Promoting consistent quality and excellence in education and training in professional psychology provides tangible benefits and trust for the students/trainees; the public; and the disciple of psychology itself.

—APA Office of Program Consultation and Accreditation
Introduction

This report presents a compilation of decisions made and actions implemented by the APA Commission on Accreditation (CoA) for the 5-year period between 2011 and 2015. These decisions and actions include both program review judgments and policy change initiatives. The report first provides a summary of the CoA annual reports for this time period, reflecting the Commission’s decisions regarding the accreditation status of programs. The summary was created by supplying a listing of the number of accredited programs at the doctoral, internship, and postdoctoral residency levels across this 5-year time frame and then providing statistics describing program characteristics. These results allow further examination of programs within each of the three levels of training, describing selected demographic characteristics of students and faculty and characteristics of accredited programs, such as student achievement outcomes. While this information is presented in detail in this document, it is interesting to highlight that when comparing figures from the beginning to the end of this time frame, one can see that the number of accredited doctoral programs has remained fairly constant; however, there have been increases in the numbers of accredited internships (7.8%) and accredited postdoctoral residencies (123.9%).

Following the information on programs, policy changes are described. These policy changes are provided both in a qualitative historical fashion by the former CoA chairs and in highlights via a timeline that covers the time period of this report. In both of these presentations, much of the policy work during this 5-year reporting period involved integrating public comments contributed by the Commission’s constituencies. Such comments are made in response to the CoA’s calls for contributions and reflect one of the methods used by the Commission to obtain feedback from the field when creating policy.

The CoA has revised the Guidelines and Principles of Accreditation (G&P), now the Standards of Accreditation (SoA). The development of the SoA exemplifies the approach used by the Commission, which emphasizes foundational values of transparency in policy development with input from the field and autonomy in decision making for accreditation policies. One example of this approach is the development of provisional or contingent accreditation status, which occurred in 2011–2012. Contingent accreditation was developed in response to a call from the field to develop methods by which applicant programs could achieve accredited status once they had demonstrated the necessary qualities to meet accreditation standards, even though they had not yet graduated trainees. The first programs were accredited using the contingent status in 2014.

The SoA illustrates a greater focus on the development of competencies within education in psychology (e.g., profession-wide competencies) and on student outcomes for programs accredited by the Commission. Such policies reflect emphases within U.S. higher education, particularly the focus on outcomes indicating student achievement. The APA’s Council of Representatives approved the SoA in February 2015. The new standards became effective on January 1, 2017.

Another policy change made by the Commission during this 5-year period was the time frame for adverse decisions. The length of time a program could be placed on probation was abbreviated to maintain compliance with requirements of the U.S. Department of Education.

Given the need to respond to requirements of the field and education more broadly, the Commission serves to promote the voluntary practice of accreditation conducted via a review of peers to establish that programs are meeting standards established by the field. This special report is provided to offer information to the field. Its purposes are

- to extend the work provided in the first 5-year report, which covered the time frame 2006–2010;
- to provide summary data on programs receiving accredited status, highlighting any trends noted over the 5-year period from 2011 to 2015; and
- to provide updates on the policies and procedures used by the APA CoA that were developed between 2011 and 2015.

We hope that this information is useful and that it will provide a foundation for providing comments regarding accreditation in the future.

– Jacqueline Remondet Wall, PhD
APA Office of Program Consultation and Accreditation
APA Office of Program Consultation and Accreditation Staff

*As of September 2016.

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Number\textsuperscript{a} of Accredited Programs by Program Type: 2011–2015

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\textsuperscript{a}Reflects program counts at the conclusion of each calendar year.
Program Review Statistics


The CoA conducts program review three times per year, with 50–100 programs typically reviewed at each meeting. This graph represents the overall breakdown of final decisions made during 2011–2015.

"Adverse actions, as defined in Section 4.2 of the Accreditation Operating Procedures, include "accredited, on probation"; "revocation of accreditation"; "denial of accreditation"; and "denial of a site visit."
Of the programs that were granted initial or continued accreditation during 2011–2015, the proportions of each level (doctoral, internship, postdoctoral) that received accreditation for up to 7 years are shown here.
Figures 1–18 present descriptive data based on the doctoral, internship, and postdoctoral residency programs that submitted reports to the Annual Report Online (ARO) between 2011 and 2015.
Program Annual Report Summary: 2011–2015

Figures 1–18 present descriptive data based on the doctoral, internship, and postdoctoral residency programs that submitted reports to the Annual Report Online (ARO) between 2011 and 2015.

The purpose of this report is to provide select summary data in graph form to highlight the trends over this 5-year period. Simple descriptive statistics form the basis of the graphs; however, data tables with detailed statistics (e.g., sample size, mean, median, standard deviation, and minimum–maximum) are available on the Office of Program Consultation and Accreditation (OPCA) website (http://www.apa.org/ed/accreditation/).

Since 2006, the annual data submitted by programs each year have been used by the CoA to monitor program adherence to quality assurance standards during the years the program is not engaged in periodic review. We would like to provide to you—accredited programs and various accreditation publics—an overview of some of the key measurements since the previous report in 2011.

For doctoral programs, each graph presents a select metric by program and degree type: clinical PsyD, clinical PhD, counseling, school, and combined programs. The last three groups (counseling, school, and combined) include both PhD and PsyD degrees.

For internship programs, the current report presents data overall; however, the online data tables break out each metric by program setting type, such as university counseling center, community mental health center, Veterans Administration medical center, state or county hospital, and so on.

For postdoctoral residency programs, graphs report each metric by the type of practice area: clinical child psychology, clinical health psychology, clinical neuropsychology, clinical psychology, and rehabilitation psychology. Because only one program has been accredited as a forensic psychology residency site, and because one geropsychology program submitted annual data before 2015, both of these programs are included in the traditional clinical psychology category instead. Geropsychology programs have their own separate category after 2015.

Select metrics presented in the report include:

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Since 2012, the annual data have been used by the CoA in its annual review and have also been disseminated publicly on the OPCA website (http://www.apa.org/ed/accreditation/) each year in aggregate form. As usual, specific requests for additional research need to be submitted to and approved by the CoA, and the aggregate results of such analyses will be made available to the public through the OPCA website (see Implementing Regulation E.1-3(a): Use of Data and Research Personnel Resources).
Doctoral Programs

FIGURE 1
Number of Accredited Doctoral Programs by Program Type

The proportion of programs submitting annual data each year ranged from 98% to 100% of all accredited doctoral programs, and the number of programs by program type remained fairly constant overall during the 5-year period. By the end of 2015, there were 170 clinical PhD programs, 63 clinical PsyD programs, 69 counseling programs (64 PhD and five PsyD), 63 school programs (58 PhD and five PsyD), and 10 combined programs (seven PhD and three PsyD).
FIGURE 2
Number of Doctoral Students by Program Type

The number of students in accredited doctoral programs declined 9% overall between 2011 and 2015. The number of students in accredited programs decreased in the following types of doctoral programs: for students in clinical PhD programs, a 7% decrease; for students in clinical PsyD programs, a 12% decrease; for students in counseling programs (PhD and PsyD), a 5% decrease; for students in school programs (PhD and PsyD), a 7% decrease; and for students in combined programs (PhD and PsyD), a 5% decrease.
Doctoral Programs

FIGURE 3
Percentage of Doctoral Programs and Students by Program Type

The horizontal bars on the left represent the percentage of accredited doctoral programs by program type between 2011 and 2015, and the bars on the right represent the percentage of doctoral students by program type during the same years. Holding steady across the 5-year time frame, clinical PsyD programs accounted for around 17% ($n = 63$) of all accredited doctoral programs, counseling programs for 18%–19% ($n = 69$), and school programs for 16%–17% ($n = 63$). The mean percentage of combined programs increased from 2% (8/370) of all doctoral programs in 2011 to 3% (10/375) in 2015, while the mean percentage of clinical PhD programs decreased from 46% (171/370) to 45% (170/375) in a 5-year period.

In terms of the proportion of doctoral students from 2011 through 2015 in various program types, students from counseling, school and combined programs composed roughly 11% (2,513/23,714), 8% (2,014/23,714), and 2% (523/23,714), respectively, of all students across the years. Clinical PhD programs reported a higher percentage of students by 2015 (36% [9,436/26,086] in 2011 to 37% [8,770/23,714] in 2015), while clinical PsyD programs reported a decreased percentage of all doctoral students in that time frame (43% [11,279/26,086] in 2011 to 41% [9,894/23,714] in 2015).
FIGURE 4
Median Percentage of Female Faculty Members and Female Students by Program Type

The horizontal bars on the left represent the percentage of female doctoral faculty members by program type between 2011 and 2015, and the bars on the right represent the percentage of female doctoral students by program type during the same period. Female status is based upon self-report by doctoral faculty and doctoral students. Faculty includes both core and other faculty classifications.

Clinical PhD and school programs experienced slight increases (or remained steady), while clinical PsyD programs experienced a slight decrease in the proportion of female faculty during the 5-year period. Counseling and combined programs had more notable increases during this time. The median percentage of female faculty rose from 50% in 2011 to 55% in 2015 for counseling programs and from 58% in 2011 to 66% in 2015 for combined programs. Overall, clinical PhD programs had the lowest proportion of female faculty members, ranging from 44% in 2011 to 47% in 2015. The median percentage of female faculty members hovered near (or at) the 50% mark for clinical PsyD and school programs.

Clinical PhD and counseling programs reported slight increases (or remained somewhat steady) in the proportion of female doctoral students during the 5-year period. Clinical PsyD programs had the most notable median percentage increase of female students during this time. The median percentage of female students rose from 78% in 2011 to 82% in 2015. School and combined programs experienced decreases. The median percentage of female students dropped from 84% in 2011 to 76% in 2015 for school programs and 81% in 2011 to 76% in 2015 for combined programs.
Doctoral Programs

FIGURE 5
Median Percentage of Ethnic Minority Faculty Members and Ethnic Minority Students by Program Type

The horizontal bars on the left represent the percentage of ethnic minority doctoral faculty members by program type between 2011 and 2015, and the bars on the right represent the percentage of ethnic minority doctoral students during the same time period. Ethnic minority status is self-reported by doctoral faculty and doctoral students, and faculty includes core and other faculty classifications.

Doctoral programs reported slight gains in the median percentage of ethnic minority faculty members by 2015. Overall, counseling programs had the highest proportion (at 22% ethnic minority doctoral faculty), while clinical PhD programs typically had the lowest percent (at 10%). In 2015, the median percentage of ethnic minority faculty was 18% for clinical PsyD programs, 13% for school programs, and 13% for combined programs.

Doctoral programs reported gains in the median percentage of ethnic minority students by 2015. Counseling programs also had the highest proportion of ethnic minority doctoral students across all 5 years, hovering between 33% and 38% each year, while school programs had the lowest, ranging from 19% to 24%. The median percentage of ethnic minority students hovered at 22% for clinical PhD programs, 23% for clinical PsyD programs, and 30% for combined programs.
FIGURE 6
Median Percentage of Admission Offers by Program Type

The median percentage of applicants offered admission by doctoral programs varied by type of program. Overall, clinical PsyD programs had the highest proportion of doctoral admissions offers each year, ranging from 35% in 2011 to 34% in 2015, while clinical PhD programs had the lowest, at 5% to 6% during the 5-year period. School programs reported an increase in admission offers (from 31% to 35%) during that time. The median percentage admission offer ranged from 10% to 17% for combined programs and 9% to 12% for counseling programs.

To place these findings in context, we measured the mean number of total students and the mean number of total applications per program type each year (the data table can be found online at http://www.apa.org/ed/accreditation/about/research/index.aspx). The average size of the student body for clinical PhD programs decreased slightly, from approximately 55 in 2011 to 52 in 2015, but the mean number of total applications rose from 200 (2011) to 207 (2015). The mean number of students in clinical PsyD programs decreased from 179 in 2011 to 157 in 2015, as did the mean number of applications received (192 in 2011 to 175 in 2015). The mean number of counseling psychology students hovered near 38 each year, while the mean number of applications increased from 79 (2011) to 90 (2015). School programs had an average of 32–35 students per year, with an average of 33–36 total applications in 2011 and 2015. The average number of students in combined programs decreased from 2011 to 2015 (69 to 52); the mean total number of applications decreased as well, from 124 in 2011 to 108 in 2015.
**FIGURE 7**
Median Time-to-Degree Completion* by Program Type

Median time-to-degree was calculated for all doctoral students (with prior bachelor’s or master’s degrees) admitted into programs. Median time-to-degree held steady every year at approximately 6 years for clinical PhD programs and 5.10 years for clinical PsyD programs. Counseling programs reported a slight decrease in the median time-to-degree, from 5.92 years in 2011 to 5.60 in 2015. School programs also reported a slight decrease in the median time-to-degree, from 5.96 in 2011 to 5.30 in 2015. Median time-to-degree hovered around 5 years for combined programs.

*All admitted students with bachelor’s or master’s degrees at entry.
Attrition, or leaving the program before successfully graduating, was calculated across all active students each year. By 2015, median attrition rates had increased for all types of doctoral programs except counseling programs. Median percentage increases were as follows: from 1.4% in 2011 to 1.6% in 2015 for clinical PhD programs; from 2.7% in 2011 to 2.8% in 2015 for clinical PsyD programs; from 2.3% to 3.9% for school programs; and from 0.4% to 2.4% for combined programs. The median attrition rate for counseling programs decreased from 1.8% to 0% in the 5-year period.

FIGURE 8
Median Percentage of Annual Attrition by Program Type

Attrition, or leaving the program before successfully graduating, was calculated across all active students each year. By 2015, median attrition rates had increased for all types of doctoral programs except counseling programs. Median percentage increases were as follows: from 1.4% in 2011 to 1.6% in 2015 for clinical PhD programs; from 2.7% in 2011 to 2.8% in 2015 for clinical PsyD programs; from 2.3% to 3.9% for school programs; and from 0.4% to 2.4% for combined programs. The median attrition rate for counseling programs decreased from 1.8% to 0% in the 5-year period.
Internship Programs

FIGURE 9
Number of Accredited Internship Programs and Interns

The horizontal bars on the left represent the number of accredited internship programs submitting annual data each year, and the bars on the right represent the number of interns in these accredited programs. The number of accredited internship programs with annual data was 458 in 2011, 465 in 2012, 470 in 2013, 478 in 2014, and 494 in 2015. The number of interns in these programs increased yearly from 2,436 in 2011 to 2,454 in 2012, 2,492 in 2013, 2,640 in 2014, and 2,792 in 2015.
FIGURE 10
Median Percentage of Female Supervisors and Female Interns

Female status was based on self-report by internship supervisors and interns, and supervisor includes core and other training classifications. The median percentage of female supervisors increased slightly from 61% in 2011 to 63% in 2015, about a 2% increase overall. The median percentage of female interns was 75% from 2011 through 2015.
Internship Programs

FIGURE 11
Median Percentage of Ethnic Minority Supervisors and Ethnic Minority Interns

Ethnic minority status was self-reported by internship supervisors and interns. Median percentage of ethnic minority internship supervisors increased very slightly, from 17% in 2011 to almost 20% in 2015. The median percentage of ethnic minority interns was 25% in 2011–2015.
FIGURE 12
Median Annual Stipend for Full-Time Interns

The median annual stipend increased from $23,974 in 2011 to $25,000 in 2015—about a 4% increase during the 5-year period.
Postdoctoral Programs

FIGURE 13
Number of Accredited Postdoctoral Programs by Practice Area

The number of accredited postdoctoral residency programs that completed the annual report each year is shown here. The proportion of accredited programs with annual data was 100% in each year from 2011 to 2015.

An important caveat is noted:

- Because there was one accredited forensic psychology program from 2013 to 2015 and one accredited geropsychology program in 2015, annual data from these programs are reported in the clinical psychology category and not reported individually.

- Clinical psychology programs accounted for well over half of all accredited postdoctoral residency programs during the 5-year period: 26 in 2011 and 62 in 2015. The number of clinical neuropsychology programs increased from 12 in 2011 to 19 in 2015. Clinical health psychology programs increased from five in 2011 to eight in 2015. Clinical child psychology programs increased from three in 2011 to seven in 2015. Rehabilitation psychology programs increased from two in 2012 to five in 2015.
FIGURE 14
Number of Postdoctoral Residents by Practice Area

This graph shows the number of postdoctoral residents per year by practice year. The bulk of residents are from clinical programs, ranging from 184 (71% of all residents) in 2011 to the peak of 351 (70% of all residents) in 2015. The number of residents in clinical neuropsychology programs increased from 35 (14% of all residents) to 62 (12% of all residents) in 2015. The number of residents in clinical health programs increased from 17 (7% of all residents) in 2011 to 34 (7% of all residents) in 2015. The number of residents in clinical child programs increased from 23 (8% of all residents) in 2011 to 41 (8% of all residents) in 2015. The number of residents in rehabilitation programs increased from five (2% of all residents) in 2012 to 11 (2% of all residents) in 2015.
Postdoctoral Programs

FIGURE 15
Percentage of Postdoctoral Residency Programs and Residents by Practice Area

The horizontal bars on the left represent the percentage of accredited postdoctoral residency programs by practice area from 2011 to 2015, and the ones on the right represent the percentage of postdoctoral residents by practice area in the same years. The percentages of traditional clinical psychology postdoctoral programs and the associated percentages of residents have slightly increased (or remained the same) after an initial drop during this 5-year time frame (from 57% [26/46] to 61% [62/101] for programs, and from 71% [184/259] to 70% [269/499] for residents). The percentage of clinical neuropsychology programs decreased slightly (from 26% [12/46] to 19% [19/101]); there was little change in the proportion of residents training in this practice area. The percentage of clinical health programs decreased slightly (from 11% [3/46] to 8% [8/101]); there was little change overall in the proportion of residents training in this practice area. The percentage of clinical child programs and the associated percentage of residents remained the same after an initial jump (from 7% [3/46] in 2011 to 10% [7/69] in 2012 to 7% [7/101] in 2015 for programs and from 9% [23/251] in 2011 to 10% [33/318] in 2012 to 8% [41/499] in 2015 for residents). The percentage of rehabilitation programs increased (from 3% [2/69] in 2012 to 5% [5/101] in 2015); there was little change in the proportion of residents training in this practice area.
FIGURE 16
Median Percentage of Female Supervisors and Female Residents by Practice Area

Female status is self-reported by postdoctoral residency supervisors and postdoctoral residents, and the data on supervisors include core and other training classifications. Median percentages are based on the total number of supervisors in each practice area. Because of the small sample size of total supervisors in some practice areas, there is greater variability across the years. The median percentage of female supervisors rose from 58% in 2011 to 65% in 2015 in clinical programs. The median percentage of female supervisors decreased from 57% in 2011 to 45% in 2015 in clinical neuropsychology programs. The median percentage of female supervisors decreased from 72% in 2011 to 67% in 2015 in clinical health programs. The median percentage of female supervisors increased from 47% in 2011 to 77% in 2015 in clinical child programs. The median percentage of female supervisors increased from 53% in 2012 to 67% in 2015 in rehabilitation programs.

Due to the small sample size of total residents in some of the practice areas, there is greater variability of sample sizes across the years. After an initial jump, the median percentage of female residents in clinical programs declined from 75% in 2011 to nearly 60% in 2015. The median percentage of female residents in clinical neuropsychology programs decreased from 100% in 2011 to nearly 80% in 2015. The median percentage of female residents in clinical health programs decreased as well, from 100% in 2011 to 50% (25/34) in 2015. In clinical child programs, the median percentage of female residents declined from 100% in 2011 to 75% in 2015. Similarly, there was an overall decrease in the median percentage of female residents in rehabilitation programs, from 80% in 2012 to 75% in 2015.
Postdoctoral Programs

FIGURE 17
Median Percentage of Minority Supervisors and Minority Residents by Practice Area

Ethnic minority status is self-reported by postdoctoral residency supervisors and postdoctoral residents, and the data on supervisors include core and other training classifications. Median percentages are based on the total number of supervisors in each practice area. Because of the small sample size of total supervisors in some practice areas, there is greater variability across the years. The median percentage of ethnic minority supervisors rose from 13% in 2011 to 17% in 2015 in clinical programs. Likewise, the median percentage of ethnic minority supervisors increased overall from 7% in 2011 to 10% in 2015 in clinical neuropsychology programs. However, in clinical health programs the median percentage of ethnic minority supervisors slightly decreased overall, from 9% in 2011 to 8% in 2015. The median percentage of ethnic minority supervisors in clinical child programs increased from 7% in 2011 to 15% in 2015. In rehabilitation programs, the median percentage of ethnic minority supervisors remained the same (8%) from 2012 to 2015.

There is greater variability across the years due to the small sample size of total residents in some of the practice areas. In particular, this variability was reflected in the changes in the proportion of ethnic minority residents in clinical child programs (50% in 2011 [n = 47], 25% in 2015 [n = 47]). The overall median percentage of ethnic minority residents remained the same in clinical programs, from 20% (n = 11) in 2011 to 20% (n = 18) in 2015. The median percentage of ethnic minority residents in clinical neuropsychology programs was 0% during the 5-year span. There was an increase in the median percentage of ethnic minority residents in clinical health programs, from 0% (n = 0) in 2011 to 25% (n = 8) in 2015. The median percentage of ethnic minority residents in rehabilitation programs was 0% during the 4-year span.
FIGURE 18
Median Annual Stipend for Full-Time Postdoctoral Residents by Practice Area

The median annual stipend for full-time postdoctoral residents by practice area is presented here for 2011–2015. The median annual stipends remained consistent in clinical programs, from $42,370 in 2011 to $43,435 in 2015. The median annual stipends increased slightly in clinical neuropsychology programs from $42,239 in 2011 to $44,755 in 2015. The median annual stipends had a slight decrease in clinical health programs from $46,553 in 2011 to $45,785 in 2015. The largest increase in median annual stipends occurred in clinical child programs, which rose from $35,000 in 2011 to $45,913 in 2015. In rehabilitation programs, the median annual stipends had a slight increase from $40,795 in 2012 to $42,239 in 2015.
The CoA is committed to the quality and credibility of the accreditation process for the nearly 1,000 programs that are accredited. Maintaining these standards of excellence in education and training will be foremost in the transition to the SoA.

―Debora Bell, PhD (2015)
From a Committee to a Commission: What’s Been Happening in Psychology Accreditation Since 2010

CoA Membership Profile: 2011–2015

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<th>Year</th>
<th>Members (N)</th>
<th>Women (%)</th>
<th>Racial/ethnic minorities (%)</th>
<th>U.S. states represented (N)</th>
<th>APA divisions represented (%)</th>
<th>Board certified by ABPP (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>32</td>
<td>47</td>
<td>13</td>
<td>21</td>
<td>39</td>
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<tr>
<td>2012</td>
<td>32</td>
<td>50</td>
<td>19</td>
<td>21</td>
<td>43</td>
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</tr>
<tr>
<td>2013</td>
<td>32</td>
<td>44</td>
<td>16</td>
<td>22</td>
<td>31</td>
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<tr>
<td>2014</td>
<td>32</td>
<td>38</td>
<td>13</td>
<td>20</td>
<td>56</td>
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</tr>
<tr>
<td>2015</td>
<td>32</td>
<td>41</td>
<td>16</td>
<td>21</td>
<td>54</td>
<td>13</td>
</tr>
</tbody>
</table>

*Note. ABPP = American Board of Professional Psychology.*
After two self-studies and three site visits by the U.S. Department of Education (USDE), the CoA in 2011 was reviewed for continued recognition by the National Advisory Council on Institutional Quality and Integrity. The review was successful, but in order to comply with USDE requirements, a change in AOP was made to shorten the time for programs on ‘accredited, on probation.’ Additionally, CoA began discussing some form of provisional accreditation status for applicant programs. A work group developed a series of questions about why and how provisional accreditation should work, and these were sent to communities of interest to learn how provisional accreditation could be accomplished. This was the necessary groundwork that culminated in 2012 with a change in the AOP to allow for an applicant ‘eligibility’ status and a new accredited status of ‘accredited, on contingency’ for internship and postdoctoral residency programs.

In 2012, after years of building relationships among groups in the training community, the Commission rolled out its ‘Roadmap to a New G&P.’ The roadmap was designed to be a mechanism through which everyone in the education, training, and practice communities could provide input toward the development of a new set of accreditation standards that would allow professional psychology to move into the future. Although there had been minor changes to the Guidelines and Principles for Accreditation (G&P) before, the Commission had relied heavily on adopting a number of Implementing Regulations, both to clarify what is expected of programs seeking either initial or continuing accreditation and to reflect changes in best practices in education and training. It was definitely time to take a fresh and thorough look at the education and training requirements for accreditation.

2013 was a pivotal year of change for the Commission. First, the Commission accepted applications from programs seeking ‘eligible’ and ‘accredited, on contingency’ status for the first time, something that had been requested by the education and training community. Most importantly, through an iterative process directly involving the training community, the Commission developed, obtained feedback on, and then eventually rolled out the new Standards of Accreditation for Health Service Psychology (SoA). The SoA were eventually passed by the APA Council of Representatives in its February 2014 meeting. The SoA were the culmination of years of cooperative work among all members of the education and training community. The development of the SoA represented the next step forward in building upon the dialogue between CoA and its constituents.
“In addition to a full complement of more than 215 periodic or initial program reviews and more than 50 preliminary reviews of applicant program self-studies, 2014 was a vital year in accreditation policy development. Based on consideration of a final round of public comments on the new draft SoA, the Commission completed final revisions to the SoA and then formally adopted the new standards during the October 2014 meeting. The Commission then submitted the SoA to APA governance for approval, which subsequently was secured early in 2015. During 2014 the Commission also developed a draft revision to the Accreditation Operating Procedures (AOP), which was released for public comment in fall 2014. Finally, the Commission began work on key Implementing Regulations to accompany the new SoA.”

“The year 2015 was one of significant accomplishments and transitions. The SoA received final approval and will take effect in 2017. These flexible and forward-focused standards represent several years of incredible effort by the Commission and its stakeholders and should serve the profession well for many years. CoA devoted much of the year to preparing for the transition to the SoA—developing Implementing Regulations, operating procedures, communications, and training materials to facilitate this transition. CoA also expanded its use of online technology to support accreditation, introducing an online self-study submission portal and online training modules. Finally, CoA engaged in its own self-evaluation process to ensure the quality and credibility of the accreditation process for the nearly 1,000 accredited programs, their students, consumers, and the public.”
Timeline

2011

**JULY**
Proposed changes to AOP available for public comment

**OCTOBER**
APA begins to move toward a fully electronic accreditation system (CoA Portal)

**DECEMBER**
APA produces the first CoA 5-Year Summary Report

**JANUARY**
Accreditation staff submits (2nd) petition to USDE

**FEBRUARY & APRIL**
USDE staff member observes CoA policy and program review meetings

**MAY**
Accreditation staff submit eligibility portion of recognition process to CHEA

**JUNE**
NACIQI reviews CoA for continued recognition CHEA reviews CoA eligibility for recognition

**JULY**
NACIQI awards CoA continued recognition for 12 months CHEA recommends CoA eligible

2012

**JANUARY**
Revised AOP set new time frame from notice of concerns resulting in a decision of “accredited, on probation” to “revocation”

**JUNE**
Annual Report Online (ARO) opens on CoA Portal for the first time

**JULY**
CoA introduces The Roadmap, Phase I: Revising the G&P for public comment

**OCTOBER**
CoA introduces The Roadmap, Phase II: Revising the G&P for public comment

**MARCH**
Accreditation staff submits recognition portion of recognition process to CHEA

**JULY**
CHEA visitor observes CoA program review meeting

**AUGUST**
CoA receives a report about the observation visit

**SEPTEMBER**
Accreditation staff submits a response to observation visit report

2013

**JANUARY**
Revisions to AOP allow for an “eligible” declaration and a new “accredited, on contingency” status for internship and postdoctoral programs

**APRIL**
Geropsychology added as a specialty practice area for postdoctoral programs

**MAY**
CoA provides virtual town hall meetings for additional outreach on The Roadmap, Phase II: Revising the G&P

**JULY**
CoA creates initial drafts of the Standards of Accreditation

**AUGUST**
CoA introduces draft outlines to the public during CoA Open Forum at the 2013 APA Convention in Honolulu, HI

**OCTOBER**
CoA finalizes a set of proposed Standards of Accreditation for Health Service Psychology (SoA)

**JANUARY**
CHEA reviews CoA for recognition

**FEBRUARY**
CoA granted recognition by CHEA
2014

JANUARY
CoA introduces the SoA for public comment

APRIL
CoA begins revising AOP to align with new SoA

OCTOBER
CoA introduces AOP for public comment

2015

JANUARY
Four pilot programs complete and submit their self-studies through the CoA Portal

JULY
CoA awards “accredited, on contingency” to 13 programs and recognizes the declaration of “eligibility” for four programs

SEPTEMBER
All reaccreditations begin to complete and submit self-studies through the CoA Portal

FEBRUARY
APA Council of Representatives approves the SoA

APRIL
CoA introduces seven new IRs for public comment

JUNE
APA Governance approves new AOP

JULY
IR C-14 D, IR C-17 I, and IR C-17 P on direct observation
IR C-28 D on “intent to apply” declaration for doctoral programs
IR C-29 D on “accredited, on contingency” status for doctoral programs

OCTOBER
IR C-8 D, IR C-8 I, and IR C-9 P on profession-wide competencies
CoA votes to sunset IR C-1, IR C-16, IR C-18, IR C-21, and IR C-22(a) with the implementation of the SoA

NOVEMBER
IR C-7 D on discipline-specific knowledge
IR C-23 D on faculty qualifications

ABBREVIATIONS

AOP Accreditation Operating Procedures
CHEA Council for Higher Education Accreditation
CoA Committee/Commission on Accreditation
CPA Canadian Psychological Association
IR Implementing Regulation
NACIQI National Advisory Council on Institutional Quality and Integrity
USDE U.S. Department of Education
I began working at APA in the Office of Program Consultation and Accreditation (OPCA) in June 1996 and retired in December 2014. In the more than 18 years between the two bookends, there have been several different and intersecting trend lines as well as two constants for both the accreditation process and the Office of Program Consultation and Accreditation. There has been an ongoing cycle of repetition in the review of programs and the need to ensure that policies, procedures, and processes are continually updated. There has been an increase in the expectations of an accrediting body by the federal government, by states, and by the public for increasing transparency and more data with bright-line indicators. With the advancement of technology, more review processes have been moved to electronic means. This change has had the unintended effect of reinforcing the desire to simplify decision making and potentially increase use of these bright-line indicators. Finally, there has been a dialectic about how accreditation is conducted within a membership association, and the role of the membership organization in that process.

There is a parallelism in accreditation between the process conducted by accrediting agencies like the CoA in reviewing programs and the process by which accrediting agencies are recognized by either a federal (USDE) or nonfederal (CHEA) agency. The general process includes some form of self-study, site visit, and analysis of how well the agency or program meets a set of defined standards by a decision-making body. That cycle occurs on a defined basis and is repeated throughout the time a program or agency is accredited or recognized.

The stakes in that review process have been raised considerably in the last several decades. Because higher education has become a multibillion-dollar industry, the federal government and consumers want evidence that institutions and programs deliver the educational content and learning outcomes as advertised. The USDE recognizes institutional accreditors to allow for eligibility for student loans. Given the geometric increases in student loans, student defaults on loans, and the more recent issues with institutions engaging in student loan fraud and abuse, the pressure on institutional accreditors has become stronger.

Beginning with Secretary of Education Margaret Spellings, each secretary has become more active in pushing forward regulations to deal with “bad actors” in education. Often these actions have taken the form of tightening accreditation standards and regulations. Even though the APA CoA is not a gatekeeper for student loans, the push for increasing accountability and public information regarding numerical outcomes has impacted the policies and procedures CoA must use as it accredits programs to ensure that federal funding for psychology education and training is available.

Despite changes in USDE administration in the past—and likely in the near future—this push for tighter accreditation standards in both the federal and nonfederal sectors will increase perceived accountability on the part of accreditors, institutions, and programs. Unfortunately, to date the manner in which this has occurred has seemingly decreased the
role of professional judgment—a core principle in accrediting programs in all of the professions and in graduate education.

Given that higher education is viewed as a large industry and that the investment by the public and by both state and federal governments has increased, consumers want to know where best to invest in education. To simplify the value of education, legislators and others have looked at key indicators that are readily available and, at least on the surface, easy to understand. Hence the push for more information on student enrollment, time to degree, attrition, student loan rates, student loan defaults, job placement, salary after graduation, and (where appropriate) certification and licensure. In fact, the USDE has created a new website that provides some of these data publicly.

Although these metrics are simple on the surface, the data available are not clean. In an effort to provide better data to the public, there may be an increase in the desire among some state and federal workers and those in the legislatures to create unit records. These unit records would collect data on academic performance starting with entry to school (either kindergarten or first grade) and follow students throughout all educational experiences. Once the individual has his or her highest level degree, that student unit record could be linked to the student’s other federal records, including taxes, to obtain a more complete data set on how education at different institutions at different degree levels is related to income. It is a data gremlin’s dream—and may be another place where privacy disappears.

At all levels of accreditation and recognition of accreditors, the process has become more technology focused. APA CoA, like many accreditors, has moved from a voluminous paper industry to massive storage in the cloud. Just as traditional lectures have gone from thoughtful expositions of ideas to PowerPoint presentations with graphics, accreditation review will likely become more streamlined and move over time from narrative to just the key points. As with other such changes, some precision may be gained, while some clarity and understanding may be lost.

The concept of accreditation as both a review process and a status conferred following that process has been viewed by many as suspect due to the potential for conflict of interests. In some accrediting bodies, the membership of the overarching body is composed of leaders of accredited institutions. The perception of institutional accreditors has been viewed through the lens of the fox watching the hen house. Typically, programmatic and professional accreditors are either independent of professional associations or linked to one or more professional associations. There are pros and cons to each type of relationship, since there needs to be communication between the profession and the group designated to accredit programs within the profession. When the relationship is too close, the politics of membership may short-circuit the trajectory of education and training for the future. When the relationship is nonexistent, the support for advocacy suffers. The need for a strong relationship between a profession and the relevant professional accreditor must include a strong firewall that protects the accrediting body in its decision making and policy development. This needs to be reaffirmed now and in the future to ensure the independence of decisions and gain public trust.

As to the constants in my years at APA, there are two. First, it is the dedication of the many volunteers on CoA and those individuals who serve as site visitors that makes the process work. In my work at APA, volunteers gave hundreds of hours of their time to protect their students and the public. Those volunteers put the needs of the profession before their own personal gain. The second constant is the amazing staff in OPCA. Although there was turnover among staff, the constant was a work ethic without par. OPCA staff take their positions seriously and work tirelessly to provide the best and most consistent service to programs, students, and the public. I am so grateful to the volunteers of APA CoA and my family in OPCA.

"Dr. Susan Zlotlow was the director of OPCA and worked intensely to facilitate one of the Commission’s most ambitious projects, the revision of its standards for accreditation. This revision moved APA’s outcome-based accreditation system toward increased focus on assessment of competencies for which graduate education and training should be accountable. Her respect for the multiple communities of interest and skills in collaboration were essential to its success."

– Cynthia Belar, PhD, ABPP (former executive director of the Education Directorate and interim chief executive officer of APA)
Background

Update on the Phasing Out of Canadian Accreditation

In 2012, the Canadian Psychological Association (CPA) and APA through its Commission on Accreditation (CoA) approved and signed the First Street Accord. The accord is a mutual recognition agreement on accreditation. It demonstrates that the APA CoA views the accreditation standards and principles of the CPA as equivalent to the CoA’s Guidelines and Principles. Similarly, the CPA views the accreditation guidelines and principles of the CoA as equivalent to the accreditation standards and principles of the CPA. This mutual recognition agreement applies only to the accreditation activities each association undertakes in its own country. It is an agreement that recognizes the equivalence of the systems of accreditation of the CPA and APA and does not confer any reciprocal accreditation status on any of the programs that are accredited by either agency.

The APA CoA stopped accrediting programs in Canada, with an effective date of September 15, 2015.

Moving the Accreditation Process Online

The CoA Portal is the medium through which most aspects of the accreditation process are recorded. The portal includes the Annual Report Online (ARO), substantive change updates, and the entire periodic review process (including submission of the self-study report, site visit report, and the final CoA review). The portal was designed in 2011, developed between 2012 and 2015, and implemented in 2015.

In 2015, the first wave of self-studies was submitted online via the CoA Portal. This change represents a radical departure from the paper format and moves the accreditation system into the 21st century.

History of the Transition from G&P to SoA

Guidelines and Principles for Accreditation (G&P) was initially adopted in 1995 and implemented in 1996. Much has changed since then in higher education, education and training in professional psychology, and the health and mental health infrastructure in the United States. Although the CoA has made changes to the G&P since 1996, these changes have been minor. CoA relied on writing and adopting a number of Implementing Regulations to clarify what was expected of programs seeking either initial or continuing accreditation. Given the contextual changes since 1996 and the need for greater clarity, CoA decided to revisit its requirements for accreditation at the doctoral, internship, and postdoctoral residency levels. In moving toward the formulation of the SoA, CoA was mindful of the requirements for recognition by the secretary of the U.S. Department of Education and the Council for Higher Education Accreditation.

To guide the development of a new set of accreditation standards, CoA designed a “roadmap” for a five-phase process. This systematic process relied on input from all of the relevant publics at each phase.

Phase I: July–October 2012

CoA decided to take a fresh and thorough look at the G&P. To initiate this process, CoA developed a series of 34 questions (four general and 10 for each level of training) and posted these questions for a period of public comment. The public provided thoughtful responses that guided the work of CoA in Phase II.

Phase II: October 2012–June 2013

At the October 2012 meeting, CoA reviewed the public comments collected during Phase I and identified (a) places of substantial agreement and (b) areas where there was disagreement and how these areas could be addressed. This analysis led to the creation of a second set of questions for public comment, which closed in June 2013. During this comment period, CoA provided updates on the roadmap in person at the 2013 midwinter training council meetings and online through virtual town hall meetings. This created additional platforms for the public to provide feedback.
Phase III: July 2013–June 2014

At the close of the July meeting, CoA completed draft “skeleton” standards for each level of accreditation. It released these drafts during the CoA Open Forum at the 2013 APA convention. After convention, the drafts underwent technical writing and legal review. The updated drafts were then posted for public comment from January to July 2014. CoA also presented an update on the G&P roadmap process at a number of the training council meetings in early 2014.

Phase IV: July 2014–February 2015

At its July 2014 meeting, CoA reviewed public comments collected during Phase III. Six main issues emerged from the submitted comments. The CoA developed responses to each of these issues and created an updated draft, which was approved by CoA in October. Also at the October meeting, CoA voted on a draft introduction to the SoA to put out for public comment. In early 2015, CoA reviewed the submitted comments and submitted the introduction and SoA for each level to APA governance for final approval and adoption as APA policy.

Consistent with the Policies for Accreditation Governance, the SoA were approved by APA governance in February 2015. The SoA will be implemented for programs assigned to the 2017 site visit cycle, including those with self-studies due September 1, 2016.

Phase V: March 2015–December 2015

The CoA worked on the processes and accompanying documents needed for implementation. This included developing accompanying Implementing Regulations, training, and self-study instructions.
While reviewing and recognizing professional psychology programs for adherence to the *Guidelines and Principles for Accreditation*, the APA’s Commission on Accreditation (CoA) is itself reviewed by both the Council for Higher Education Accreditation (CHEA) and the U.S. Secretary of Education through the U.S. Department of Education (USDE). The APA CoA is recognized by both as the accrediting body for professional psychology.

The recognition review process for both CHEA and USDE is similar to the process by which the CoA reviews psychology programs for APA accreditation. Both processes take more than a year of agency preparation and include, among a number of other requirements, a comprehensive self-study, one or more on-site visits, and opportunity for third-party comment.

**CHEA Update**

The APA CoA has been recognized by CHEA since 2002. The CHEA review process occurs in two parts: eligibility and recognition. All agencies, even those already recognized by CHEA, must participate in both parts each time they come up for review. In May 2011, Accreditation staff submitted CoA’s eligibility materials to CHEA and learned in September 2011 that the CHEA Board of Directors had approved the CoA to move forward in the recognition process. In March 2012, Accreditation staff submitted CoA’s recognition materials to CHEA. During the recognition review process, CHEA requires an observation visit during a decision-making meeting, which occurred at the summer 2012 CoA program review meeting. The purpose of this visit was to observe CoA’s decision-making activities related to CHEA eligibility and recognition standards and to report any relevant information to the CHEA Committee on Recognition.

Following the observation visit, in August CoA received a full report by the CHEA visitor. In November, CHEA held a public meeting for the CoA to respond to the observation visit report along with any remaining issues the CHEA committee had. In January 2013, the CHEA Board of Directors reviewed the recognition application submitted by CoA and decided to award continued recognition.

As is routine and required of all recognized agencies, the CoA provided for CHEA review an interim report outlining its adherence to the recognition criteria, as well as a comprehensive summary of significant changes since the last interim report. At the same time, the CoA asked CHEA for an expansion of scope to include the preaccreditation and accreditation in the United States of doctoral programs in clinical, counseling, and school psychology (and combinations of two or more of these practice areas); doctoral internship programs in health service psychology;
From a Committee to a Commission

and postdoctoral residency programs in health service psychology. At its March and April 2016 meetings, theCHEA Board of Directors reviewed the recommendation of the CHEA Committee on Recognition, accepted the CoA’s interim report, and approved the request for expansion of scope.

U.S. Department of Education Update: CoA’s Review for Federal Recognition

In January 2011, Accreditation staff submitted CoA’s petition (self-study) for continued recognition under new regulations according to the Higher Education Opportunity Act of 2008. On June 8, 2011, the CoA was formally reviewed for continued recognition by the National Advisory Council on Institutional Quality and Integrity (NACIQI). The final decision by Eduardo Ochoa, assistant secretary for postsecondary education—reflecting consideration of both the USDE staff members’ analysis and NACIQI’s recommendations—was that the CoA’s recognition be continued while requiring a compliance report on seven issues in 2012, essentially deferring the decision.

Effective January 1, 2012, the CoA revised its AOP to set the time frame from notice of concerns resulting in a decision of “show cause” to “accredited, on probation” to “revocation” to last no more than 2 years for a doctoral program and 1.5 years for an internship or postdoctoral residency program. Thus, programs not in compliance with the G&P may have their accreditation revoked more quickly than before. CoA adopted this change in order to comply with the USDE’s interpretation of regulations within the Higher Education Opportunity Act of 2008.

In July 2012, Accreditation staff submitted a compliance report based on the seven issues raised during the review for continued recognition in 2011. In July 2013, Brenda Dann-Messier (acting assistant secretary for postsecondary education)—reflecting consideration of both USDE staff members’ analysis and NACIQI’s recommendations—accepted the compliance report responding to the concerns expressed in 2011 and granted CoA continued recognition for a period of 3 years.

In December 2014, Accreditation staff submitted CoA’s request for an expansion of scope to include a preaccreditation status for the internship and postdoctoral levels of accreditation. This preaccreditation status is referred to as “accredited, on contingency.” At the July 2014 program review meeting, the CoA granted preaccreditation to its first “accredited, on contingency” program. As of October 2014, six programs had been accredited under the preaccreditation status (four internship programs and two postdoctoral residency programs). In June 2015, Deputy Under Secretary Jamienne S. Studley—reflecting consideration of both USDE staff members’ analysis and NACIQI’s recommendations—granted CoA’s request for an expansion of its scope of recognition.

CoA’s scope of recognition is the accreditation in the United States of doctoral programs in clinical, counseling, school, and combined professional–scientific psychology; doctoral internship programs in health service psychology; and postdoctoral residency programs in health service psychology. It also includes the preaccreditation in the United States of doctoral internship programs in health service psychology and postdoctoral residency programs in health service psychology.

In January 2015, Accreditation staff submitted a petition for renewal of recognition.

**Policy Changes**
Implementing Regulations Related to the Guidelines and Principles for Accreditation (G&P)

<table>
<thead>
<tr>
<th>IR</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-9</td>
<td>IR revised to add a section on stipend sufficiency to provide clarification and guidance to internship programs.</td>
</tr>
<tr>
<td>C-11(d)</td>
<td>New IR provides clarification on differentiating a track, rotation, or area of emphasis from a separate specialty practice postdoctoral residency program.</td>
</tr>
<tr>
<td>C-16</td>
<td>IR revised after several periods of public comment to include how CoA defines several content areas of Domain B.3(a) and (b), CoA’s interpretations of broad and general training both across and within the required areas, expectations for graduate-level training, and expectations for faculty qualifications to deliver content in these areas.</td>
</tr>
<tr>
<td>C-30</td>
<td>New IR explains why (for internship and postdoctoral programs) outcome data are a critical component of the accreditation review and provides guidance on the types and specificity of outcome data that CoA needs in order to make an accreditation decision.</td>
</tr>
<tr>
<td>C-20</td>
<td>IR revised to clarify the expectations of doctoral programs and ensure accurate public information. The CoA added a template that is now required.</td>
</tr>
<tr>
<td>C-31</td>
<td>New IR provides clarification of the process used by the CoA for full review of doctoral programs (i.e., periodic review) as well as reviewing programs’ continuing assurance of quality (i.e., annual review). Four specific issues reflected in decision letters from the CoA are addressed by this IR series: student selection and admission, student attrition, internship placement, and licensure.</td>
</tr>
<tr>
<td>C-31(a)</td>
<td>New IR provides the rationale and CoA’s evaluation of selection and admissions of students into doctoral programs.</td>
</tr>
</tbody>
</table>
Policy Changes

Implementing Regulations Related to the Guidelines and Principles for Accreditation (G&P) (continued)

<table>
<thead>
<tr>
<th>IR</th>
<th>Description</th>
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<tbody>
<tr>
<td>C-31(b)</td>
<td>New IR provides the rationale and CoA’s evaluation of student attrition rates for doctoral programs.</td>
</tr>
<tr>
<td>C-31(c)</td>
<td>New IR provides the rationale and CoA’s evaluation of expected internship placements for students in doctoral programs.</td>
</tr>
<tr>
<td>C-31(d)</td>
<td>New IR provides the rationale and CoA’s evaluation of licensure rate for doctoral programs.</td>
</tr>
<tr>
<td>C-32</td>
<td>New IR defines and clarifies the data required by the CoA for accreditation of doctoral programs. The IR addresses proximal data, distal data, and aggregate data; specificity of data; and presentation of data.</td>
</tr>
<tr>
<td>C-11(b)</td>
<td>IR revised to add geropsychology to list of substantive specialty practice areas.</td>
</tr>
<tr>
<td>C-20</td>
<td>IR revised to combine “Time to Completion” tables into a single table; also, the title of the web link to C-20 data from the programs’ homepage must be “Student Admissions, Outcomes and Other Data.”</td>
</tr>
<tr>
<td>C-22</td>
<td>IR revised to provide clarification of CoA’s expectation for diversity recruitment and retention.</td>
</tr>
<tr>
<td>C-23</td>
<td>IR revised to provide clarification of CoA’s expectation for diversity education and training.</td>
</tr>
<tr>
<td>2013</td>
<td>C-20</td>
</tr>
<tr>
<td></td>
<td>IR revised to change row order and row names in Internship Placement—Table 1.</td>
</tr>
<tr>
<td>2015</td>
<td>C-6(b)</td>
</tr>
<tr>
<td></td>
<td>IR revised to add “accredited, on contingency” as an official accredited status for internship and postdoctoral programs.</td>
</tr>
</tbody>
</table>

**Procedural Changes**

**Accreditation Operating Procedures (AOP) and Related Implementing Regulations**

<table>
<thead>
<tr>
<th>Year</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>IR D.4-7(a) <strong>New IR (previously D.4-8)</strong> provides the rationale and procedures for using annual reports in the reaffirmation of programs’ accredited status.</td>
</tr>
<tr>
<td>2011</td>
<td>IR D.4-7(b) <strong>New IR (previously D.4-7)</strong> provides the definitions and thresholds of student achievement outcomes for doctoral programs.</td>
</tr>
<tr>
<td>2011</td>
<td>IR D.4-7(c) <strong>New IR (previously partially included in D.4-8)</strong> provides the rationale and procedures for using any requested narrative reports in the reaffirmation of programs’ accredited status.</td>
</tr>
<tr>
<td>2011</td>
<td>IR D.8-2 <strong>IR was revised in Section 2 (“Publicly Available Information”) to reflect that the OPCA staff information is available to the public, consistent with the USDE criteria.</strong></td>
</tr>
<tr>
<td>2011</td>
<td>IR E.1-1 <strong>IR was revised to update the USDE criterion referenced in the policy and to reflect the Office’s actual practices with regard to retaining program records.</strong></td>
</tr>
<tr>
<td>2011</td>
<td>IR E.2-1 <strong>IR was revised to clarify CoA Open Session and make it consistent with current meeting procedures.</strong></td>
</tr>
<tr>
<td>2011</td>
<td>AOP 1.1 <strong>Adds “eligibility” and “accredited, on contingency” to the list of possible application options for internship and postdoctoral programs.</strong></td>
</tr>
<tr>
<td>2011</td>
<td>AOP 1.2 <strong>Adds the process of review for the initial site visit for “eligibility” and “accredited, on contingency” applications.</strong></td>
</tr>
<tr>
<td>2011</td>
<td>AOP 3 <strong>Adds that site visits are part of the review for initial “accredited, on contingency” applications.</strong></td>
</tr>
<tr>
<td>2011</td>
<td>AOP 4.2 <strong>Adds “eligible” and “accredited, on contingency” to the list of possible CoA decision options for internship and postdoctoral programs.</strong></td>
</tr>
<tr>
<td>2011</td>
<td>AOP 5.1 <strong>Adds “denial of a site visit upon application for ‘accredited, on contingency’” and “denial of ‘accredited, on contingency’” to the list of CoA decisions that may be appealed by internship and postdoctoral programs.</strong></td>
</tr>
<tr>
<td>2011</td>
<td>IR D.4-7(b) <strong>IR was revised to change the Internship Placement threshold to 50%.</strong></td>
</tr>
<tr>
<td>2011</td>
<td>IR D.8-6 <strong>New IR ensures that individual-level data submitted in the ARO are confidential and will be used solely for accreditation purposes.</strong></td>
</tr>
<tr>
<td>2012</td>
<td>IR D.3-1 <strong>IR was revised to allow generalists not affiliated with an accredited doctoral program to be CoA site visitors.</strong></td>
</tr>
<tr>
<td>2013</td>
<td>IR D.4-7(b) <strong>IR was revised to change median number of years to complete program to 7.</strong></td>
</tr>
<tr>
<td>2014</td>
<td>There were no revisions or changes to the AOP or IRs under the G&amp;P.</td>
</tr>
</tbody>
</table>

**Note:** IR = implementing regulation; OPCA = APA Office of Program Consultation and Accreditation; USDE = U.S. Department of Education.
## Appendix

### CoA Membership Lists: 2011–2015

#### 2011 Commission on Accreditation

**CHAIR**
Richard J. Seime, PhD, ABPP (1/08–12/12)

**ASSOCIATE CHAIR, PROGRAM REVIEW**
Joyce Illfielder-Kaye, PhD (1/07–12/12)

**ASSOCIATE CHAIR, QUALITY ASSURANCE**
Elizabeth A. Klonoff, PhD, ABPP (1/08–12/13)

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Term Start–End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia P. Alexander, PhD</td>
<td>1/07–12/12</td>
</tr>
<tr>
<td>Mark H. Ashcraft, PhD</td>
<td>4/10–12/11</td>
</tr>
<tr>
<td>Debora J. Bell, PhD</td>
<td>1/10–12/12</td>
</tr>
<tr>
<td>Kathleen J. Bieschke, PhD</td>
<td>1/11–12/13</td>
</tr>
<tr>
<td>Michael S. Boroughs, MA</td>
<td>1/11–12/11**</td>
</tr>
<tr>
<td>Lawrence H. Cohen, PhD</td>
<td>1/11–12/12</td>
</tr>
<tr>
<td>Raymond E. Crossman, PhD</td>
<td>1/08–12/11</td>
</tr>
<tr>
<td>Charme S. Davidson, PhD, ABPP</td>
<td>1/09–12/12</td>
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<tr>
<td>Kim E. Dixon, PhD</td>
<td>2/10–12/13</td>
</tr>
<tr>
<td>Wallace E. Dixon Jr., PhD</td>
<td>1/09–12/11</td>
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<tr>
<td>Changming Duan, PhD</td>
<td>1/10–12/12</td>
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<tr>
<td>Nancy S. Elman, PhD, ABPP</td>
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<tr>
<td>Ana M. Faraci, PhD</td>
<td>1/11–1/13</td>
</tr>
<tr>
<td>Victoria M. Follette, PhD</td>
<td>1/10–12/12</td>
</tr>
<tr>
<td>Mary Anne Hanner, PhD</td>
<td>1/11–12/13*</td>
</tr>
<tr>
<td>H. Garland Hershey Jr., DDS, MS, ABO</td>
<td>1/11–12/13*</td>
</tr>
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<table>
<thead>
<tr>
<th>Member Name</th>
<th>Term Start–End</th>
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<tbody>
<tr>
<td>Stephen L. Holliday, PhD, ABPP</td>
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</tr>
<tr>
<td>M. Marlyne Kilbey, PhD</td>
<td>1/09–12/11</td>
</tr>
<tr>
<td>Linda K. Knauss, PhD, ABPP</td>
<td>1/08–12/13</td>
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<tr>
<td>David E. McIntosh, PhD, ABPP</td>
<td>1/10–12/12</td>
</tr>
<tr>
<td>Richard Milich, PhD</td>
<td>1/11–3/11</td>
</tr>
<tr>
<td>Carl E. Paternite, PhD</td>
<td>1/10–12/12</td>
</tr>
<tr>
<td>Roger L. Peterson, PhD, ABPP</td>
<td>1/10–12/12</td>
</tr>
<tr>
<td>Brad Lee Roper, PhD, ABPP</td>
<td>1/08–12/12</td>
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<tr>
<td>Nancy B. Ruddy, PhD</td>
<td>1/11–12/13</td>
</tr>
<tr>
<td>Lawrence S. Schoenfeld, PhD, ABPP</td>
<td>1/11–12/13</td>
</tr>
<tr>
<td>Wayne G. Siegel, PhD, ABPP</td>
<td>1/08–12/11</td>
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<tr>
<td>Gary Stoner, PhD</td>
<td>1/11–12/13</td>
</tr>
<tr>
<td>Luis A. Vazquez, PhD</td>
<td>1/11–12/13</td>
</tr>
</tbody>
</table>

*Public member.

**Student member.**
Appendix

2012 Commission on Accreditation

CHAIR
Elizabeth A. Klonoff, PhD, ABPP (1/08–12/13)

ASSOCIATE CHAIR, PROGRAM REVIEW
Carl E. Paternite, PhD (1/10–12/12)

ASSOCIATE CHAIR, QUALITY ASSURANCE
Joyce Illfelder-Kaye, PhD (1/07–12/12)

Patricia P. Alexander, PhD (1/07–12/12)
Mark H. Ashcraft, PhD (4/10–12/14)
Debora J. Bell, PhD (1/10–12/12)
Kathleen J. Bieschke, PhD (1/11–12-13)
Michael S. Boroughs, PhD (1/11–12/13)**
Charme S. Davidson, PhD, ABPP (1/09–12/12)
Jaime L. Diaz-Granados, PhD (1/12 – 12/13)
Kim E. Dixon, PhD (2/10–12/13)
Wallace E. Dixon Jr., PhD (1/09–12/14)
Changming Duan, PhD (1/10–12/12)
Ana M. Faraci, PhD (1/11–1/13)
Victoria M. Follette, PhD (1/10–12/12)
Kurt A. Freeman, PhD, ABPP (1/12–12/14)
Mary Anne Hanner, PhD (1/11–12/13)*

H. Garland Hershey Jr., DDS, MS, ABO (1/11–12/13)*
Stephen L. Holliday, PhD, ABPP (1/11–12/13)
Mary Beth Kenkel, PhD (1/12–12/14)
Linda K. Knauss, PhD, ABPP (1/08–12/13)
David E. McIntosh, PhD, ABPP (1/10–12/12)
L. Stephen Miller, PhD (1/12–12/13)
Roger L. Peterson, PhD, ABPP (1/10–12/12)
Brad Lee Roper, PhD, ABPP (1/08–12/12)
Nancy B. Ruddy, PhD (1/11–12/13)
Lawrence S. Schoenfeld, PhD, ABPP (1/11–3/12)
Richard J. Seime, PhD, ABPP (1/08–12/12)
Gary Stoner, PhD (1/11–12/13)
Tammi Vacha-Haase, PhD (1/12 – 12/14)
Luis A. Vazquez, PhD (1/11–12/13)

2013 Commission on Accreditation

CHAIR
Elizabeth A. Klonoff, PhD, ABPP (1/08–12/13)

ASSOCIATE CHAIR, PROGRAM REVIEW
Carl E. Paternite, PhD (1/10–12/15)

ASSOCIATE CHAIR, QUALITY ASSURANCE
Linda K. Knauss, PhD, ABPP (1/08–12/13)

Asuncion M. Austria, PhD (1/13–4/13)
Mark H. Ashcraft, PhD (4/10–12/14)
Rachel Becker, PhD (1/13–12/15)**
Debora J. Bell, PhD (1/10–12/15)
Kathleen J. Bieschke, PhD (1/11–12/13)
Loretta E. Braxton, PhD (1/12–12/14)
Henry A. Buchtel, PhD (5/12–12/13)
Clark D. Campbell, PhD, ABPP (1/13–12/15)
Randall J. Cox, PhD (1/13–12/15)
Jaime L. Diaz-Granados, PhD (1/12–12/13)
Kim E. Dixon, PhD (2/10–12/13)
Wallace E. Dixon Jr., PhD (1/09–12/14)
Changming Duan, PhD (4/13–12/13)
Victoria M. Follette, PhD (1/10–12/13)
Kurt A. Freeman, PhD, ABPP (1/12–12/14)
Mary Anne Hanner, PhD (1/11–12/13)*

William L. Hathaway, PhD (1/13–1/15)
Carlen Henington, PhD (1/13–12/15)
H. Garland Hershey Jr. DDS, MS, ABO (1/11–12/13)*
Stephen L. Holliday, PhD, ABPP (1/11–12/13)
Barry A. Hong, PhD, ABPP (1/13–12/15)
Mary Beth Kenkel, PhD (1/12–12/14)
David B. Mather, PhD, ABPP (1/13–12/13)
Stephen R. McCutcheon, PhD (1/13–12/15)
L. Stephen Miller, PhD (1/12–12/13)
Mary Jan Murphy, PhD (1/13–12/15)
Emil R. Rodolfa, PhD (1/13–12/15)
Gary Stoner, PhD (1/12–12/13)
Leonard J. Tamura, PhD (1/13–12/15)
Tammi Vacha-Haase, PhD (1/12 –12/14)

*Public member.
**Student member.
### 2014 Commission on Accreditation

**CHAIR**  
Carl E. Paternite, PhD  
(1/10–12/15)

**ASSOCIATE CHAIR, PROGRAM REVIEW**  
Debora J. Bell, PhD  
(1/10–12/15)

**ASSOCIATE CHAIR, QUALITY ASSURANCE**  
Kathleen J. Bieschke, PhD  
(1/11–12/16)

- Mark H. Ashcraft, PhD  
  (4/10–12/14)
- Loretta E. Braxton, PhD  
  (1/12–12/14)
- Nina W. Brown, EdD  
  (1/14–12/16)
- Henry A. Buchtel, PhD  
  (5/12–12/16)
- Clark D. Campbell, PhD, ABPP  
  (1/13–12/15)
- Cindy I. Carlson, PhD  
  (1/14–12/16)
- Randall J. Cox, PhD  
  (1/13–12/15)
- Jaime L. Diaz-Granados, PhD  
  (1/12–8/14)
- Wallace E. Dixon Jr., PhD  
  (1/09–12/14)
- Kurt A. Freeman, PhD, ABPP  
  (1/12–12/14)
- William L. Hathaway, PhD  
  (1/13–1/15)
- Carlen Henington, PhD  
  (1/13–12/15)
- Rachel Becker Herbst, PhD  
  (1/13–12/14)**
- H. Garland Hershey Jr., DDS, MS, ABO  
  (1/11–12/16)*
- Barry A. Hong, PhD, ABPP  
  (1/13–12/15)
- Philinda S. Hutchings, PhD, ABPP  
  (1/14–12/16)
- Mary Beth Kenkel, PhD  
  (1/12–12/14)
- Karl Koob, MMIS, RHIA, FAHIMA, CPEHR  
  (1/14–12/16)*
- David B. Mather, PhD, ABPP  
  (1/13–12/16)
- Stephen R. McCutcheon, PhD  
  (1/13–12/15)
- James A. Mulick, PhD  
  (1/14–12/16)
- Mary Jan Murphy, PhD  
  (1/13–12/15)
- Emir R. Rodolfa, PhD  
  (1/13–12/15)
- Jack B. Schaffer, PhD, ABPP  
  (1/14–12/16)
- Paula K. Shear, PhD  
  (3/14–12/16)
- David A. Smith, PhD  
  (1/14–12/16)
- Gary Stoner, PhD  
  (1/12–12/16)
- Leonard J. Tamura, PhD  
  (1/13–12/15)
- Tammi Vacha-Haase, PhD  
  (1/12–12/14)

*Public member.  
**Student member.

### 2015 Commission on Accreditation

**CHAIR**  
Debora J. Bell, PhD  
(1/10–12/15)

**ASSOCIATE CHAIR, PROGRAM REVIEW**  
Stephen R. McCutcheon, PhD  
(1/13–12/15)

**ASSOCIATE CHAIR, QUALITY ASSURANCE**  
Kathleen J. Bieschke, PhD  
(1/11–12/16)

- Allison Abrahamson, MS  
  (1/15–12/16)**
- Douglas A. Behrend, PhD  
  (7/15–12/16)
- Nina W. Brown, EdD  
  (1/14–12/16)
- Henry A. Buchtel, PhD  
  (5/12–12/16)
- Clark D. Campbell, PhD, ABPP  
  (1/13–12/15)
- Cindy I. Carlson, PhD  
  (1/14–12/16)
- Randall J. Cox, PhD  
  (1/13–12/15)
- Jan L. Culbertson, PhD  
  (1/15–12/15)
- James A. Denniston, PhD  
  (1/15–12/17)
- Kurt A. Freeman, PhD, ABPP  
  (1/12–12/17)
- William L. Hathaway, PhD  
  (1/13–1/15)
- Carlen Henington, PhD  
  (1/13–12/15)
- Rachel Becker Herbst, PhD  
  (1/13–12/14)**
- H. Garland Hershey Jr., DDS, MS, ABO  
  (1/11–12/16)*
- Philinda S. Hutchings, PhD, ABPP  
  (1/14–12/16)
- Cindy L. Juntunen, PhD  
  (1/15–12/17)
- Karl Koob, MMIS, RHIA, FAHIMA, CPEHR  
  (1/14–12/16)*
- David B. Mather, PhD, ABPP  
  (1/13–12/16)
- Ashley E. Maynard, PhD  
  (1/15–12/17)
- James A. Mulick, PhD  
  (1/14–12/16)
- Mary Jan Murphy, PhD  
  (1/13–12/15)
- Gilbert H. Newman, PhD  
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  (1/12–12/14)

*Public member.  
**Student member.