

SCHOOL PSYCHOLOGY POST-DOCTORAL RESIDENCY E&T GUIDELINES

11/05

Rationale

The COA requires that a specialty file the document entitled “Specialty Specific Postdoctoral Training Guidelines” (SSPTG) with the COA office before any postdoctoral residency program in that specialty can be reviewed for accreditation. In addition, it is important to note that COA Implementing Regulations Rule C-11(b) states that the specialty has provided the COA with educational and training guidelines endorsed by the specialty as one of three criteria defining a specialty area.

Consequently, the School Psychology Synarchy is preparing the necessary documentation to satisfy this requirement in order that School Psychology postdoctoral residency programs can apply for APA postdoctoral accreditation.

Premises

1. The postdoctoral residency is an optional extension of the doctoral specialty in school psychology. Doctoral E&T information is presented in (a) the 11/9/04 CRSPPP petition, and (b) The Division 16 document “*School Psychology Training Standards*” (7/15/00).
2. Postdoctoral residency training is for a psychologist with doctoral training as a school psychologist in order to deepen and expand practice competencies.
3. The postdoctoral residency program will articulate a model of training that accomplishes one or more of three types of goals:
 - a) Extend previously acquired expertise in settings that call for cohesive sets of interrelated areas of advanced competencies to deliver services in a specified context, with a particular population, or problem area. The residency program provides the rationale for the specific configuration of competencies that are given emphasis.
 - b) Emphasize competencies in areas that are given less emphasis at the doctoral level, but are included within the domain of school psychology.
 - c) Introduce emerging trends in the scientific knowledge base, theoretical frameworks, or in professional practice.

Assumptions Underlying the School Psychology Specialty

These Guidelines are based on the following ten assumptions as listed and explained in the school psychology 11/9/04 CRSPPP petition:

1. Science and practice are integrated.
2. Schools play a primary nurturing and socializing role in an increasingly complex world.
3. Human development is the result of a transactional process.
4. Effective and cost-effective educational, psychological, and health care services to children, youth, and families must emphasize prevention and health promotion.
5. The design and operation of social systems such as schools and social service agencies influence learning and development.
6. Coordination of educational, psychological and behavioral health services is crucial to efforts to improve well-being.
7. Effective services to infants, children, and youth build upon and support families.
8. Effective services are sensitive to cultural, gender, life style, and ethnic differences.
9. Effectiveness of services is measured by improved competence and educational outcomes for children and families, not simply by the number and kind of services delivered.
10. Learning occurs across the life span and in a variety of settings.

Educational and Training Principles

1. Postdoctoral residency E&T requirements will be consistent with the 11/9/04 petition content.
2. The School Psychology postdoctoral residency is completed in no less than 10 months.
3. The sequence of education, training and supervised experiences that is required for acquisition of **specialty distinctive competencies** is defined.
4. The postdoctoral residency reflects a distinct School Psychology pattern of practice.
5. Upon completion graduates are qualified to obtain appropriate recognition that documents their competence to practice. Board certification is encouraged.
6. A member of the training faculty should be board certified.
7. Certificates of completion should only refer to training in specialty practice.

Profession Core for Postdoctoral Training

The curriculum plan should be based on the model of training selected from the options outlined in Premise #3.

Supervision

A “ full-time resident will receive 4 hours of structured learning activities per week, at least 2 hours of which will include individual, face-to-face supervision”(COA G&P, p.20).

The resident’s primary supervisor will hold doctoral training in the School Psychology specialty and hold appropriate doctoral credentials. Board certification is encouraged.

The program director’s credentials and expertise must be consistent with the program’s mission and goals and with the specialty of School Psychology. (COA G&P, p. 21). Board certification is encouraged.

Doctoral Curricular Requirements¹

		Exposure	Experience	Expertise
I. ASSESSMENT OF INDIVIDUALS				
Domains	Abilities			<i>Doctoral</i>
	Achievement			<i>Doctoral</i>
	Social & emotional functioning			<i>Doctoral</i>
	Personality		<i>Doctoral</i>	
	Adaptive		<i>Doctoral</i>	
Methods	Interviews/questionnaires checklists, self-reports			<i>Doctoral</i>
	Observations			<i>Doctoral</i>
	Performance assessments (e.g., standardized, curriculum-based, criterion referenced, personality instruments)			<i>Doctoral</i>
Standards	Validity		<i>Doctoral</i>	
	Reliability		<i>Doctoral</i>	
Diagnostic Assessment				
Eligibility for legally mandated services				<i>Doctoral</i>
Recommendations	Educational modifications			<i>Doctoral</i>
	Community services		<i>Doctoral</i>	
II. PREVENTION				
Universal (interventions given to all)			<i>Doctoral</i>	
Indicated (interventions for “at risk”)			<i>Doctoral</i>	
Selected (interventions for early signs of a disorder)			<i>Doctoral</i>	

¹See The School Psychology Training Standards (7/15/00) for full explanation of these areas and criteria levels. The term “Doctoral” in the Table reflects the minimum criterion level for doctoral training.

		Exposure	Experience	Expertise
III. DIRECT INTERVENTION				
Crisis Intervention			<i>Doctoral</i>	
Individual, group, & family intervention to address behavior, emotion, learning, and relationships				<i>Doctoral</i>
IV. PSYCHOLOGICAL AND EDUCATIONAL CONSULTATION				
Individual & Group				<i>Doctoral</i>
Organizational			<i>Doctoral</i>	
V. INTEGRATED SERVICE DELIVERY		<i>Doctoral</i>		
VI. SUPERVISION			<i>Doctoral</i>	
VII. HEALTH-RELATED CONSULTATION				
Populations	Physicians, health professionals	<i>Doctoral</i>		
Problems	Health disorders, e.g., ADHD, Tourettes, HIV/AIDS, Visual and/or Hearing impairments, Seizure disorders		<i>Doctoral</i>	
VIII. MONITORING & EVALUATING SERVICES				
Academic Achievement				<i>Doctoral</i>
Individualized Education Plans				<i>Doctoral</i>
Instructional and Organizational Environments			<i>Doctoral</i>	
Teacher & Parent Consultation				<i>Doctoral</i>

CORE KNOWLEDGE BASE		Exposure	Experience	Expertise
Psychology	Developmental Psychology			<i>Doctoral</i>
	Developmental Psychopathology			<i>Doctoral</i>
	Diversity		<i>Doctoral</i>	
	History	<i>Doctoral</i>		
	Learning			<i>Doctoral</i>
	Social	<i>Doctoral</i>		
Education	Effective Instruction		<i>Doctoral</i>	
	Effective Schools		<i>Doctoral</i>	
	Effective Parenting		<i>Doctoral</i>	
	Effective Family Processes		<i>Doctoral</i>	
Professional Practice	Ethics & Law		<i>Doctoral</i>	
	Organizational and Community Dynamics		<i>Doctoral</i>	
	Educational and Psychological Interventions			<i>Doctoral</i>
Measurement	Application of Advanced Statistical Methodology		<i>Doctoral</i>	
	Program Evaluation (classroom and service systems)		<i>Doctoral</i>	