
**

SELF-STUDY - POSTDOCTORAL PROGRAM INTRODUCTION

The accreditation self-study process is a form of internal program evaluation. It is primarily intended to provide the program an opportunity to systematically review, describe and evaluate its education and training model and outcomes.

Additionally the self-study forms part of an external program evaluation function, by providing the CoA and the Accreditation Site Visitors with an opportunity to assess the degree to which the program's model and outcomes are consistent with the Scope, Guiding Principles, and Domains and Standards of the Guidelines and Principles (G&P) for Accreditation of Programs in Professional Psychology.

The CoA will include in its scope of accreditation *“..postdoctoral residency programs providing education and training in preparation for entering professional practice at an advanced level of competency in one of the substantive traditional practice areas of clinical, counseling and school psychology or in a substantive specialty practice area.”*

At the postdoctoral training level, the term *“substantive practice area”* refers to preparation for *advanced practice* in one of the above named *“traditional”* practice areas, or in one of the *“specialty”* practice areas.

“Substantive specialty (practice) areas” include those formally recognized by the profession. Additionally, in reviewing programs providing postdoctoral training in a specialty (practice) area, the CoA, (within the standards of the G&P), *“...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”*.

The G&P require that each program *“be evaluated in the light of its own education and training philosophy or model, insofar as [it is] consistent with those generally accepted as appropriate to the profession and the Committee on Accreditation...”* The self-study is therefore expected to accurately reflect both the unique aspects of the program's education and training model as well as the appropriateness of the model to the profession and the CoA.

The phrase *“education and training model (or philosophy)”*, as used in the G&P, refers to a program's education and training plan.

A model is very much like a blueprint. A blueprint accurately depicts and describes manufacturing principles, end products expected, raw materials and other resources required, transformation processes needed, and quality standards the products should meet. In other words, a blueprint provides a comprehensive *plan* from which a product can be constructed.

Analogously, an education and training program's model describes the program's plan: its *“mission”*, the resources and processes needed to perform that mission, and a *“quality control”* component. Like a blueprint it describes how the training program is *“constructed,”* and should be sufficiently comprehensive to enable others to *“constructively replicate”* the program.

An education and training model has five distinct components, which should accurately depict the program's:

1. Values and principles,
2. Goals and objectives,
3. Resources,
4. Processes and methods, and
5. Quality control activities.

1. Values and principles describe the *“why”* of an education and training program, its reason for existing. Then address fundamental assumptions, deeply held convictions and generally accepted tenets which define what is *“appropriate and important”* to the public, to the professional psychology training community at large, and to the training program and its sponsor institution, and why it is therefore important to conduct the program. Values and principles should *“inform”* the program's entire model and should logically lead to the program's goals and objectives.

2. Goals and objectives are descriptions of *expected, predicted or desired* outcomes. Conversely, an *outcome* is the extent to which a goal or objective has *actually* been reached, (as in: *“Our outcomes were as follows: we were partially successful in achieving Goal X, fully achieved Objectives A, B and C, but failed to reach objective D”*). Alternatively, outcomes can be viewed as analogous to *“dependent variables”* whose value is a function of the program's principles and

values, resources, and training processes. By publicly declaring a goal or an objective, a program *automatically* sets a “quality control standard” which defines a successful outcome.

a. A *goal* defines an expected, predicted or desired distal or terminal outcome (i.e. an expected “end product”).

b. An *objective* describes an expected, predicted or desired outcome at some proximal or intermediate stage of the transformation (“production”) process”. It is therefore likely to be of a more specific, limited, circumscribed, or “short-term” nature than a goal. One way to conceptualize an objective is as a partial “operationalization” of a goal. A training program’s objectives should therefore collectively operationalize the program’s training goal(s).

Together, values, principles, goals and objectives define the program’s “*mission*.”

3. Resources are the material, human and fiscal “*tools*” and “*raw materials*” necessary to attain the program’s goals and objectives. They include the physical training environment, the equipment, materials and supplies, the training supervisors and other staff, the residents, the training populations and settings, and the financial support for the program.

4. Processes address the “*how*” of the training enterprise and should describe the “methods of procedure” and the efforts (i.e. the program’s training and education activities) used to transform the program’s principles and resources into outcomes. Curriculum descriptions, syllabi, program manuals, etc., are examples of training process descriptions.

5. Quality control activities consist of internal and external program evaluation and traditionally focus on resources, processes and outcomes.

a. *Resource evaluation* assesses the quality, adequacy and sufficiency of the resources employed in the process of attaining goals and objectives.

b. *Process evaluation* examines the quality of the transformation methods and activities employed to attain program goals and objectives, their consistency with those goals and objectives and with the values and principles informing them, and relates them to the actual outcomes produced.

c. *Outcome evaluation* compares or measures a program’s desired, expected or predicted outcomes (i.e. its education and training goals and objectives, which serve as evaluation standards) against its *actual* ones (i.e. the “products” of the training program.) In so doing, outcome evaluation assesses the degree to which the program was successful in “realizing” its goals and objectives (i.e. its desired, expected or predicted “products”).

For accreditation purposes all programs are required to demonstrate that their training model is consistent with the basic general education and training model above. Accreditation self-study, site visit and CoA review are all activities aimed at evaluating the quality of, and consistency between and among the program’s model and its components and the accreditation G&P.

The basic model, its five core components and their “required” elements are reflected in detail in various parts of the G&P. It is assumed that most programs will elaborate on or add to these elements, thereby defining the unique aspects of their particular education and training model.

For instance, a program may have training goals and objectives that extend beyond the basic ones required by the G&P, may use innovative training processes or educational methods that are unique to its training settings, or may employ non-traditional training populations or other resources not reflected in the G&P.

Yet again, a program may choose to adhere to the principles and values of a specific professional psychology training community whose training model was promulgated at a national conference. In such a case one might expect the program’s unique training goals and objectives to be consistent with the training principles, values, goals and objectives published in that conference’s proceedings, as well as with those in the G&P.

The five core components of the above described basic general education and training model are approximately concordant with the following sections of the G&P:

Education and Training Model Component

G&P Section

1. Values and Principles

” ” ”

2. Goals and Objectives

” ” ”

3. Resources

4. Processes and Methods

5. Quality Control / Self Evaluation

Section I (Scope) - Section II (Guiding Principles) -
Section III (Domain B.1: Domain C; Domain E.1-3;
Domain G)

Section III (Domain B.2-4)

Section III (Domain C)

Section III (Domain B. 2-4; Domain E.4; Domain F)

Section III (Domain F)

INSTRUCTIONS FOR POSTDOCTORAL PROGRAM SELF-STUDY COMPLETION

The attached pages contain self-study questions which refer to and follow the sequence of the Domains and Standards of the G&P. Each Domain is preceded by the statement summarizing its content as it appears in the G&P. Additionally tables are provided to conveniently summarize quantitative information. Please answer each question fully but succinctly and complete all tables. Consult the specific Standard (referred to by the number preceding the self-study question) if further clarification is needed.

In many instances a question can be answered concisely in a single phrase or paragraph. In other instances a question may require a more extensive or detailed response and one or more pages may be needed.

In a few instances an accreditation Standard (and the self-study question pertaining to that standard) appears in slightly different forms in more than one G&P Domain (i.e. is repeated). In those instances it may suffice to refer clearly to the response previously provided, to avoid redundant effort.

Most training programs and their activities are extensively documented. For that reason comprehensive responses can often be provided by referring directly to existing program documentation, thereby preventing duplication of effort. If such is the case, please append the relevant documentation and respond to questions by specifying exactly where in the appended documents the requested information can be located. In the ideal instance most of the information required should already be in a program's training brochure or manual, or in a "resident handbook."

Some examples of existing program documentation useful in responding to self-study questions are:

- brochures or other publicity material describing your program's mission, training resources and processes,
- detailed curriculum descriptions or training plans, syllabi, bibliographies,
- program manuals or resident training handbooks,
- publications listing training goals, objectives and norms for an advanced or specialty practice area as defined by its national reference group or professional training community,
- didactic seminar schedules, training calendars, listings of training events such as colloquia, workshops, invited lectures, grand rounds,
- rotation descriptions, sample training contracts, descriptions of required knowledge and practice competencies,
- descriptions of methods of measuring attainment of program and resident training goals and objectives, samples of performance based examinations, evaluation forms and other resource, process or outcome assessment methods,
- descriptions of training outcomes, e.g. residents' worksamples, scholarly products, initial employment settings,
- administrative policy and /or procedure manuals, program correspondence, etc., etc.

Please use discernment in striking a sound balance between succinctness and comprehensiveness in the responses to self-study questions. Your program, the site visitors and the Committee on Accreditation are best served by descriptions which are accurate and complete, but avoid redundancy and unnecessary effort.

CCP SELF-STUDY (draft 5/25/01)

ACCREDITATION DOMAINS AND STANDARDS

C. POSTDOCTORAL RESIDENCIES IN CLINICAL CHILD PSYCHOLOGY (CCP)

DOMAIN A: Eligibility

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

A.1 [CCP.A.1] Indicate that your postdoctoral residency prepares its residents for Clinical Child Psychology specialty practice. How long has your program been in existence?

A.2. Briefly describe the mission(s) of the agency or institution which sponsors/hosts your postdoctoral residency. Describe the sponsor institution's service delivery setting(s) in which your program's training education and activities take place and the service recipient population(s) (clients, patients.) in those settings. If the training takes place in more than one setting, briefly describe those settings, their service recipient populations and the types of training experiences offered in each setting. [CCP.A.2] Specifically indicate whether participation in clinical service delivery is available in a psychiatric and/or pediatric setting(s) (inpatient and/or outpatient), outpatient clinic setting(s), school/educational setting(s), and/or other setting(s). Specifically describe the service recipient population at each setting in terms of ages of children (infants, toddlers, children, adolescents).

A.3. Explain how your residency fits into your sponsor institution's mission. How is it viewed/valued by your sponsor institution and its administration? How is the program funded and how is it represented in its sponsor institution's operating budget?

How are residents financially supported, what is their annual salary or stipend, and what fringe benefits do they receive? How does this compensation package compare to that of doctoral professionals in training with similar responsibilities at your host or sponsor institution?

A.4. [CCP.A.4] Does your residency provide a minimum of one year (12 months) of full-time training or two years of half-time training? If half-time, explain how the equivalent of at least one year of full-time training is achieved in your part-time program.

A.5. Refer to Domain D, 1-2, below.

A.6. Refer to Domain E, 1-6 and G, below.

Additional Documentation Requested

Please provide the information requested in Residency Curriculum Summary appended to this document. Include as appendices publicity materials on your host or sponsor institution, residency publicity and other program related material (brochures, letters, program manuals, handbooks, formal institutional policy and procedure memoranda, etc.) describing resident recruitment and selection procedures; prior preparation and other admission requirements; program completion requirements; performance evaluation and feedback, conflict/grievance resolution, advisement, retention and termination policies and procedures, residents' financial compensation and fringe benefits, etc.

Domain B: Program Philosophy, Objectives and Training Plan

The program has a clearly specified philosophy or model of training, compatible with the mission of its sponsor institution and appropriate for 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 preparation of psychologists for professional psychology practice at an advanced competency level in a substantive traditional or specialty practice area. The program's goal's and objectives are consistent with its philosophy or model.

B.1. Briefly describe your program's education and training *model*. State the model's underlying *values and principles*. If your program has a formal *mission* statement, provide that statement and show how this mission is compatible with your program's sponsor's or host institution's mission and culture.

Describe your program's training and education *goal(s)*, i.e. the expected long-term (distal) or final training outcomes that your program's training intends to produce. [CCP.B.1] Does your residency complete an integrated sequence of education and training beginning at doctoral and internship levels so as to produce an advanced level of

competence sufficient for independent practice in Clinical Child Psychology? Is it a goal for graduates of your program to be eligible for licensure and certification in Clinical Child Psychology by the American Board of Professional Psychology (when this becomes available)?

B.1.(a) [CCP.B.1.(a)] Specify how your program provides scientifically-based education and training in the basic tenets of Clinical Child Psychology, which include an understanding of the basic psychological needs of children and of how the family and other social contexts influence children's social and emotional adjustment, cognitive development, behavioral adaptation, and health status. Describe what opportunities your program provides its residents for scholarly or research activities and your residents' involvement in such activities.

B.1.(b) [CCP.B.1.(b)] Describe how your program's training ensures breadth of advanced professional competence as well as focus and depth of professional and technical expertise in the specialty practice of Clinical Child Psychology [refer to items B.3.(a) - (f) and the Residency Curriculum Summary for details].

B.2. Explain why your postdoctoral training activities constitute a *program*, as opposed to an apprenticeship, simply "on the job training", supervised job training or supervised service delivery after completion of the doctorate.

What other training programs are sponsored by your host institution? Are any of these postdoctoral programs? How do these other training programs and their training supervisors, students or residents relate to your professional psychology postdoctoral residency program and its residents?

Explain how your program differs from doctoral internship training in professional psychology in general, and from other training programs in psychology or related disciplines or professions offered at your sponsor institution.

B.2.(a) Explain how your program's *expected* training outcomes (i.e., its *goals and objectives*) build on the *prior competencies* (i.e. entry level knowledge, skills, abilities, etc.) required of the residents for admission to your program. In what manner are resident learning experiences "graduated in complexity"? [Also, see CCP.C.4.(b)].

B.2.(b) Describe the types and average amount per week of supervised direct service delivery (i.e., "patient care" or "direct service") activities your program requires of its residents. (Also see Question B.6, below.) [CCP.B.2.(b)] Do your residents spend approximately half of their time or more in supervised activities related to the provision of clinical services?

B.2.(c) How does your program ensure residents' socialization into the profession appropriate to its advanced traditional or specialty practice training focus? How does your program ensure that residents interact with peers and have access to peer consultation?

Describe the didactic and other (i.e. *non-service delivery*) common training experiences and the average weekly total time commitment for these which are required of full-time and/or part-time psychology postdoctoral residents in your program. Describe each of these didactic and other learning activities in terms of their content, format and average duration per week: (e.g., didactic seminars, colloquia, symposia, co-therapy, discussion with staff, mentorship, role modeling or enactment, observation, consultative guidance, case conferences, rounds, journal clubs). [CCP.B.2.(c)] Do residents have dedicated time each week for activities of primarily an educational nature (i.e., non-service delivery) and for activities of primarily a research and scholarly nature? [Also see B.3 and CCP.B.3.(a - e)].

B.3. Describe your program's training plan or curriculum in terms of its education and training *objectives*. Briefly relate these training objectives to the training *goals* described in your responses to Question B.1., above. [CCP.B.3; refer to Residency Curriculum Summary] Does the residency aim to complete an integrated sequence of education and training in (1) child development and developmental psychopathology, (2) knowledge of the foundations of Clinical Child Psychology practice, (3) Clinical Child Psychology assessment and treatment/intervention skills (4) the development, implementation, and evaluation of prevention programs and strategies, (5) consultation to other professionals who serve the needs of children and families or who are concerned with the prevention and alleviation of children's problems, (6) strategies of scholarly inquiry and research, and (7) teaching and supervision?

Describe the training plan/curriculum in terms of content, format, processes, methods, sequences, frequency and duration of education and training activities. (Also see or refer to Question B.2.(c), above.)

If your program has "part-time" residents, describe their average weekly time commitment in relation to the program's objectives for supervised direct service delivery, individual and group supervision and other learning activities.

Explain how this part-time curriculum is consistent with the requirements of the program's training model and with the G&P. (Also see or refer to Question A.4.)

B.3.(a)-(f) This G&P Standard identifies "core" or general training *objectives* (i.e., desired, expected or predicted circumscribed, intermediate or "short-term" (proximal) training outcomes) in terms of *content areas* in which residents "should acquire and demonstrate (advanced traditional or specialty practice related) *understanding and competence*". These content areas are listed below and define training objectives required of *all* professional psychology postdoctoral programs and residents.

Describe how (i.e., the *processes* whereby) your program achieves the objectives, (i.e. *how* its residents acquire knowledge, understanding, skills, abilities, competence, etc.), specifically as related to the advanced substantive traditional or specialty practice area in which your program provides its training, in the following content areas: [CCP.B.3. (a - f)] Complete the attached Residency Curriculum Summary to illustrate how your residency provides education and training in each of the identified content areas. Note that content areas preceded by an asterisk identify required content areas either at the residency level or completed prior to residency. Add additional content areas provided in your setting. Explain any unusual circumstances.

- a. diagnosing or defining problems through psychological assessment and implementing psychological interventions
[CCP.B.3.(a)] Refer to Residency Curriculum Summary for details.
- b. consultation, program evaluation, supervision and/or teaching
[CCP.B.3.(b)] Refer to Residency Curriculum Summary for details.
- c. strategies of scholarly inquiry
[CCP.B.3.(c)] Explain how residents demonstrate knowledge of the Clinical Child Psychology and child development literature and skills in critical review of literature, design and execution of research pertinent to the specialty, and communication of results.
- d. organization, management and administration issues as they affect the service delivery or research setting
- e. professional issues and conduct, law and ethics, and other psychology service provider standards
- f. issues of cultural and individual diversity relevant to a. through e. above.

Additionally, describe in detail any training objectives which are *unique* to your program's model, and/or to its advanced traditional or specialty area practice training mission, *or which are not covered in the content areas listed in B.3.(a)-(f) above.*

For specialty area practice training, provide descriptions of postdoctoral training objectives and competency norms or standards for that specialty practice area, as defined by its national reference group or professional training community. [CCP: See published guidelines relevant to the training of clinical child psychologists¹.]

B.4. Describe in detail the amount, schedule (duration and frequency) and nature of residents' weekly individual supervision by psychologists and specify any other forms of supervision (e.g. group supervision, supervision by non-psychologists.)

B.4.(a) Where is supervision provided and by whom? Is supervision primarily on-site? How many supervisors does each resident have during a residency year? How many of these are psychologists? Who has professional responsibility for the services provided by residents?

B.4.(b)-(c) Explain how resident supervision is consistent with your program's advanced traditional or specialty practice area training focus, and how it reflects the knowledge base of that practice area.

B.4.(d) How do residents obtain access to supervisors for consultation/intervention in emergencies?

B.5. How does your program facilitate and encourage its residents' involvement in professional and scientific organizational activities?

¹ Tuma, J. M. (1985). *Proceedings: Conference on Training Clinical Child Psychologists*. Washington, DC: Section on Clinical Child Psychology; Ollendick, T., Drotar, D., Friedman, M., & Hodges, J. (1988). Guidelines for postdoctoral training in clinical child psychology. *Journal of Clinical Child Psychology*, 17, 288-289; Roberts, M.D., Carlson, C.I., Erickson, M.T., Friedman, R.M., LaGreca, A.M., Lemanek, K.L., Russ, S.W., Schroeder, C.S., Vargas, L.A., & Wohlford, P.F. (1998). A model for training psychologists to provide services for children and adolescents. *Professional Psychology: Research and Practice*, 29, 293-299; Roberts, M.C., Erickson, M.T., & Tuma, J.M. (1985). Addressing the needs: Guidelines for training psychologists to work with children, youth, and families. *Journal of Clinical Child Psychology*, 14, 70-79.

B.6. Are your residents required to generate revenue for the agency (i.e. “billable hours/contacts/services”)? If so, how many billable hours/contacts are minimally required per resident per week? (Also see or refer to Question B.2.(b), above.)

B.7. Describe how the postdoctoral program is administered, i.e., explain the administrative structure, methods and procedures whereby the program and its resources are planned, directed, controlled, coordinated and organized. Are these administrative processes formally documented? If so, submit them as an appendix.

Describe the leadership of your program and explain how program responsibilities are assigned. How and by whom are plans and decisions made about training issues, curricular content, evaluative activities, etc.? Are training supervisors and residents involved in these processes? If so, describe how.

B.7.(a)-(b) Describe the qualifications, credentials, role and responsibilities of the Director of Training. If the training program includes multiple areas of specialty practice and the person responsible for directing training in CCP is not the same person as the overall Director of Residency Training, the also describe the qualifications, credentials, role and responsibilities of the Director or Coordinator of CCP Training.

ADDITIONAL DOCUMENTATION REQUESTED

Submit any other documentation relevant to the above questions. Provide clear references in the responses to the questions above on where the referred to information is located in the appended documentation. Submit the Curriculum Vitae of the Director of Training and that of the Director or Coordinator of CCP Training if different from the overall Director of Residency Training.

DOMAIN C: PROGRAM RESOURCES

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

C.1. How many formally designated postdoctoral training supervisors does your program have? How many of these are licensed professional psychologists?

C.2.(a)-(f) Describe succinctly how the qualifications and professional activities (practice, consultation, research, teaching, participation in professional organizations, etc.) of each of your postdoctoral training supervisor staff members specifically support the training model or philosophy and the goals and objectives of your program.

Briefly describe the unique training contributions of all staff with *significant* training roles in your program (primary training supervisors, adjunct training staff, etc.). Include the average number of hours per week each devotes to your program's *training* activities.

Explain briefly how your training supervisors and adjunct training staff members serve as professional role models for the residents.

C.3. Explain specifically how *adjunct* staff/supervisors augment and expand your residents' training experiences beyond those offered by the regular training supervisor staff, and how these adjunct staff members are integrated into the overall program.

C.4.(a) How many residents does your postdoctoral training program have? [See also B.2.(c), above]. How many of these are “part- time”? Do *all* these residents receive training in the *same* advanced traditional or specialty practice area? If not, explain why not, and list the different practice areas in which each resident receives training.

C.4.(b)-(d) Describe the prior preparation (i.e., the education and training qualifications and additional competencies, knowledge, skills, abilities and other characteristics) required of residents for admission to your program. [CCP.C.4.(b)] Is entry into your residency based on completion of an APA or CPA accredited doctoral program? If not, explain how you assure adequate completion of the generic psychology core and general clinical core among your residents? Is entry based on completion of an APA or CPA accredited internship program? Explain what knowledge in the foundations of child development and developmental psychopathology and in the skills relevant to Clinical Child Psychology are required for admission to your program. Do you admit applicants who have not completed primarily child-related doctoral or internship training programs? How does the length of your training program relate to your admission criteria?

How do these admission requirements and your program's selection methods assure compatibility with your program's training model and objectives and the residents' own training objectives? [Also see question B.2.(a), above.]

How are your residents made to understand your program's education and training model or philosophy?

C.4.(e) How are residents involved in their training and education activities and decisions?

C.4.(f) What is the formal title by which the postdoctoral residents are known in your program and sponsor institution?

C.5.(a)-(d) Describe the nature and adequacy of financial, material and human *resources* available to your residency in light of its mission. Include brief descriptions of office and treatment spaces, other physical facilities, assessment materials, computer equipment, library holdings, clerical support, unique populations of service recipients, service settings, and other resources necessary to achieve the program's goals and objectives. [See Question A.2. refer to Residency Curriculum Summary for details on populations served.]

C.6. How does your program use the training opportunities and resources available in the larger community in which your program is located?

C.7.(a)-(f) If your program is conducted by a Consortium, please describe clearly how it fulfills the requirements listed under of the Accreditation G&P's. Attach copies of the consortium agreement.

ADDITIONAL DOCUMENTATION REQUESTED

Please complete the tables on Staff and Resident Qualifications and Characteristics. Complete a Biographical Sketch on the Director of Training, and on each psychologist who is a primary training supervisor or adjunct training staff member in your program. Also complete a Biographical Sketch on each non-psychologist with a significant training role in the program.

DOMAIN D: CULTURAL DIVERSITY AND INDIVIDUAL DIFFERENCES

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

D.1. Describe your program's strategies to recruit and retain residents and staff from diverse individual and cultural backgrounds. How does your program ensure a supportive and encouraging learning environment for individuals of diverse backgrounds?

D.2. Describe the individual difference and cultural diversity characteristics of the population(s) of recipients (consumers, clients, patients) to whom residents deliver services.

How do your residents acquire appreciation of and competence, knowledge and skills in the area of individual differences and cultural diversity? How are individual and cultural diversity issues integrated with the advanced traditional or specialty practice training focus of the program?

ADDITIONAL DOCUMENTATION REQUESTED

Please append information or copies of training calendars listing diversity training events, documents on institutional, agency and program policies and procedures on nondiscriminatory recruitment and personnel practices, samples of staff and resident recruitment announcements or advertisements, etc.

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. How and when does your program assess the residents' training goals and their compatibility with the program's training goals? How and when does the program inform its residents of the program's own training and performance requirements and of its policies and professional psychology's ethical principles and conduct standards?

E.2. How do training supervisors facilitate residents' timely and successful program completion?

E.3. (Refer to A.5., above)

E.4. What are the program's policies and procedures for addressing residents' conflicts, resolving residents' grievances, resident advising, problem notification, problem remediation, continuance in, and termination from the program? How and when do residents become aware of these policies and procedures, and where are these documented? At what point in time are supervisors' and residents' expectations regarding the nature and structure of supervision first discussed?

E.4.(a)-(c) How often and at which points in time are residents evaluated during each training year? Describe *how* your program evaluates residents' performance, *i.e.*, *what evaluation processes, methods or formats are used by your program* to assess that residents' have in fact acquired the competence, understanding, knowledge, skills, abilities.

attitudes, etc. specified in your program's training goals and objectives. Describe your program's methods of providing evaluative performance feedback to residents.

E.4.(d), (e) How does the program notify, assist and provide feedback to residents whose performance or progress is not satisfactory?

E.5. Attach a copy of the "Certificate of Postdoctoral Residency in Psychology" residents receive upon program completion.

E.6. What records does the program compile on resident performance evaluations and program completion and how are those records maintained?

ADDITIONAL DOCUMENTATION REQUESTED

Please provide relevant personnel policies, appropriate sections of procedure manuals or other documentation on conflict, problem or grievance resolution, due process, etc. If your program has existing documents (e.g. a detailed personnel handbook, procedure manual, etc.) please append it and refer to the sections in which the requested information can be located. Provide sample copies of resident evaluation forms or documents, training contracts, etc.

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. Briefly list the internal and external quality evaluation/assurance/enhancement activities your program employs. Are training staff and residents involved in these activities? Describe the nature of their involvement.

F.1.(a) Specify the *methods* you use to assess the adequacy of residents' *preparation* for your program, and what methods you use to assess and demonstrate the attainment of both the program's and the residents' training goals and objectives (i.e., the desired, expected or predicted training *outcomes*), in terms of resident *performance*.

Specifically, *how* do you assess, evaluate or measure and document the attainment of the training objectives defined by the content areas in Domain B, and the attainment of those unique goals and objectives determined by the advanced traditional or specialty practice area in which your program provides its training? Stated differently, *how* does your program ascertain residents' *knowledge* and *practice competence*, in light of its training focus and its unique training model or mission? (Also see, and/or refer to Questions E.4.(a)-(e), above.)

F.1.(b) How and how often does the program evaluate the residents' views of the training experience and the program? (Also see, and/or refer to Questions E.4. (a)-(e), above.)

F.1.(c) How does your program evaluate and demonstrate the adequacy and sufficiency of its training *resources* and its *processes*, (procedures and methods) in relation to its training goals, objectives and actual outcomes? Has your program used this information to modify its training processes or resources?

F.1.(d) Describe *what* your program's *outcomes* are. In other words, *to what extent has your program actually reached its stated goals and objectives?* (Also see to F.1.(a)-(c), above.) *Are these outcomes consistent with those predicted by the goals and objectives?* If not, have the goals and objectives been modified to better predict the desired or expected outcomes? Stated differently, how are your program's outcome findings coordinated with, or integrated into its planning and decision processes, and how is outcome feedback used to modify the program's goals and objectives?

Examples of *goal*-related outcomes are the type of initial and subsequent employment, professional roles and activities of your graduates, and their consistency with your program's training mission, e.g., how successful are your program's graduates in obtaining licensure? How many obtain employment in the practice area for which your program prepared them? How many succeed in obtaining additional postdoctoral practice credentials in that area?

Examples of outcomes related to *objectives* are evaluations of resident knowledge or skill/competence in the content areas cited in B.3.(a)-(f) above, or of knowledge, skills, competence or proficiency in relation to your program's unique or "specialty-specific" training objectives (e.g. documentation of the degree to which your residents met the performance norms or standards of the advanced practice area in which they received their training.)

Also briefly describe how your program evaluates, responds to and influences changes in the knowledge base of the science or practice of psychology, and to changes in local, regional or national needs for psychological services.

F.2. Please describe how your program and its host institution support the continuing professional development of its training and supervisory staff.

F.3. How do your program and its host institution tangibly demonstrate that they value the importance of the staff's training activities?

Describe any additional or unique aspects of your program not addressed in the questions in this self study outline. Are any of these aspects important to the Committee's selection of site visitors for your program?

ADDITIONAL DOCUMENTATION REQUESTED

Please provide documentation of self evaluative activities and complete Tables requesting information on residents' first employment after completing your program, licensure, other credentialing and/or professional activities and accomplishments. Attach samples of program and supervisor evaluation forms or instruments, resident performance, skill or proficiency evaluations, examinations or tests of resident competency or knowledge, and any other methods of assessing attainment of resident and program training goals and objectives (i.e. resource, process and outcome evaluation standards, methods and measurement instruments, and actual outcomes.)

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.(a)-(b) How does the program inform its applicants and the public about its admission criteria, application and selection processes, its training model and mission (principles and values, training goals and objectives), its requirements for completion, its resources, its administrative policies and procedures, and its accreditation status?

ADDITIONAL DOCUMENTATION REQUESTED

Please provide copies of program publicity materials (flyers, brochures, posters, listings in directories, advertisements,) program handbooks and other materials, as appropriate, as well as publicity materials on your host or sponsor institution.

DOMAIN H: RELATIONSHIP WITH ACCREDITING BODY

The 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. Since your program's last application for renewal of accreditation, have there been instances of program departure from the accreditation G&P? If so, please explain. If, at your last accreditation review or site visit (if applicable), issues or problems were raised by the Committee on Accreditation, what actions has your program taken to respond to these, and what results were achieved?

H.2. Since your last site visit (if applicable) have there been any changes in your or sponsor institution's mission or resources, or in your residency's processes or practices, or other issues that influenced the quality of the residency, the training staff or the residents' training experiences? If so, please describe them.

Does your program or its host institution have any plans that might substantially change the nature, function or mission of your postdoctoral program in the foreseeable future? Please describe these plans and their potential consequences to your program's accreditation status.

ADDITIONAL DOCUMENTATION REQUESTED

Please attach copies of communications with the Committee on Accreditation regarding significant changes in your program.

RESIDENCY CURRICULUM SUMMARY

[Refer to Accreditation Guidelines CCP.B.3.(a) and (b). These knowledge and skill areas are based on published guidelines and recommendations for training in Clinical Child Psychology¹ and the Clinical Child Psychology specialty petition to CRSPPP.² They reflect a consensus of the Division 53 Board of Directors and the Division 53 Task Force on Postdoctoral Accreditation in Clinical Child Psychology.]

Please summarize the education and training provided in your residency using the following table and abbreviations.

Knowledge or Skill Area <i>(Note that areas marked with asterisk are required by CP specialty).</i>	Circle/indicate all that apply <i>OC = Organized Course</i> <i>IS = Individual Study/Supervision</i> <i>GS = Group Supervision/Seminar</i> <i>OE = Observation/Experience</i> <i>OM = Other Instructional Methods</i> <i>PTR = Expected Prior to Residency</i>	Obligatory for all residents <i>(Respond Yes or No)</i>	Available as an elective <i>(Respond Yes or No)</i>	Available by special arrangement <i>(Respond Yes or No)</i>	Not Available <i>(Check, if indicated)</i>
Knowledge: Child Development and Developmental Psychopathology					
*Child development	OC OE IS OM _____ GS PTR				
*Family processes	OC OE IS OM _____ GS PTR				
*Child and adolescent psychopathology	OC OE IS OM _____ GS PTR				
*Developmental psychopathology	OC OE IS OM _____ GS PTR				
*Academic & intellectual functioning, learning disabilities	OC OE IS OM _____ GS PTR				
*Biopsychosocial aspects	OC OE IS OM _____ GS PTR				

¹Tuma, J. M. (1985). *Proceedings: Conference on Training Clinical Child Psychologists*. Washington, DC: Section on Clinical Child Psychology; Ollendick, T., Drotar, D., Friedman, M., & Hodges, J. (1988). Guidelines for postdoctoral training in clinical child psychology. *Journal of Clinical Child Psychology*, 17, 288-289; Roberts, M.D., Carlson, C.I., Erickson, M.T., Friedman, R.M., LaGreca, A.M., Lemaneck, K.L., Russ, S.W., Schroeder, C.S., Vargas, L.A., & Wohlford, P.F. (1998). A model for training psychologists to provide services for children and adolescents. *Professional Psychology: Research and Practice*, 29, 293-299; Roberts, M.C., Erickson, M.T., & Tuma, J.M. (1985). Addressing the needs: Guidelines for training psychologists to work with children, youth, and families. *Journal of Clinical Child Psychology*, 14, 70-79.

² CRSPPP: APA Commission for the Recognition of Specialties and Proficiencies in Professional Psychology

Knowledge or Skill Area <i>(Note that areas marked with asterisk are required by CCP specialty).</i>	Circle/indicate all that apply <i>OC = Organized Course</i> <i>IS = Individual Study/Supervision</i> <i>GS = Group Supervision/Seminar</i> <i>OE = Observation/Experience</i> <i>OM = Other Instructional Methods</i> <i>PTR = Expected Prior to Residency</i>	Obligatory for all residents <i>(Respond Yes or No)</i>	Available as an elective <i>(Respond Yes or No)</i>	Available by special arrangement <i>(Respond Yes or No)</i>	Not Available <i>(Check, if indicated)</i>
Knowledge: Foundations for Clinical Child Psychology Practice					
*Empirically supported assessment instruments & methods	OC OE IS OM _____ GS PTR				
*Empirically supported treatments/interventions: (psychoeducation; behavioral intervention, family, individual, group, multisystemic therapies)	OC OE IS OM _____ GS PTR				
*Treatment matching: Which empirically supported treatment(s) for targeted problem(s)?	OC OE IS OM _____ GS PTR				
*Psychopharmacologic treatment of children (rudimentary knowledge sufficient for informed consultation)	OC OE IS OM _____ GS PTR				
*Systems serving children/families (social welfare, education, mental health, health, legal)	OC OE IS OM _____ GS PTR				
*Professional and Ethical Issues	OC OE IS OM _____ GS PTR				
*Cultural Diversity and Clinical Practice	OC OE IS OM _____ GS PTR				
Other: _____	OC OE IS OM _____ GS PTR				

Knowledge or Skill Area <i>(Note that areas marked with asterisk are required by CCP specialty).</i>	Circle/indicate all that apply <i>OC = Organized Course</i> <i>IS = Individual Study/Supervision</i> <i>GS = Group Supervision/Seminar</i> <i>OE = Observation/Experience</i> <i>OM = Other Instructional Methods</i> <i>PTR = Expected Prior to Residency</i>		Obligatory for all residents <i>(Respond Yes or No)</i>	Available as an elective <i>(Respond Yes or No)</i>	Available by special arrangement <i>(Respond Yes or No)</i>	Not Available <i>(Check, if indicated)</i>
Clinical Child Psychology Skills						
*Assessment: Determination of referral issues	OC IS GS	OE OM PTR				
*Assessment: Understanding of pertinent developmental, family/psychosocial, educational, and medical information	OC IS GS	OE OM PTR				
*Assessment: Selection of empirically supported assessment strategies (interviews, rating scales, observations, self-monitoring, tests)	OC IS GS	OE OM PTR				
*Assessment: Administration, scoring, and interpretation (psychological tests, rating	OC IS GS	OE OM PTR				
*Assessment: Communication of results and recommendations to patient, family and others as appropriate	OC IS GS	OE OM PTR				
*Assessment: Basic understanding of specialized neuro-psychological assessment with children	OC IS GS	OE OM PTR				
*Treatment and Intervention: Formulation of treatment plan; selection of appropriate empirically supported treatment(s)	OC IS GS	OE OM PTR				
*Treatment and Intervention: Implementation and evaluation of plan	OC IS GS	OE OM PTR				
*Treatment and Intervention: Psychoeducation (including parent training/education)	OC IS GS	OE OM PTR				
*Treatment and Intervention: Empirically supported individual therapies	OC IS GS	OE OM PTR				

Knowledge or Skill Area <i>(Note that areas marked with asterisk are required by CP specialty).</i>	Circle/indicate all that apply <i>OC = Organized Course</i> <i>IS = Individual Study/Supervision</i> <i>GS = Group Supervision/Seminar</i> <i>OE = Observation/Experience</i> <i>OM = Other Instructional Methods</i> <i>PTR = Expected Prior to Residency</i>	Obligatory for all residents <i>(Respond Yes or No)</i>	Available as an elective <i>(Respond Yes or No)</i>	Available by special arrangement <i>(Respond Yes or No)</i>	Not Available <i>(Check, if indicated)</i>
Clinical Child Psychology Skills (continued)					
*Treatment/intervention: Empirically supported family therapies	OC OE IS OM _____ GS PTR				
Treatment/intervention: Empirically supported group therapies	OC OE IS OM _____ GS PTR				
Treatment/intervention: Empirically supported behavioral intervention (home, school)	OC OE IS OM _____ GS PTR				
Treatment/Intervention: Empirically supported multi-systemic, ecological therapies	OC OE IS OM _____ GS PTR				
Treatment/Intervention: Empirically supported approaches for infancy and early childhood	OC OE IS OM _____ GS PTR				
Prevention: Program development	OC OE IS OM _____ GS PTR				
Prevention: Program evaluation	OC OE IS OM _____ GS PTR				
Prevention: Community-based education, consultation	OC OE IS OM _____ GS PTR				
*Consultation: Other mental health professionals	OC OE IS OM _____ GS PTR				
*Consultation:Physicians, nurses, other health professionals	OC OE IS OM _____ GS PTR				
*Consultation: Educators/school personnel	OC OE IS OM _____ GS PTR				
*Consultation: Social services	OC OE IS OM _____ OE PTR				

Knowledge or Skill Area <i>(Note that areas marked with asterisk are required by CCP specialty).</i>	Circle/indicate all that apply <i>OC = Organized Course</i> <i>IS = Individual Study/Supervision</i> <i>GS = Group Supervision/Seminar</i> <i>OE = Observation/Experience</i> <i>OM = Other Instructional Methods</i> <i>PTR = Expected Prior to Residency</i>	Obligatory for all residents <i>(Respond Yes or No)</i>	Available as an elective <i>(Respond Yes or No)</i>	Available by special arrangement <i>(Respond Yes or No)</i>	Not Available <i>(Check, if indicated)</i>
Clinical Child Psychology Skills (continued)					
*Consultation: Legal system	OC OE IS OM _____ GS PTR				
Consultation: Others: _____	OC OE IS OM _____ GS PTR				
*Teaching and Supervision	OC OE IS OM _____ GS PTR				
*Research: Critical literature review	OC OE IS OM _____ GS PTR				
*Research: Design and analysis	OC OE IS OM _____ GS PTR				
Research: Study Implementation	OC OE IS OM _____ GS PTR				
Research: Communication of results	OC OE IS OM _____ GS PTR				
Research: Other: _____	OC OE IS OM _____ GS PTR				

Participation in clinical service delivery in multi-disciplinary settings						
Psychiatric Hospital	OC IS GS	OE OM _____ PTR				
Psychological/Psychiatric Outpatient Clinic	OC IS GS	OE OM _____ PTR				
Pediatric Hospital/Clinic	OC IS GS	OE OM _____ PTR				
Community Mental Health Clinic	OC IS GS	OE OM _____ PTR				
School/Educational Setting	OC IS GS	OE OM _____ PTR				
Other: _____	OC IS GS	OE OM _____ PTR				

TABLE 1
RESIDENCY PROGRAMS
Domain A (Eligibility)

Program Title:_____ Specialty:

Director of Residency Program:

Chief Psychologist (if any):

Sponsoring Agency:

Date of Last Site Visit: 19

A copy of the most recent program Handbook or brochure is provided in Appendix ____.

A copy of institutional procedures and policies applicable to residents is provided in Appendix_____.

A copy of the certificate of residency completion issued by the program should be provided as an attachment.

TABLE 2

Residency Program Staff (Summary Information)³

<u>Name</u>	<u>%Time Assigned to Program</u>	<u>Role/Contribution to Program</u>
-------------	--------------------------------------	---

Teaching Faculty:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Professional Staff: (contributing to program)

_____	_____
_____	_____
_____	_____

Adjunct Staff: (contributing to program)

_____	_____
_____	_____
_____	_____

Other Contributors to Program:

_____	_____
_____	_____
_____	_____

³For each person identified in this table, please prepare a curriculum vitae according to the format provided.

Table 2 Continued

Residency Program Staff Demographics:

		<u>African/American Black</u>	<u>Hispanic/ Caucasian</u>	<u>Asian/ Latino</u>	<u>Pacific Islander</u>	<u>Native America Alaskan Native</u>	<u>Physically Challenged</u>
Teaching Faculty	M	_____	_____	_____	_____	_____	_____
	F	_____	_____	_____	_____	_____	_____
Other Prof. Staff	M	_____	_____	_____	_____	_____	_____
	F	_____	_____	_____	_____	_____	_____
Adjunct Staff	M	_____	_____	_____	_____	_____	_____
	F	_____	_____	_____	_____	_____	_____
Other Contributors	M	_____	_____	_____	_____	_____	_____
	F	_____	_____	_____	_____	_____	_____

Professional Activities--Number Who Are:

	<u>Members of Professional Societies</u>	<u>Authors/Co-Authors of Papers Presented at Professional Meetings</u>	<u>Authors/Co-Authors of Articles Published in Past 5 Years in. Prof./Scient. Journals</u>	<u>Recipients of Fed. Grants or Other Awards</u>	<u>Leaders in State, Provincial, Nat=l Org=s</u>
Teaching Faculty	_____	_____	_____	_____	_____
Other Prof. Staff	_____	_____	_____	_____	_____
Adjunct Staff	_____	_____	_____	_____	_____
Other Contributors	_____	_____	_____	_____	_____

**Abbreviated Residency Program Faculty Member
Summary**

Name:

Highest Degree Earned:

Date of Degree: _____ Institution Awarding Degree:

Residency Completed? No___ Yes___ Year:___ Setting:

APA Approved? No___ Yes___ Specialty:

Licensed/Certified? No___ Yes___ State(s):

ABPP Diplomate? No___ Yes___ Specialty:

Currently Listed in National Register and/or Canadian Register? No___ Yes

Primary Professional Appointment:

Position:_____ Setting:

Academic Position, Rank, Tenure-Status:

Education or Training Role/Activity/Responsibilities:

Clinical/Services Delivery Position or Responsibilities Relevant to the Program:

Professional Honors & Recognition (e.g., Fellow of Professional or Scientific Society):

Presentations to Professional/Scientific Groups within the Last 5 Years (List chronologically using APA format for bibliographic citations):

Peer-Reviewed Publications within the Last 5 Years (List chronologically using APA format for bibliographic citations):

Funded Research and/or Education or Training Activities within the Last 5 Years (Include funding source, duration of funding, total direct costs):

Leadership Activities/Roles in State, Provincial, Regional or National Professional Organizations within the Last 5 Years:

Table 3 Continued

Resident Professional Activities--Number Who Are/Have:

	<u>01-02</u>	<u>00-01</u>	<u>98-99</u>	<u>96-97</u>	<u>94-95</u>
Members of Professional/ Research Societies:	_____	_____	_____	_____	_____
Authors/Co-Authors of Papers at Prof. Mtgs:	_____	_____	_____	_____	_____
Authors/Co-Authors of Articles in Prof. and/or Scientific Journals:	_____	_____	_____	_____	_____
Recipients of Fed. Grants or Private Foundation Awards:	_____	_____	_____	_____	_____
Recipients of State or Local Grants or Contracts:	_____	_____	_____	_____	_____
Leadership Roles/Activities in State/Provincial, Regional or Nat=l Professional Organizations:	_____	_____	_____	_____	_____

Resident Support: Please provide the following information:

- A. No. of hours/week required of a full-time resident
- B. Stipend for a full-time one-year resident
- C. No. of hours/week required of a part-time resident
- D. Stipend for a part-time resident
- E. Total no. of hours required to complete the residency:

Postdoctoral Residency/ Fellowship Outcome Measures - Credentials

Please provide credentialing information on the immediate past five years of graduates (or since the inception of your program if it has been in existence less than five years).

Key

NR = Currently Listed in National Register of Health Service Providers in Psychology CR= Currently Listed in Canadian Register of Health Service Providers in Psychology	BP = Behavioral Psychology CP = Clinical Psychology CN = Clinical Neuropsychology CO = Counseling Psychology FA = Family Psychology FO = Forensic Psychology HP = Health Psychology IO = Industrial Organizational Psychology SP = School Psychology	CH = Clinical Hypnosis EH = Experimental Hypnosis
---	---	--

Table 4

Program Residents

Please provide the following information for each resident admitted to your program since 1992-93 (DO NOT IDENTIFY THE RESIDENTS BY NAME). Please identify residents by year of admission (e.g., 94.01, 96.01, etc.)

1. Identification number.
2. Graduate institution/degree program (i.e., Ph.D., Psy.D., Ed.D.) and year of completion.
3. Area of training emphasis (e.g., clinical, counseling, school).
4. Name and location of internship.
5. Initial post-residency employment setting and job title (give enough description so that job activity can be understood).
6. Current employment setting and job title (give enough description so that job activity can be understood).
7. Professional achievements of residents (e.g., elected officer or fellow of professional/scientific society, Diplomate, licensure). Please provide details such as office and name of professional/scientific society, area of Diplomate, etc.