at least semi-annually, systematic written feedback on the extent to which they are meeting these performance requirements and expectations. Feedback should address the residents' performance and progress in terms of professional conduct and psychological knowledge, skills and competencies in the areas of psychological assessment, intervention and consultation, and should include:

E.4.(a) an initial written evaluation provided early enough in the program to serve as the basis for self-correction (if needed);

E.4.(b) a second written evaluation which occurs early enough to provide time for continued correction (if needed) or development;

E.4.(c) discussions and signing of each evaluation by the resident and the supervisor;

E.4.(d) timely written notification of all problems that have been noted, the opportunity to discuss them and guidance regarding steps to remedy them (if remediable);

E.4.(e) substantive written feedback on the extent to which corrective actions are or are not successful in addressing those problems.

E.5. The program issues a certificate of residency completion to residents successfully completing the training program.

E.6. The program documents and permanently maintains records of the residents' supervised training experiences and evaluations for future reference, certification and credentialing purposes. In all matters relevant to the evaluation of residents' performance, programs must adhere to their sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment.

Domain F: Program Self-Assessment and Quality Enhancement

The program demonstrates a commitment to excellence through self-study, which assures that its goals and objectives are met, enhances the quality of professional education and training obtained by its residents and training supervisors, and contributes to the fulfillment of its host institution's mission.

F.1. The program, with appropriate involvement from its training supervisors, residents and former residents, engages in a self-study process that addresses:

F.1.(a) its expectations for the quality and quantity of the resident's preparation and performance in the program;

F.1.(b) the training goals and objectives for residents and the residents' views regarding the quality of the training experiences and the program;

F.1.(c) its procedures to maintain current achievements or to make changes as necessary;

F.1.(d) its goals, objectives, and outcomes, in relation to local, regional and national needs and changes in the knowledge base of the profession and the advanced substantive traditional or specialty practice area in which the program provides its training.

F.2. The program provides resources and/or opportunities to enhance the quality of its training and supervision staff through continued professional development.

F.3. 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.

Domain G: Public Disclosure

The program demonstrates its commitment to public disclosure by providing written and other communications that appropriately represent it to the relevant publics.

G.1. The program is described accurately and completely in documents that are available to current residents, applicants, and the public. The descriptions of the program should include:

G.1.(a) its training model, goals and objectives; its selection procedures and requirements for completion; its training supervisors, residents, facilities, service recipient populations, training settings and other resources; its administrative policies and procedures, the average amount of time per week residents spend in direct service delivery and other education and training activities, and the total duration of the program to completion.

G.1.(b) its status with regard to accreditation, making available to applicants and the public such reports or other materials as pertain to the program's accreditation status, as appropriate.

Domain H: Relationship with Accrediting Body

The postdoctoral training program demonstrates its commitment to the accreditation process by fulfilling its responsibilities to the accrediting body from which its accredited status is granted.

H.1. The training program abides by the accrediting body's published policies and procedures, as they pertain to its recognition as an accredited postdoctoral training site.

H.2. The training program informs the accrediting body in a timely manner of changes in its training model, goals, objectives, curriculum plan and resources or operations that could alter the postdoctoral training program's quality.

H.3. The training program is in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.