APA Resolution on Accreditation for Programs
that Prepare Psychologists to Provide Health Services

Frequently Asked Questions

The Resolution on Accreditation for Programs that Prepare Psychologists to Provide Health Services was approved by the American Psychological Association (APA) Council of Representatives in August, 2013. It was originally developed by the APA Board of Educational Affairs (BEA) in response to requests from a number of education and training organizations in psychology and was designed to affirm for potential students, and the public, psychology’s commitment to quality assurance and accountability in its preparation of future health service psychologists. The proposed policy was reviewed over a two year period by APA boards, committees, and divisions; it was available for public comment via the Education Directorate website.

The APA Commission on Accreditation (CoA) is the only agency recognized by the United States Secretary of Education as an accreditor of doctoral, internship and postdoctoral programs in professional psychology. The equivalence of the systems of accreditation of the Canadian Psychological Association (CPA) has been recognized by the APA through the First Street Accord and the Resolution allows for other accrediting agencies that may become recognized by the U.S. Secretary of Education to accredit professional psychology education and training in preparation for entry to practice.

An important feature of the Resolution is its recognition of the need for thoughtful planning and coordination to work toward the goal of all future health service psychologists (HSPs) being prepared in programs that are accredited, without disadvantaging individual students or programs in the transition process.

Won’t requiring students to complete an APA- or CPA-accredited internship make the internship imbalance worse?

- It is essential that actions be taken to reduce this potential impact and that implementation of this policy occur in the future as described in the Resolution.
- The education and training community is taking multiple steps to address the internship imbalance and build capacity, as described elsewhere, but APA cannot wait to pursue the goal of quality assurance in training.
- Accreditation is necessary for access to federal funding opportunities for programs, so increasing the number of accredited programs could also increase the number of internship positions.

Won’t requiring an accredited internship disadvantage some groups or individuals more than others?

- Requiring accreditation could disadvantage programs that do not currently have the resources available for effective program management or the teaching/supervision necessary to obtain accreditation. An institutional and faculty commitment to training is required.
- Students who do not complete an APA accredited internship are already disadvantaged in terms of many job opportunities, including those with the federal government. Psychology cannot afford to have a two-tiered model of training.
- Priority for the APA $3 million internship grant program to facilitate accreditation is given to programs that expand the number of internship positions, serve historically underserved populations, and/or prepare psychologists to work in integrated primary care and community health care settings.
- The school psychology community has identified barriers distinctive to their training model that will require creative solutions, such as the development of consortia.

Why can’t there be a mechanism for provisional or conditional accreditation?

- There is such a mechanism. In response to requests from the Council of Chairs of Training Councils (CCTC), the Health Service Psychology Education Collaborative (HSPEC) and BEA, and following APA procedures for development of accreditation policy, changes were adopted in December 2012 that do allow for an
accreditation “eligibility” status and a new accredited status of “accredited, on contingency” for internship and postdoctoral residency programs.

What steps are necessary to accomplish this vision and mitigate concerns?

- Delay implementation for a time certain after approval and include grandparenting mechanisms so as to not penalize or disenfranchise current students and psychologists with respect to licensure.
- Support the development of accreditable internships.
- Continue to work with state psychological associations and state licensure boards to implement standards for the preparation of health service psychologists.
- Address real and perceived barriers to achieve accreditation.

Funding is a significant challenge for both non-accredited and accredited internships. What is being done?

- In August 2012 the APA Council provided up to $3 million in grants over a 3 year period to facilitate internship programs becoming accredited. In the initial cycle there were 82 applications; 32 programs were funded and 6 have already applied for accreditation. The next funding cycle is underway and 60 applications are in process.
- Research and collaborations with the Practice Directorate and APAGS are underway to examine reimbursement issues for supervised services rendered by interns.
- The Education Directorate initiated Graduate Psychology Education (GPE) program in HRSA’s Bureau of Health Professions has contributed $31.7 million to professional psychology education and training programs. APA maintains an active advocacy program in support of GPE.
- APA advocacy successes in the Accountable Care Act led to the new Mental and Behavioral Health Education and Training Grants Program administered by HRSA. In 2012 $3.6 million in grants were awarded to support expansion of psychology internship capacity in preparing health service psychologists.
- Community colleges provide an untapped opportunity for developing new internships. There are 21,000 community colleges in the nation, and an increased awareness of needs for mental health services on campus. Efforts are underway to expand resources in the Garrett Lee Smith Act, which contains an APA-initiated provision for both training and service in college counseling centers and psychology clinics.
- The President’s FY 2014 budget calls for $35 million for a new workforce development initiative for mental health services; APA is actively advocating for inclusion of psychology internships in the funding.

What is being be done to help develop new internship programs? The process of seeking accreditation is laborious and expensive.

- It is accurate that the development of an infrastructure to track learning outcomes and trainee progress requires resources; the need for such capacity is considered a component of quality throughout higher education (New Leadership Alliance for Student Learning and Accountability, 2012).
- The APA Council recently provided for up to $3 million in grants over a three year period to facilitate internship programs becoming accredited. Priority will be given to programs that expand the number of internship positions, serve historically underserved populations, and/or prepare psychologists to work in integrated primary care and community health care settings.
- Consultation to individual programs is available through the APA Office of Program Consultation and Accreditation (For more information see: http://www.apa.org/ed/accreditation/index.aspx).
- APA actively disseminates information about innovative approaches, such as the Hogg Foundation’s grant program for new internships: (http://www.hogg.utexas.edu/rfp/texas.psychology.internships_rfp.html)
- COA members and staff routinely conduct workshops at conferences throughout the country.
- Despite increased costs in conducting accreditation, the fees for internship programs ($2,250) have been raised only 12.5% over the past 15 years.
- The Association of Psychology Postdoctoral and Internship Centers (APPIC) conducts a mentoring program for new or developing internship programs.
CCTC maintains a list of volunteer resources for new or existing internships to help with program development. This listing has been enhanced by a collaboration between APPIC and APA Division 42, with volunteers identified through CCTC and APPIC websites.

Why does the statement acknowledge CPA but not other accreditation/membership organizations as being sufficient to assure quality in internships?

- There is a significant difference between a formal quality assurance mechanism (e.g., accreditation) and a membership organization. Both APPIC and the California Psychology Internship Centers (CAPIC) are membership organizations important to psychology, but they do not carry out accreditation processes. APPIC specifically states that it is not an accrediting agency (http://appic.org/Directory).
- APA has formally recognized the equivalence of the systems of accreditation of the Canadian Psychological Association in 2012 through the First Street Accord (http://www.apa.org/ed/accreditation/first-street-accord.aspx).
- As revised, the Resolution allows for accrediting organizations other than APA that are recognized by the US Secretary of Education to accredit programs in professional psychology that prepare for entry to practice.
- The Psychological Clinical Science Accreditation System does not accredit internships in professional psychology, nor does it accredit PsyD doctoral programs. It is “not intended for programs with a sole or chief mission of training psychologists for specialized careers in applied clinical work.” (Psychological Clinical Science Accreditation System, 2012, p. 3)

What is the added value of accreditation? There are no randomized controlled trials on this.

- As noted by the U.S. Department of Education: “Both the federal and state governments recognize accreditation as the mechanism by which institutional and programmatic legitimacy are ensured.” (http://www2.ed.gov/about/offices/list/ous/international/usnei/us/edlite-accreditation.html).
- Accreditation serves to protect the public. It is part of the profession’s social contract with the public that in return for its autonomy, it will be self-regulating.
- Accreditation requires evidence regarding program outcomes and student achievement of expected competencies for independent practice.
- Accreditation protects students’ rights, ensures that due process and grievance procedures are in place, and provides a mechanism for recourse if training standards are not being fulfilled. Students who do not complete an APA accredited internship are disadvantaged in terms of many job opportunities.
- Empirical studies have indicated that students from APA/CPA accredited doctoral programs pass the examination for professional practice in psychology (EPPP) at significantly higher rates than those from doctoral programs that are not accredited (Shafer et al., 2012). Further, completing an APA or CPA accredited internship contributes significantly to the likelihood of passing the EPPP.

Why is there a need to separately accredit internship programs? The internship is part of the doctoral degree requirements.

- With rare exceptions, internships are housed in units that are both administratively and geographically separate from the doctoral program. The doctoral program has no authority or control over hiring, supervisory assignments, trainee evaluation or training experiences of the internship. Internship programs voluntarily sought independent accreditation so as to demonstrate to prospective interns and the doctoral programs their ability to meet national standards in education and training.
- Quality assurance is heavily dependent upon a peer review process. Quality assurance for an internship in a health care setting if reviewed solely by faculty with little involvement/experience in health care services/settings would not likely be seen as any more acceptable than an academic program being reviewed for quality assurance by an internship staff. Current practices in accreditation include blended review teams.
Note: A model of internship training that is more closely linked with doctoral programs could be developed in psychology, and has been espoused by many. An advantage would be the doctoral program taking full responsibility for providing the internship for its students. Such a model would require significant investment of resources and perhaps different expertise among doctoral program faculty. It may also limit options for types of clinical training available to program students, who currently have a national pool of opportunities available. There are a few examples of this model at present, and more may develop as the profession evolves.

References:


(Revised August, 2013)