

STANDARD D: Further Clarification and Reference Examples

Background: In general, every session for which CE is available should have at least three **relevant** (e.g., reflective of the breadth and depth of the session content), **current** (e.g., within the past 10 years), **sufficient**, and **evidence-based** references (e.g., 3 peer-reviewed references for D.1.1. programming and 2-3 peer-reviewed references for D.1.3. programming, and these are normally journal articles).

D.1.1. Program content focuses on application of psychological assessment and/or intervention methods that have overall consistent and credible empirical support in the contemporary peer-reviewed scientific literature beyond those publications and other types of communications devoted primarily to the promotion of the approach.

This criterion cannot be met by referencing books, chapters, monographs, or web-publications that are not demonstrably peer-reviewed. Reliance on non-mainstream journals of limited circulation must be supported by evidence that standard blind-review procedures are followed (i.e., in which the identity of peer reviewers is not known to the study authors, and identity of the study authors is not known to the peer reviewers). There must be a clear linkage between the research cited and the program content. For example, simply listing a journal article on a broad or related issue is unacceptable until and unless the applicant specifically documents how the referenced research is relevant to the specific program content. It is not acceptable to assert that the program content has been included in peer-reviewed publications without providing specific references that are currently available to reviewers and support that assertion. Providing an abstract that shows the relevant linkage or quoting from the conclusions section may be helpful in some circumstances; but, doing so will rarely be sufficient without further explanation in the narrative provided for the relevant program. It will rarely be necessary to provide full copies of journal articles or book chapters unless the reference is obscure or otherwise difficult to obtain (such as a government technical report). Evidence will be considered insufficient for this criterion if an applicant only cites references authored by the originators or proponents of a particular theoretical position, technique, or position. Applicants are strongly encouraged to clearly construct an intellectual bridge in their narrative between the content of the program and the references used to provide evidence in support of it.

Examples of appropriate references (must be in APA format):

American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. *American Psychologist*, 70 (9), 832-864. doi: 10.1037/a0039906

Brand, R. M., McEnery, C., Rossell, S., Bendall, S., & Thomas, N. (2018). Do trauma-focussed psychological interventions have an effect on psychotic symptoms? A systematic review and meta-analysis. *Schizophrenia Research*, 13-22. doi.org/10.1016/j.schres.2017.08.037

Briggs, S., Netuveli, G., Gould, N., Gkaravella, A., Gluckman, N., Kangogyere, P., . . . Lindner, R. (2019). The effectiveness of psychoanalytic/psychodynamic psychotherapy for reducing suicide attempts and self-harm: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 1-9. doi:10.1192/bjp.2019.33

Holtforth, M. G., Krieger, T., Zimmermann, J., Altenstein-Yamanaka, D., Dörig, N., Meisch, L., & Hayes, A. M. (2019). A randomized-controlled trial of cognitive-behavioral therapy for depression with integrated techniques from emotion-focused and exposure therapies. *Psychotherapy Research*, 29 (1), 30-44. doi: 10.1080/10503307.2017.1397796

Lamothe, M., Rondeau, E., Malboeuf-Hurtubise, C., Duval, M., & Sultan, S. (2016). Outcomes of MBSR or MBSR-based interventions in health care providers: A systematic review with a focus on empathy and emotional competencies. *Complementary Therapies in Medicine*, 19-28. doi.org/10.1016/j.ctim.2015.11.001

Parker, P. C., Perry, R. P., Hamm, J. M., Chipperfield, J. G., Hladkyj, S., & Leboe-McGowan, L. (2017). Attribution-based motivation treatment efficacy in high-stress student athletes: A moderated-mediation analysis of cognitive, affective, and achievement processes. *Psychology of Sport and Exercise*, 189-197. doi.org/10.1016/j.psychsport.2017.12.002

D.1.2. Program content focuses on ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychological practice, education, or research.

In order to meet this criterion, the program content must be primarily focused on the topics listed above. It is not sufficient to respond that the program fulfills this requirement simply because a mention of concern for ethical practice will be included in the presentation. The general expectation is that programs meeting this criterion will include specific content, as evidenced by learning objectives addressing ethical issues particularly relevant to the topic under consideration or entirely devoted to ethical, legal, statutory, or regulatory concerns. At least three references must be explicitly linked to the program content. References that provide an overview of the entire APA ethics code (e.g., Knapp, 2011) cannot be used as the only references providing evidence for criterion D.1.2.

Examples of appropriate references for a program focusing on providing training regarding ethical issues involved in working with religious/spiritual issues in psychotherapy (must be in APA format):

Hathaway, W. L. (2011). Ethical guidelines for using spiritually oriented interventions. In J. D. Aten, M. R. McMinn, & E. L. Worthington, Jr. (Eds.), *Spiritually oriented interventions for counseling and psychotherapy* (pp. 65-81). Washington, DC: American Psychological Association.

Knapp, S. J. (Ed.). (2011). *APA handbook of ethics in psychology (Vols. 1-2)*. Washington, DC: American Psychological Association.

Knapp, S., Lemoncelli, J., & VandeCreek, L. (2010). Ethical responses when patients' religious beliefs appear to harm their well-being. *Professional Psychology: Research and Practice*, 41, 405-412.

Milstein, G., & Yali, A. M. (2010). Psychological care for person of diverse religions: A collaborative continuum. *Professional Psychology: Research and Practice*, 41 (5), 371-381. doi: 10.1037/a0021074371

Rupert, D., Moon, S. H., & Sandage, S. J. (2018). Clinical training groups for spirituality and religion in psychotherapy. *Journal of Spirituality in Mental Health*, 1-15. doi: 10.1080/19349637.2018.1465879

Tjeltveit, A. C. (2011). Religion, spirituality, and mental health. In S. J. Knapp (Ed.-in-Chief), M. C. Gottlieb, & L. D. VandeCreek (Assoc. Eds.), *APA handbooks in psychology: APA handbook of ethics in psychology* (Vol. 1, pp. 279-294). Washington, DC: American Psychological Association.

D.1.3. Program content focuses on topics related to psychological practice, education, or research *other than* application of psychological assessment and/or intervention methods that are supported by contemporary scholarship grounded in established research procedures.

Sufficient evidence to meet this standard may require substantial accumulation of information. In some cases, the evidence relevant to this criterion will overlap with that which is relevant for D.1.1. If applicants seek to show that the content has been supported using established research procedures and scientific scrutiny, applicants must provide specifics of the research, how it was conducted, by whom, under what controls, and with what level of review. For purposes of responding to this criterion, “established procedures” include, among others, linking the research to the relevant nomological and theoretical network and development of testable hypotheses, appropriate research design, review by an IRB, use of appropriate and established scientific methods, and careful and full reporting of methods and results.

Examples of appropriate references (must be in APA format):

Basinger, E. D., & Knobloch, L. K. (2018). A grounded theory of online coping by parents of military service members. *Journal of Social and Personal Relationships*, 35 (5), 702-721.

Diamond, S. A. (2018). Existential therapy and Jungian analysis: Toward an existential depth psychology. *Journal of Humanistic Psychology*, 1-56. doi: 10.1177/0022167818809915

Ma, T., Simpkins, S., & Puente, K. (2019). Latinx and white adolescents’ reasons behind organized activity participation: The connections with cultural orientations, psychological engagement, and activity experiences. *Applied Developmental Science*, 1-15. doi: 10.1080/10888691.2019.1571416

Schinke, R. J., Stambulova, N. B., Si, G., & Moore, Z. (2018). International Society of Sport Psychology position stand: Athletes’ mental health, performance, and development. *International Journal of Sport and Exercise Psychology*, 16 (6), 622-639, doi: 10.1080/1612197X.2017.1295557

Smith, G. (2018). Education and training in Clinical Neuropsychology: Recent developments and documents from the Clinical Neuropsychology Synarchy, *Archives of Clinical Neuropsychology*, 1-14. <https://doi.org/10.1093/arclin/acy075>

Van Dam, N. T., van Vugt, M. K., Vago, D. R., Schmalzl, L., Saron, C. D., Olendzki, A., ... Meyer, D. E. (2018). Mind the Hype: A Critical Evaluation and Prescriptive Agenda for Research on Mindfulness and Meditation. *Perspectives on Psychological Science*, 13 (1), 36–61. <https://doi.org/10.1177/1745691617709589>