REHABILITATION PSYCHOLOGY EDUCATION AND TRAINING GUIDELINES

8/31/05

The Rehabilitation Psychology post-doctoral education and training guidelines were jointly developed by the APA Rehabilitation Psychology Division and the American Congress of Rehabilitation Medicine. The guidelines integrate the relevant sections produced at the 1992 Ann Arbor Conference on Post-Doctoral Training in Professional Psychology. These guidelines have been published in the Journal of Rehabilitation Psychology.

A. Introduction:

Psychologist from virtually any background have the potential to contribute to the field of Rehabilitation. This document describes guidelines for clinical post-doctoral residents and does not address criteria for post-doctoral research fellowships in Rehabilitation Psychology.

B. Postdoctoral Residency Admission Criteria:

The two criteria for admission to post-doctoral residency programs preparing residents for professional practice in Rehabilitation Psychology are:

1. Completion of all requirements for a doctoral degree in Professional Psychology from a program accredited by the APA Committee on Accreditation or in Canada, by the CPA Accreditation Panel.

2. Completion of an internship in Professional Psychology accredited by the APA Committee on Accreditation or in Canada, by the CPA Accreditation Panel.

Those who have received doctoral degrees in psychology in areas of emphasis other than in a recognized area of professional psychology must have completed respecialization training in an accredited doctoral program before entrance to a post-doctoral residency. The post-doctoral program must specify whatever additional educational requirements, prior skills, knowledge and abilities are required of the applicant for admission to the particular post-doctoral program. Where post-doctoral residency programs offer specialty training, entrance requirements include criteria promulgated by recognized specialty groups.

C. Length of Training:

The minimum length of post-doctoral training is one year. Training periods of two or three years are encouraged, particularly in settings where research is emphasized.

D. Overall Curriculum Model:

1. Clinical

For residents who will have a clinical component to their training, the overall curriculum is based on three types of teaching methods: supervised clinical work, seminars and course work. As is the case with most clinical post-doctoral residencies, the majority of training will be through supervised clinical experience. The specific content of clinical work, seminars, and coursework may vary with specific programs, since variations in the resources of training centers preclude a standardized list of what can be made available to students. However, the minimal expectations for training in each of these areas are outlined in this document. In addition, inherent in the clinical training model is that training is the purpose of the residency and should not be compromised by either excessive service or research demands.

2. Academic

For psychologists who will not be training for a potential clinical position in Rehabilitation Psychology, the supervised clinical work component of the program will be omitted. Although, such trainees will likely be involved primarily in a scholarly pursuit to the field of Rehabilitation Psychology, the seminars and coursework to be described will also be relevant to their training.

E. Practica and Clinical Work:

1. Supervision

The residency setting has a designated psychologist who is clearly responsible for the integrity and quality of the training program, who has administrative authority commensurate with those responsibilities, and who is licensed as a psychologist in the jurisdiction where the program exists. This director has expertise in an area of post-doctoral training

offered, and has credentials of excellence such as the American Board of Professional psychology diploma, status as a fellow in APA or CPA, record of active research productivity, or other clear evidence of professional competence and leadership. The program has sufficient staff with demonstrated competence in the area(s) of training provided to meet the goals of the program, including two or more psychologists, both of whom are licensed in the jurisdiction of the program. Ideally, the program provides diversity in its professional role models. The post-doctoral program includes a minimum of two hours per week of regularly scheduled, face-to-face individual supervision by licensed psychologist(s) with the specific intent of dealing with psychologist series rendered directly by the resident. There are also at least two additional hours of supervision per week in professional learning activities such as: supervised case conferences including cases in which the resident is actively involved; seminars dealing with professional issues; co-therapy with a staff person, including discussion; group supervision; additional individual supervision; and mentorship. Primary supervision is provided on-site by licensed psychologists who have expertise relevant to the practice emphasis and who have professional responsibility for the psychological services given by the resident. Supervision includes attention to the diversity of the populations served. Each resident has a minimum of two supervisors per residency year. These supervisors are licensed and passed advanced competency and particular expertise related to the activities supervised. Supervisors are available, or make appropriate provision, for emergency consultation and intervention. Supervisors facilitate the growth of their residents' professional responsibility. Along with residents, supervisors have ethical responsibility for the psychological services their residents provide. To enrich and expand the post-doctoral training experience, post-doctoral residency programs are encouraged to include professionals from the practice and scientific community as an integral part of the program. Whenever warranted, these professionals are accorded appropriate status and responsibilities. The nature and structure of the supervision are discussed by the supervisee and supervisor early in the program. Opportunities are made available for further discussion of the supervisory arrangement in accordance with the professional maturation of the resident.

2. Client Populations

Rehabilitation Psychology emphasizes work with persons with catastrophic injury or illness and chronically disabling conditions. Trainees are expected to engage in clinical work with a variety of client groups among those indicated below.

Spinal cord injury
Brain injury
Neurological Disorders
Musculoskeletal problems
Orthopaedic injuries
Amputation or disability of limb(s)
Chronic pain
Impairment of sensor modality(s)
Burns and/or disfigurement
Medical conditions with potentially disabling features such as cardiovascular conditions, cancer, AIDS
Substance Abuse
Physical, Mental and/or emotional impairment compounded by cultural, educational or other disadvantages
Mental retardation
Severe psychiatric disability or emotional disturbance

F. Seminars:

Seminars have a small student to teacher ratio. They involve didactic teaching and favor interaction between teacher and student. Post-doctoral residents are expected to participate in at least monthly seminars for the duration of their training. In dealing with topics that may be too narrow for coursework, seminars can accommodate many of the training needs of residents. It is understood that content areas covered at one institution through a seminar might be addressed at another thorough coursework.

G. Coursework:

Because potential sites for residency training may not include the possibility for specific coursework, a list of recommended courses is not provided. For post-doctoral sites with an institutional affiliation,

coursework is strongly encouraged as a means of providing basic knowledge.

H. Content Areas and Issues for Rehabilitation Psychologists:

By the time a resident has completed post-doctoral training, he or she should have engaged in systematic study through seminars and course work (pre-and/or post-doctoral) or a broad range of content areas and issues related to Rehabilitation. Thus the learning needs of a given resident at the time of entry into the post-doctoral residency will vary as a function of previous educational and training opportunities. It is understood that specific post-doctoral offerings will depend on the orientation and resources of the training setting. The following topics are listed to convey the kind of breadth and depth of knowledge and understanding to which a well-trained Rehabilitation Psychologist can be expected to have been exposed. It is the responsibility of the training facility to provide access to instruction (e.g. seminars, coursework, colloquia, preceptor training, relevant readings) to meet each resident's professional development and training needs.

- Cognitive, affective, and societal sources of handicapping myths about disability and ways to counteract them
- Neuropsychological assessment
- Cognitive retraining
- Aging and chronically of disability
- Sexual functioning and disability
- Vocational assessment
- Vocational Rehabilitation
- Issues in independent living
- Ethical issues in Rehabilitation
- Psychosocial adjustment models of disability and chronic illness
- Neuroanatomy and physiology
- Brain-Behavior relationships
- Understanding medical aspects of impairments
- Psychopharmacology
- Processes in Rehabilitation, including cross disciplinary contributions
- Facilitating interdisciplinary team functioning
- Substance use, abuse and treatment
- Ergonomics and barrier removal
- Client/patient right/advocacy

- Policy/legal/legislative issues, including relevant legislation such as the American with Disabilities Act and section 504 of the Rehab Act
- Research/program design/evaluation
- Assistive technology
- Cultural/ethnic diversity
- Participation of the family and/or significant others in the Rehabilitation process
- Environmental factors (social, cultural, physical) impeding and facilitating Rehabilitation effectiveness
- Behavioral applications in assessment and treatment
- Psychotherapeutic interventions in the rehab settings
- Financial and administrative aspects of providing inpatient and outpatient Rehabilitation Psychology services

I. Sensitivity Training:

All psychologists working in Rehabilitation, whether or not they have been trained in Clinical or Counseling Psychology, need to understand the nature of negative bias involving disability and illness to which they themselves are prey, so that they can consciously invoke counterchecks against such flawed human perception. Such counterchecks are needed in both the research and clinical domains. One of the best means to ensure that the effects of negative bias are minimized is to provide sensitivity training throughout the course of the training program. Sensitization to important biases and issues may be achieved, for example, through films, role-playing and simulation approaches, and open discussion with client groups. The supervisor must insure that the outcomes of the experience contribute to constructive views of life with a disability and not to the reinforcement of negative bias.

J. Required Program Characteristics

Post-doctoral residencies occur in a variety of settings, including consortia. A program is a least one calendar year full-time or two years half-time. Some post-doctoral residency programs in specialty areas may require a longer training period, the duration and weekly time commitment of which is appropriate to the standards set by the specialty. The program ensures appropriate financial support and the provision of other necessary resources. Post-doctoral training program fund all residents. The stipend is consistent with the afforded comparable doctoral level professionals in

training. Provision for health insurance and other benefits, including liability insurance, is made by the program. Facilities and resources, such as office space, clerical support, computer access, recording equipment, library resources, and populations are adequate to meet the education and training goals of residency program. Post-doctoral residency programs ensure that socialization into the profession occurs through interaction with faculty/staff and/or other residents. The program affords opportunities for peer interaction and consultation. Post-doctoral residency programs encourage the resident to participate in state and provincial, regional, national, and international scientific and professional organizations.

K. Evaluation Mechanisms:

Each post-doctoral residency program needs to have a systematic evaluation of residents which consists of exit criteria geared to the written objectives of the particular post-doctoral residency program. Criteria from recognized specialty groups are used by post-doctoral residency programs which train in those specialties. At least two formal written evaluation of resident's performance in the post-doctoral residency precede the assessment of their satisfactory completion of the full program. The initial evaluation is provided early enough in the program so that the resident has feedback to serve as the basis for self-correction. The second evaluation occurs early enough in the year to provide time for continued development. Each evaluation is conducted face-to-face with appropriate faculty/staff of the program. A written report of the evaluation is read and signed by both the resident and Supervisor.