

# American Psychologist

## **Professional Psychology in Health Care Services: A Blueprint for Education and Training**

Health Service Psychology Education Collaborative

Online First Publication, August 5, 2013. doi: 10.1037/a0033265

### CITATION

Health Service Psychology Education Collaborative (2013, August 5). Professional Psychology in Health Care Services: A Blueprint for Education and Training. *American Psychologist*. Advance online publication. doi: 10.1037/a0033265

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# Professional Psychology in Health Care Services

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## *A Blueprint for Education and Training*

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Health Service Psychology Education Collaborative

*In 2010, an interorganizational effort among the American Psychological Association, the Council of Graduate Departments of Psychology, and the Council of Chairs of Training Councils, known as the Health Service Psychology Education Collaborative (HSPEC), was initiated to address mounting concerns related to education and training for the professional practice of psychology. Given that professional psychology includes diverse areas of practice and the mounting concerns about psychology's role in a reformed health care system, HSPEC chose to focus on preparation of psychologists for the delivery of health care services and made seven recommendations that constitute the core of a blueprint for the future. These recommendations require significant changes in graduate education—changes critical to the future of psychology as a health profession.*

*As part of its work, HSPEC developed a statement of core competencies for the preparation of health service psychologists, integrating feedback solicited through public comment and review by the psychology community, including education and training councils and APA governance groups. The articulation of these competencies serves to inform not only the preparation of health service psychologists but students, employers, regulators, and policymakers as well. It also reflects the discipline's commitment to quality and accountability in the preparation of its workforce.*

*HSPEC recognizes that its recommendations to strengthen the core preparation and identity of health service psychologists will result in some limitations on degrees of freedom at the program level but believes such limitation to be in the service of coherent and uniform standards for education and training. This blueprint supports the evolution and development of the profession within a scientific context. It supports standards as meaningful, versus minimum, indicators as part of the profession's obligation to the public. The blueprint also calls for the profession to develop a mechanism for systematic monitoring of progress, challenges, and opportunities to ensure that psychology as a health profession meets societal needs.*

**Keywords:** competency, education and training, professional psychology, health service psychology, health care

**T**his document represents the work of the Health Service Psychology Education Collaborative (HSPEC), a group whose members were appointed by the American Psychological Association (APA), the

Council of Chairs of Training Councils, and the Council of Graduate Departments of Psychology. Funded by the APA Board of Educational Affairs in March 2010, and supported as an APA strategic plan initiative, the Collaborative met four times during the subsequent two years to examine issues in professional education and training and to make recommendations for the future as guided by its vision. Given the breadth of professional psychology and practice, the group decided to focus on the preparation of psychologists for the delivery of health care services, especially since this focus reflected the preponderance of efforts within APA-accredited doctoral and internship programs. HSPEC began its efforts with the adoption of a vision; their report is as follows.

### **Vision**

The education and training of psychologists to provide health care services is founded on the integration of science and practice. Their preparation is conducted in APA-accredited doctoral programs and APA-accredited internship programs with clearly defined learning outcomes. The competencies demonstrated by these graduates serve to identify them as health professionals whose distinctive contributions to health care are recognized and respected by other health professions, policymakers, and the public. Regulators of practice have confidence in the education and training enterprise to be self-regulating through a rigorous quality assurance mechanism overseen by the profession.

Psychologists who provide health care services engage in evidence-based practice that is patient-centered, culturally competent, effective, and informed by population-based data. They

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The Health Service Psychology Education Collaborative (HSPEC) was composed of representatives appointed by the American Psychological Association (APA) Board of Educational Affairs, the Council of Graduate Departments of Psychology, and the Council of Chairs of Training Councils; it was supported by APA.

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are skilled in collaboration with other health professionals and demonstrate a commitment to lifelong learning and continuous quality improvement in their practice. They are grounded in psychological science and integrate knowledge from other areas such as biology and sociology into their practices as appropriate. They are not only critical consumers of psychological research but able to conduct scientific research, especially practice-based outcomes research and program evaluation. They are informed about health research and the context of health delivery services. They are especially skilled in measurement and demonstrate capacity for leadership within health care systems and on health care teams.

In this vision, the education and training system for health service psychologists provides for a seamless transition across levels (undergraduate through postdoctoral) and has a wealth of opportunities for professional development. There is sufficient funding to permit full-time intensive study that can be completed within five years for entry into practice. There are clear qualifications for entry into graduate study as it is recognized that not all who wish the doctoral degree are qualified for doctoral education and training. Psychology has moved from a period of concern and conflict over education and training models to a focus on competencies to be achieved, the application of its own science in the teaching and learning process, and the promotion of excellence rather than the defining of minimum standards. The multiple communities of professional specialties in psychology coalesce around defining the core competencies for those prepared to provide health care services, and there is a seamless transition from education and training through licensure and credentialing for the individual. Psychology has a workforce analysis capacity to inform graduate programs about societal needs as well as current supply and demand. Graduate education is market sensitive but not market driven, as graduate education systems themselves have created new markets for practice. (adapted from Belar, 2011)

This vision for preparing professional psychologists is far from where the field currently stands. The current state of education and training reveals a fragmented system of educational models, competencies, entry qualifications, licensure criteria, and nomenclature that is confusing to potential students and the public. This fragmentation and confusion make it difficult for educators and the profession at large to speak with a unified voice regarding issues relevant to training students for practice in the health care arena. A gap analysis of the current state compared to the vision set forth reveals several issues that must be addressed to provide a unified and coherent approach to the education and training of health service psychologists:

- Issue 1: The competencies of psychologists who provide health services should be clearly articulated and understood by faculty, students, regulators, and the public.
- Issue 2: There should be guidelines for minimal qualifications to enter doctoral programs that prepare health service psychologists.
- Issue 3: Psychology needs to articulate and evaluate the competencies for each level in the sequence of

education and training of health service psychologists, as well as examine the sequence itself.

- Issue 4: There needs to be increased focus on competency assessment in psychology education and training for the delivery of health care services.
- Issue 5: The future of health service psychology rests on the integration of science and practice. Education and training should be an integrative endeavor, both within and across content and levels in the curriculum as well as across the activities of research and the provision of health services.
- Issue 6: Psychology needs to establish the standard of self-regulation for education and training in the profession.
- Issue 7: Psychology needs more research relevant to the preparation and roles of health service psychologists and must have an ongoing, comprehensive workforce analysis.

It is important to note that these issues are not listed in order of priority. They are interrelated, and each needs to be successfully addressed for the vision to be achieved. The blueprint presented here is a plan to accomplish this vision. A recommendation for each issue is described along with its rationale and action steps required for its implementation.

## Background

Advances in psychological science have moved psychology from focusing on mental health problems to being a broad health profession in which mental health remains an important subset. Our increased understanding of health and disease in all areas has highlighted the need for an approach to education and training that focuses on biological, psychological, social, and cultural aspects of health and behavior regardless of whether one proceeds to practice with traditional mental health populations or in other areas of health. This changing face of professional psychology requires a clear articulation of what constitutes broad and general training for its providers of health services. Graduate preparation must evolve from a primarily psychosocial focus to a biopsychosocial focus in terms of its substantive knowledge base if psychologists are to provide appropriate health care services.

Psychologists must also be prepared to work in the health care system of the 21st century. The implications of the changing health care system for the future of psychology cannot be ignored. Shifts in roles, challenges, and opportunities for psychologists have been well articulated in numerous articles such as those by Beacham, Kinman, Harris, and Masters (2012); Belar (1989, 1995, 1997, 2012), Carlson, Tharinger, Bricklin, DeMers, and Paavola (1996); McDaniel, Belar, Schroeder, Hargrove, and Freeman (2002); Nordal (2012); and Rozensky (2011, 2012; Rozensky & Janicke, 2012). In fact, special sections have been devoted to these topics in journals such as *Professional Psychology: Research and Practice* (e.g., Psychology and Primary Care/Family Practice Medicine, 1995,

Vol. 26, No. 2; *Future of Professional Psychology*, 2012, Vol. 43, No. 6) and the *Journal of Clinical Psychology in Medical Settings* (e.g., *Psychologists in Academic Health Centers: Facing Tomorrow's Challenges*, 2010, Vol. 17, No. 4; *Preparing Psychologists for a Rapidly Changing Healthcare Environment*, 2012, Vol. 10, No. 1).

Another long-standing concern in professional psychology has been the internship match imbalance (Grus, McCutcheon, & Berry, 2011). Efforts to deal with this problem brought increased attention to a number of important issues facing professional psychology education and training. It became widely acknowledged that the imbalance was but one component of a larger set of problems that needed to be addressed.

In March 2010, the Council of Chairs of Training Councils approached the APA Board of Educational Affairs (BEA) to request that action be taken. BEA authorized funds to support an interorganizational working group that was later funded through the APA strategic plan initiatives and came to be known as the Health Service Psychology Education Collaborative (HSPEC). It was composed of representatives from APA, the Council of Graduate Departments of Psychology (COGDOP), and the Council of Chairs of Training Councils (CCTC), who met to examine issues in professional education and training. It was acknowledged that many organizations are responsible for aspects of professional education and training and that no one organization "owns it," so change must start with an interorganizational approach. The HSPEC charge was to build a vision for professional education and training and articulate how to get there, including attention to the development of a continuous quality improvement mechanism. It was acknowledged that the issues were complex and that if the solution were simple, it would have already occurred.

The HSPEC members appointed by BEA, CCTC, and COGDOP have a wide range of expertise in education, training, and practice, including undergraduate, master's, doctoral, internship, and postdoctoral education and training, continuing education/professional development, lifelong learning, specialization, accreditation, credentialing, and program administration/management. Although the aim was to keep the group size small for efficiency's sake, there was recognition that other voices needed to be heard. Thus there was an early commitment to transparency and input.

At its initial meeting in December 2010, the Collaborative reviewed and critically evaluated data from a 2010 survey on issues in professional education that received responses from 1,330 faculty, supervisors, students, and members of APA governance groups. There was widespread agreement that it was important to address both the balance between education and training in science that informs practice and the education and training in practice that is evidence-based, as well as the economics of training, the value added of doctoral-level preparation, emerging areas of practice such as integrated care, and the role and timing of the internship.

HSPEC also reviewed data available from the APA Center for Workforce Studies and key written materials, including a report from the APA Education Directorate (2007) to BEA on the internship imbalance and a report from the September 2008 Match Imbalance meeting, which produced a "grid" of proposed action steps and subsequent updates on them (Grus et al., 2011). The interorganizational Collaborative identified a broad range of issues of concern and discussed mechanisms (e.g., conferences, white papers, blue ribbon panels, independent studies) to address them.

An outcome of HSPEC's first meeting was that in response to the wide-ranging meanings in the use of the term "professional psychology," there was an agreement to focus on education and training to prepare psychologists competent to provide health care services (health service psychologists) as defined by APA in 1996<sup>1</sup> and reaffirmed in the 2010 APA Model Act for State Licensure of Psychologists (APA, 2011b).

As used in this document, *health service psychology* (HSP) is an overarching conceptual framework that encompasses a number of the recognized specialties in professional psychology (see Figure 1). The term reflects the reality that most of the accredited doctoral education and training currently conducted in professional psychology is for health care services, including those for prevention, early intervention, treatment, and rehabilitation. There may be some communities within clinical, counseling, and school psychology that do not focus on the provision of health care services (e.g., educational assessment, vocational counseling, executive coaching), but it is estimated that the bulk of practitioners in these areas do provide health care services, for example, psychotherapy, across a wide variety of health care settings, some of which provide other services as well (e.g., university counseling centers). HSP is not a specialty itself and should not be confused with the specialties of either clinical health psychology or clinical psychology. HSP includes those psychologists whose focus is on physical health problems as well as those who focus primarily on mental health issues and more traditional areas of practice using traditional CPT codes. HSP encompasses the foundation for psychology as a primary care profession as well as psychology as a specialty care profession.

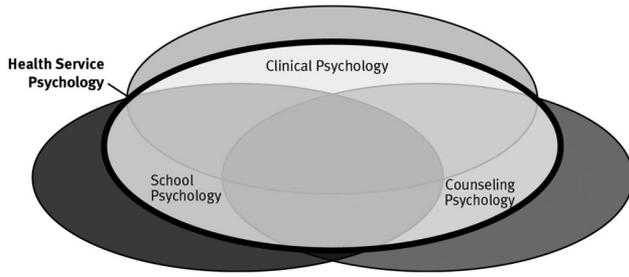
HSPEC's decision to focus on HSP does not imply that there are no issues to be addressed in other areas of professional/applied psychology but reflects the view that significant issues in the area of health services are high profile and pressing, with imminent consequences for students and graduates of doctoral programs. HSPEC believes

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<sup>1</sup> "Psychologists are recognized as Health Service Providers if they are duly trained and experienced in the delivery of preventive, assessment, diagnostic and therapeutic intervention services relative to the psychological and physical health of consumers based on: 1) having completed scientific and professional training resulting in a doctoral degree in psychology; 2) having completed an internship and supervised experience in health care settings; and 3) having been licensed as psychologists at the independent practice level" (APA, 1996).

**Figure 1**

*The Domain of Health Service Psychology in Doctoral Education and Training in Professional Psychology*



that given the breadth of professional practice, “one size fits all” policies for professional/applied psychology are problematic. The Collaborative reached consensus on a number of core issues:

- Scientific training is core to education and training for practice.
- Discourse about training models should be set aside, as it is not likely to be helpful and could distract from important work on competency-based approaches for practice as a health service psychologist.
- There is a need to reexamine prerequisites for entry into a doctoral program. If prerequisite competencies were agreed upon and obtained by students prior to admission, the doctoral curriculum could be modified and perhaps reduced in terms of its requirements. In this context, there was no intent to mandate an undergraduate curriculum or require students to be a psychology major, but only to articulate the necessary knowledge, skills, and values for entry into HSP doctoral programs.
- A change in the timing of the Examination for Professional Practice of Psychology should be considered so that it would be offered during doctoral training.
- The internship imbalance issue is an important one, and the CCTC/BEA efforts laid out in the imbalance “grid” (Grus et al., 2011) are important to support.
- An external review of professional education and training (e.g., a Flexner-type report) would not be requested at this time, but external consultants may be useful in future activities.

Over the next six months, HSPEC sought input from numerous education and training communities on a number of these issues. At their meeting in May 2011, the Collaborative reviewed feedback and developed a plan for next steps. Specifically, the Collaborative identified seven major issues that should be given focused attention in the future

and articulated a series of action steps for further development prior to the next meeting. These included a request to the APA Commission on Accreditation to consider developing a process for provisional accreditation for doctoral and internship programs.<sup>2</sup>

At the October 2011 meeting, HSPEC members worked on a draft of health service psychologist competencies and a draft of prerequisites for entry into doctoral HSP programs, as “bookends” to the entire plan. They made plans for completion of a blueprint for further action and forwarded to BEA the recently released document *Core Competencies for Interprofessional Collaborative Practice* (Interprofessional Education Collaborative [IPEC] Expert Panel, 2011) with a recommendation for its endorsement.<sup>3</sup>

The HSP competencies document was reviewed by education and training organizations and APA governance groups and was posted for public comment from December 20, 2011, to May 4, 2012. At its final meeting, July 8–10, 2012, HSPEC reviewed all comments, made revisions to the competencies, and completed work on the following blueprint for the future.

## The Blueprint

This blueprint outlines next steps to effect significant changes in graduate education. As representatives of numerous communities of interest, HSPEC members not only reviewed relevant literature and data but engaged in rich discussions regarding the discipline and profession of psychology. HSPEC believes these recommendations are critical to the future of psychology as a health profession. Members of the Collaborative are aware that recommendations made to strengthen the core preparation and identity of health service psychologists will result in some limitations on degrees of freedom at the program level but believe such limitations to be in the service of coherent and uniform standards in education and training. Members also are aware that many in the academic community have resisted what might be perceived as external standards being imposed, as they are sometimes viewed as confining, restrictive, and burdensome, especially in times of limited resources. Moreover, some approaches to quality control do not factor in the need for change as the field and societal needs evolve. This blueprint supports the evolution and development of the profession within a scientific context. It supports standards as meaningful, versus minimum, indicators and as emanating from and belonging to the profession as part of the obligation of the profession to the public. The blueprint also calls for the profession to develop a mechanism for systematic monitoring of progress, challenges, and opportunities to ensure that psychology as a health profession meets societal needs. The Collaborative

<sup>2</sup> Such a mechanism for internship and postdoctoral residency programs was implemented by the Commission on Accreditation in 2013.

<sup>3</sup> The APA Council of Representatives endorsed this document in February 2013.

strongly urges psychology to take the following action steps related to each recommendation.

**Recommendation 1. The competencies of psychologists who provide health services should be clearly articulated and understood by faculty, students, regulators, and the public.**

**Rationale**

Consistent with trends in the higher education community to focus on student learning outcomes, the education and training communities have moved toward greater agreement about the competencies expected for generic professional psychology. However, these competencies are not specific for the preparation of health service psychologists despite the fact that this area represents a substantial proportion of professional services rendered. Moreover, the criteria for accreditation of professional psychology training programs are not specific to HSP (APA, 2009).

The sector of professional psychology that provides health care services needs a clear articulation of competencies to guide the education and training community, students, the public, and policymakers. These competencies also need to inform the APA Commission on Accreditation as it accredits programs preparing psychologists to provide health care services and to guide regulators about what health service psychologists can and should be able to do. This articulation can solidify psychology's identity among the other health professions, an identity that is sometimes confusing, especially given the numerous specialty labels used by psychologists who provide health care services and the presence of other providers of mental and behavioral health services in the health care system.

**Background.** As noted above, the competencies articulated by HSPEC involved an iterative process with broad input; they are detailed more extensively in the Appendix. These competencies are noteworthy for several areas of emphases not historically highlighted in professional psychology education and training. For example, there is an emphasis on a knowledge base of relevant biological aspects of health and illness in addition to a psychosocial knowledge base. This emphasis is not to be confused with "biological bases of behavior," which has long been a requirement in accredited training programs, but reflects the emergence of the biopsychosocial model as the underpinning preparation for all practice in health care. Our increased understanding of health and disease in all areas has highlighted the need for an approach to education and training that focuses on biological, psychological, social, and cultural aspects of health and behavior regardless of whether one proceeds to practice with traditional mental health populations or in other areas of health.

Other distinctive features include emphases on preparation for interprofessional and collaborative practice, as described in the APA- and HSPEC-endorsed *Core Competencies for Interprofessional Collaborative Practice* (IPEC Expert Panel, 2011). Knowledge of health policy and health care systems is also viewed as core, as is compe-

tence in actually conducting research. For example, skills in practice-based research are described as essential for program development, evaluation, and quality improvement efforts. Their development requires increased attention in graduate education along with training in evidence-based practice, self-assessment, health informatics, and quality improvement methodologies. It is noted that these emphases are also consistent with those recommended for all health professions (Advisory Committee on Interdisciplinary Community-Based Linkages, 2010; Institute of Medicine, 2003).

Also of note are the emphases on competencies related to teaching and supervision, especially of other health professionals, so that psychologists can enable the application of psychological science to the delivery of health care services and the improvement of the health care system. Other distinctive features include competencies in advocacy and a focus on becoming prepared for further professional leadership development.

**Action Steps**

1. Professional psychology education and training programs that prepare psychologists to provide health care services should ensure that competencies as described are attained by completion of the program. It is up to individual programs to determine how best to accomplish this through didactic and supervised experiential components.

2. These competencies must be broadly disseminated to regulatory groups, education and training programs, and the public.

**Recommendation 2. There should be guidelines for minimal qualifications to enter doctoral programs that prepare health service psychologists.**

**Rationale**

This recommendation has two major components for action, one related to entry requirements for doctoral study and the other related to coherence between undergraduate and graduate education in core psychological science, including a means to document achievement in broad and general psychology.

**Entry requirements.** Currently there are no uniform guidelines established by the profession that outline requirements for entering doctoral-level study in psychology. The Collaborative recommends developing a process for entry into HSP programs that reflects qualifications for doctoral study, including specification of knowledge and experiences that would be obtained and assessed prior to admission into doctoral programs. Importantly, it is *not* meant to set requirements for an undergraduate major in psychology but rather to specify appropriate education prior to doctoral study for health service psychologists, either as an undergraduate in any major or through coursework after completing a bachelor's degree. The Collaborative suggests that applicants demonstrate the following competencies as minimal qualifications to enter doctoral training:

- familiarity with the major concepts, theoretical perspectives, empirical findings, and historical trends in psychology;
- knowledge in human biology suitable for someone preparing to become a health service psychologist;
- knowledge and experience in using basic research methods, including research design, statistics, data analysis, and interpretation;
- capability for critical thinking and reasoning;
- oral and written communication skills;
- ability to act ethically, work well with others, self-regulate, and reflect on their own and others' views, behavior, and mental processes;
- appreciation and understanding of diversity in its broadest sense; and
- willingness to examine their personal values and to acquire and utilize professionally relevant knowledge and skills regardless of their beliefs, attitudes, and values.

Methods to demonstrate/assess the knowledge, skills, and attitudes that comprise these competencies might include

- coursework documented on a sufficiently recent official transcript,
- scores on a standardized test,
- letters from faculty and from supervisors in applied settings such as service learning or other relevant experiences (ensuring that letters address critical competencies could be facilitated by a template for recommendation letters), and
- an expanded interview of applicants, potentially using approaches from a best practices toolkit.

Requirements should include both coursework and scores on a standardized test; scoring above a cutoff would not substitute for undergraduate coursework.

Minimal qualifications for doctoral study should encompass psychology courses as well as courses in departments beyond psychology (e.g., biology, anthropology, sociology, economics, mathematics). For example, this course list might include a course or other experience on the undergraduate record representing each of the following:

- biological science,
- cognition (e.g., learning, language, memory, thinking),
- diversity and culture,
- psychopathology or abnormal psychology,
- research methods (psychometrics, research design, statistics),
- social and interpersonal processes, and
- at least one research experience, either a lab section connected to one of the above courses or a senior/honors thesis.

**Assessment of achievement in broad and general psychology.** Advanced undergraduate courses often provide the level of breadth advised by the

Commission on Accreditation for beginning-level graduate courses. Therefore, the Collaborative recommends working with a test developer to modify or create a standardized assessment of achievement consistent with requirements for broad and general foundational knowledge in the science of psychology. For students achieving established cutoff scores, the Collaborative recommends focusing graduate education on more advanced/integrative courses in core domains for graduate education. To the extent that the existing broad and general requirements are included in state licensing statutes and regulations, the Collaborative recommends working with state psychological associations and the Association of State and Provincial Psychology Boards (ASPPB) to ensure that these changes are incorporated.

With respect to a standardized test for screening applicants for entry into doctoral programs and for making decisions about advanced placement options, the Collaborative consulted extensively with the Educational Testing Service (ETS) about the feasibility of using the Graduate Record Examination® (GRE) Psychology Test. The Collaborative concluded that working with a test developer to create a test appropriate to the purpose described here could be achieved.

### **Action Steps**

1. Create a mechanism to reach consensus on preprofessional courses and develop a method of documenting such work via transcripts.
2. Create a mechanism to reach consensus on the use of letters of recommendation and applicant interviews and propose standardized approaches for each.
3. Develop a standardized test that is valid, reliable, and fair for assessing preprofessional requirements and for assessing broad and general foundational knowledge.

**Recommendation 3. Psychology needs to articulate and evaluate the competencies for each level of education and training of health service psychologists, as well as examine the sequence itself.**

### **Rationale**

In the training of professional psychologists, training faculty and supervisors at all levels have a special obligation and responsibility to ensure quality as well as to act as gatekeepers in the protection of public welfare. The competencies listed in the Appendix outline a core set of learning outcomes that professional psychologists must achieve if they are to be adequately prepared to deliver health care services. Progress toward attaining competencies must be clearly articulated for each level of training. Further, educators must be confident in determining the readiness of the trainee to progress to the next level in the sequence, from admission through readiness to practice.

Adjustments to the sequence and nature of training need to be made in response to the advancement of the scientific knowledge base, advances in educational research and practice, and public health needs. In order to facilitate that achievement, it is necessary to evaluate

both the sequence of training and the specific competencies to be achieved both for readiness for and satisfactory completion of each level of training. In other words, HSPEC recommends that the profession identify the appropriate developmental sequence for the acquisition of HSP competencies.

### **Action Steps**

1. Identify the competencies necessary at each level of the training sequence and evaluate the sequence itself, including which components can be completed prior to doctoral training, commencement of practicum, and beginning the internship.

2. Enhance a culture of quality assurance by requiring faculty and supervisors to critically evaluate student progress and facilitating their increased ability to do so. Psychology needs a “train the trainers” model to support systematic evaluation of competencies.

**Recommendation 4. There needs to be increased focus on competency assessment in psychology education and training for the delivery of health care services.**

### **Rationale**

As education and training for competency develops in health service psychology, there is a concomitant need to assess how and whether competency is achieved and maintained, including an emphasis on the evaluation of the process of competency acquisition and maintenance. Creating a culture of assessment of competence is a necessary element in enhancing the identity of professional psychology in delivering health care services. Assessment and documentation of competence are important for the public, regulators, and the profession itself to ensure the quality of services needed now and in the future. Trainees and health service psychologists have ethical obligations to develop competence and document their competencies through a systematic, integrated, and ongoing set of assessment activities and instruments.

Assessment of competence is directly linked to the formal definitions of competencies as set out in the Appendix. The field needs procedures and mechanisms for competence assessment for the sequence and staging of education and training for professional service delivery. Although some assessment tools and procedures exist, they require further development and validation to achieve the standards to which psychology education, training, and practice aspire. The challenge will come from finding resources to incentivize research and to develop appropriate assessment tools and procedures for all HSP competencies. Developing consensus around a staged process that establishes benchmarks will be needed to ensure that trainees have achieved the expected competencies to proceed to the next level of training.

### **Action Steps**

With the articulated HSP competencies, the education and training community should identify measures (or potential

measures) for each competence at each stage in the training sequence as well as a comprehensive and integrated assessment that is formative, summative, and career long. Specifically, the following need to be accomplished:

1. Develop and adapt tools for assessment of competence and procedures to evaluate and document competencies in HSP (e.g., Competency Assessment Toolkit for Professional Psychology; IPEC competencies).

2. Identify promising practices in competence assessment for replication and empirical validation.

3. Develop a research agenda for creating and validating assessment tools and invite training programs and training councils to fulfill this agenda.

4. Identify funds to create a small grant system to support research activities to validate assessment tools and techniques.

5. Develop a website as a centralized resource for tools to implement assessment of competence at all levels including undergraduate, doctoral, internship, and postdoctoral.

**Recommendation 5. The integration of science and practice requires health service psychologists to implement evidence-based procedures, utilize a sophisticated degree of scientific mindedness, and do more than “consume” research findings.**

### **Rationale**

Psychology is a STEM (science, technology, engineering, and math) discipline. As a result, the practice of psychology is scientifically based, and science is not merely one aspect of a continuum from science to practice. A crucial component of health service psychology, science must be part of all education and training. The growth of integrated primary care and patient-centered “medical homes” as settings where health service psychologist work and provide leadership supports the increased need to integrate science and practice. Psychologists who are health service providers need to learn the skills necessary to conduct research and evaluate the applicability of research to clinical practice. The development of models of clinical training has unintentionally dichotomized the field into those programs that train for research careers and those programs that train for practice, with the majority of programs falling somewhere in between. Given that career trajectories often include both research and practice, and that the relative emphasis on each of these may change over a person’s career, there needs to be a better articulation of how the integration of science and practice is fostered and how it is demonstrated in education and training.

Stokes (1997) suggested that the dichotomy of applied versus basic research be abandoned; rather, he described a 2 × 2 method of conceptualizing science that was in part inspired by the work of Louis Pasteur. Figure 2 borrows heavily from Stokes’s conceptualizations. Although science has always formed the basis of practice, differing career paths meant that clinical, counseling, and school psychologists were trained in a wide range of research

**Figure 2**  
*Conceptualizations of Research by Purpose (Based on Stokes, 1997)*

		Knowledge	
		Research is designed to search for new understanding	Research is designed to apply existing knowledge
Applicability	Research is aimed at a practical problem	A	B
	Research is pure science, with no clear application in mind	C	D

modalities. Many programs expect their graduates to be competent in the more “traditional” methods to generate new knowledge, regardless of whether those methods are designed primarily to increase our understanding of the world (C in Figure 2) or primarily to solve practical problems (A); education and training in these areas will likely not change. However, HSPEC believes that all professional psychologists providing health care services, regardless of career path, need to be able to conduct research that applies existing knowledge to solve practical problems (B). Activities such as conducting program evaluations, evaluating the efficacy of interventions, and quality improvement interventions in one’s practice require psychologists to be more than mere consumers of research. Rather, the integration of science and practice must produce health service psychologists capable of both asking and answering questions in an evidence-based, scientific manner.

**Action Steps**

1. Promote promising practices in the integration of science and practice by collecting examples, and create an accessible database with regard to

- bodies of knowledge within psychology,
- the interface of psychological science with other disciplines,
- psychological science in the practice of psychology, and
- practice-informed science.

2. Develop a measurable, articulated definition of the integration of science and practice that can be disseminated to training programs.

3. Assist the field in further articulation of competencies in research related to this area. This may involve work with the Evidence-Based Behavioral Practice Council. As a starting point, the kinds of knowledge and skills that health service psychologists should demonstrate include the ability to<sup>4</sup>

- identify strengths and weaknesses of different kinds of research evidence for answering different kinds of health and behavioral health questions,
- understand methodologies used in synthesizing research evidence,
- evaluate the quality and strength of evidence in systematic reviews or practice guidelines,
- evaluate the quality and strength of primary research evidence using available critical appraisal tools that assess study design and/or study execution,
- evaluate the applicability of the evidence for a particular individual or population, and
- identify deficiencies in existing behavioral evidence that suggest needed research.

**Recommendation 6. Psychology needs to engage in self-regulation for the education and training of health service psychologists by adopting a national standard of accreditation.**

**Rationale**

A hallmark of a mature, autonomous profession is that it is self-regulating via a recognized quality assurance mechanism. Psychology is the only discipline within the major health professions that does not require those who are preparing for careers in health service delivery to be trained in programs accredited by the discipline. A standard of accreditation would diminish the influence of external bodies on setting education and training requirements for the profession. Accreditation assures quality and confidence in the profession itself and facilitates access to funding for education and training. Many employers already require training in APA-accredited programs. In psychology, the APA Commission on Accreditation is the only body recognized by the U.S. Department of Education to accredit programs that prepare students for professional practice.

Historically, concern about the internship imbalance has hindered efforts to accept accreditation as the quality assurance mechanism for professional psychology education and training programs. The imbalance itself is a complex, multifaceted problem being addressed on multiple fronts, as described in Grus et al. (2011). In addition, in August 2012 APA allocated up to \$3 million to facilitate the more than 200 internships that are not yet accredited to become accredited. Research by Berry (2012) demonstrated that financial constraints have been seen as barriers by these programs, which these APA funds could help surmount. Although there are multiple efforts to mitigate loss of internship positions through moving in this direction, HSPEC believes that the benefits to the field of a self-regulation process that ensures quality and ongoing review outweigh the potential for a loss of internship positions. Psychology does not need a two-tiered system of training; students in unaccredited programs are not assured

<sup>4</sup> Borrowed from Council for Training in Evidence-Based Behavioral Practice (2008) and APA Presidential Task Force on Evidence-Based Practice (2006).

that due process procedures exist, nor are they eligible for employment in many settings, including the U.S. Department of Veterans Affairs, the largest employer of psychologists. The proposed changes for universal self-regulation in professional education and training for health service psychologists are designed to influence current and future training. New expectations are not intended to apply to those already in the pipeline or those already licensed.

### **Action Steps**

1. Promote policies that require APA or Canadian Psychological Association (CPA) accreditation of doctoral and internship programs for entry to practice in the United States and Canada.

2. Continue to encourage the APA Commission on Accreditation to implement a time-limited “provisional” or “candidacy” accreditation status to support innovation and emerging programs and to facilitate accreditation of doctoral programs and internships prior to admission of students.

3. Collaborate with ASPPB, state licensing boards, and state psychological associations to promote a single standard of accreditation of HSP programs at the doctoral and internship levels for licensure for independent practice.

4. Enhance funding resources to increase the number of accredited internships, such as advocacy for the Graduate Psychology Education Program and access to other funds for the health professions workforce.

5. Collaborate with the APA Practice Organization (APAPO) and state psychological associations to address funding limitations and reimbursement issues within each individual state.

6. Develop a mechanism to coordinate the action steps already initiated, as well as a process for ongoing quality assessment of education and training in health service psychology.

**Recommendation 7. Psychology needs more research relevant to the preparation and roles of health service psychologists and must have an ongoing, comprehensive workforce analysis.**

### **Rationale**

Psychology has not established a culture of examining professional workforce issues in a systematic way to inform the education, training, and practice communities. As a health service profession, psychology lags behind medicine, pharmacy, and nursing in tracking workforce data that inform health care policy and address national needs regarding the number of providers required, where they are needed, and the types of skills and training health service psychologists should have. Psychology does not have a comprehensive workforce analysis that considers supply, demand, societal needs, and contextual factors in the health care system. This kind of analysis is important to inform the education and training community and policymakers as well as to respond to federal inquiries and promote federal policy that can foster psychology in the public interest. The

absence of these data may constrain psychology’s participation in ongoing health care reform initiatives and its role as an active partner in health care.

HSPEC is alarmed and concerned that although the need for workforce analysis capacity was endorsed by the APA Council of Representatives in 2006, this capacity is not yet available, nor has any comprehensive study related to the HSP workforce been conducted.

### **Action Steps**

1. Conduct HSP workforce analyses that address the current workforce and related practice patterns, include an environmental scan of other health professions and societal needs, and provide workforce projections.

2. Establish a mechanism for ongoing, interactive communication among HSP education and training communities and the APA Center for Workforce Studies to address competencies/specific requirements in training and educational/curriculum changes needed to address these projected trends.

3. Continue to advocate for APA workforce analysis capacity.

4. Develop a dissemination network for communication of workforce analysis data to graduate programs in professional psychology, internship programs, and undergraduate psychology departments.

5. Collaborate with the Health Resources and Services Administration (HRSA) around health care workforce studies/initiatives.

6. Use workforce analysis data to advocate for psychology as a health profession.

### **Next Steps**

The stakeholders for carrying out this blueprint are no less than the discipline and profession itself. Although APA has supported the interorganizational Collaborative to date, there are many organizations and communities that must be integrally involved for change to occur. Some will be more or less involved depending upon the issues addressed. For example, as described in the action steps above, the following are needed for implementation:

**Recommendation 1.** The APA Commission on Accreditation will need to consider the document articulating HSP competencies (see Appendix) as a guide in the review of programs that have as a goal the preparation of health service psychologists. Historically, the Commission has used consensus documents as a guide for evaluating education and training models in professional psychology. As competency models become increasingly important, nationally developed documents articulating expected competencies will be as integral to the review process.

**Recommendation 2.** The Collaborative believes that a working group informed by the field but composed primarily of COGDOP, the doctoral training councils, the Association of Psychology Postdoctoral and Internship Centers (APPIC), the American Psychological Association of Graduate Students (APAGS), APA, and the Association for Psychological Science (APS) needs to develop the mechanism for reaching consensus on guidelines

for entry and advanced placement in graduate education that would be recognized by the APA Commission on Accreditation and licensing boards.

**Recommendation 5.** After developing a working definition of “integration of science and practice” in the summit described below, the entire education and training community should participate in this endeavor, with the APA BEA taking the lead to establish a website for accessibility to resources.

**Recommendation 6.** Adoption of a single standard of accreditation for eligibility for licensure as a health service psychologist will require a collaborative approach between the APA Education and Practice Directorates and a concerted effort by state licensing boards, state psychological associations, and APA state advocacy components. In addition, the Commission on Accreditation will need to make further progress in developing a process for provisional accreditation for doctoral programs similar to the one implemented for internships and postdoctoral residencies in January 2013. HSPEC recommends that APA develop a roadmap for achieving this goal that can be shared with the relevant organizations who would be encouraged to commit to this endeavor.

**Recommendation 7.** APA governance will need to make a sustained commitment to build the workforce analysis capacity within APA, and APA will need to continue to collaborate with other groups on related projects (e.g., training councils, ASPPB, HRSA).

HSPEC believes that a national summit will be essential to address Recommendations 3, 4, and 5. Although the Collaborative has articulated the competencies to be achieved in preparing health service psychologists, such a summit would be charged with developing consensus about competencies and best practices in evaluation for each level in the sequence of education and training as well as with examining the sequence itself. Another component would be the development of a working definition of “integration of science and practice,” including recommendations for what needs to be included in training for evidence-based psychological practice, program evaluation, and practice-based quality improvement efforts.

This summit is conceptualized as involving representatives from each identified community of interest, with an emphasis on a size manageable for decision-making purposes. It could be preceded by working groups to develop position papers in relevant areas. The lead on such an endeavor could be taken by a unified group or several groups; HSPEC is also willing to move this forward as a planning group.

With respect to long-term considerations, HSPEC continues to be both appreciative and concerned about the wide range of perspectives and lack of consensus in professional psychology education and training. HSPEC firmly believes that the field needs a mechanism for a periodic review of the preparation of health service psychologists and the progress made toward addressing the recommendations in this blueprint. As an interorganizational collaborative, HSPEC has worked together on these issues for over two years and recommends that it

expand its membership to include representatives from APA/APAPO, CCTC, COGDOP, APS, and APAGS in the future. HSPEC also recommends that it be convened every five years to conduct reviews regarding the education and training of health service psychologists for the discipline and profession.

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(Appendix follows)

# Appendix

## Health Service Psychology: Preparing Competent Practitioners

Advances in psychological science have moved the part of professional psychology that provides health care services from a primary focus on mental health problems to a focus on being a health profession in which mental health remains an important area of practice but in which practice is construed much more broadly across the health care spectrum. This changing face of professional psychology requires a clear articulation of what constitutes broad and general training for its providers of health care services. Our increased understanding of health and disease in all areas has highlighted the need for an approach to education and training that focuses on biological, psychological, social, and cultural aspects of health and behavior regardless of whether one proceeds to practice with traditional mental health populations or in other areas of health.

Although a biopsychosocial focus has been foundational in many graduate programs, other programs must evolve from a primarily psychosocial focus to a biopsychosocial focus in terms of the substantive knowledge base if psychologists are to provide appropriate health care services, including assessment, screening, psychotherapy, counseling, diagnosis, treatment, prevention, remediation, consultation, and supervision.

Despite the definitions of health service providers that exist in American Psychological Association (APA) policy (APA, 1996, 2011b) and the various models of education and training used in programs that graduate psychologists who provide health care services, there has been no clear statement of the core learning outcomes expected of all programs that have as a goal the preparation of health service psychologists (HSPs).<sup>A1</sup> Although useful, the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (APA, 2009) were designed to be generic for all of professional psychology and not specific to programs that prepare psychologists for the provision of health care services.

This document describes the competencies expected from education and training programs preparing psychologists for the provision of health care services regardless of work setting or health or mental health problem being addressed. The initial draft was available for public comment from December 20, 2011, until May 4, 2012, and was circulated to graduate department chairs (via the Council of Graduate Departments of Psychology electronic mailing list) and all training councils of the Council of Chairs of Training Councils. It was on the agendas of the midwinter meetings of the education and training organizations and on the March 2012 cross-cutting agenda for APA boards and committees. The Health Service Psychology Education

Collaborative (HSPEC) reviewed all comments, made revisions, and developed this final document in July 2012.

The delineation of the core competencies for health service psychologists demonstrates the discipline's commitment to accountability in higher education and to the various publics served, including students, employers, and consumers of services. It also informs policymakers about the distinctive competencies psychologists bring to health care practice and affirms psychologists' readiness for practice in the health care system of the 21st century. HSPEC acknowledges the wide implications of this work given that a significant proportion of professional psychology education and training is related to preparation to provide health care services. HSPEC also notes the following:

- These competencies are intended to describe the goals of education and training for preparation of health service psychologists in general and are not specific to locations of practice, such as primary care settings, or to practice specialties, such as clinical health psychology, that may require additional competencies.<sup>A2</sup>
- The HSP competencies are described in a manner based on the cluster system adopted in the 2011 professional psychology competency benchmarks model (Hatcher et al., 2011).<sup>A3</sup>
- Specific courses and training experiences are not described, as each doctoral program or internship is expected to develop its own curriculum to promote attainment of the competencies noted.

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<sup>A1</sup> There have been a number of national cross-disciplinary efforts to articulate core competencies for all health professionals (Institute of Medicine, 2003; Interprofessional Education Collaborative [IPEC] Expert Panel, 2011).

<sup>A2</sup> As examples, relevant work in specific areas of practice include APA guidelines for practice with older adults (APA, 2004); practice with lesbian, gay, and bisexual clients (APA, 2012c); evaluation of dementia and age-related cognitive change (APA, 2012b); and assessment of and intervention with persons with disabilities (APA, 2012a). Examples of work in broader areas include competencies for clinical health psychology as described in France et al. (2008) and the guidelines developed by the Inter-organizational Task Force on Cognitive and Behavioral Psychology Doctoral Education (Klepac et al., 2012) that were adopted by the Association of Behavioral and Cognitive Therapy in 2012.

<sup>A3</sup> There has been considerable consensus within the Council of Chairs of Training Councils in collaboration with BEA regarding competencies to be expected from graduate education and training in *professional* psychology, but these competencies are not specific to health care psychology. See Fouad et al. (2009).

(Appendix continues)

- As in previous documents, the term “patient” is used “to refer to the child, adolescent, adult, older adult, couple, family, group, organization, community, or other population receiving psychological services in health care delivery systems. However, we recognize that in many situations there are important and valid reasons for using such terms as ‘client’ or ‘person’ in place of patient’ to describe the recipient of services” (APA, 2011a, p. 4).
- Peer review through a recognized quality assurance mechanism to ensure that professional standards have been met is essential to a mature profession. Psychologists trained to provide health care services should complete APA/Canadian Psychological Association (CPA)-accredited doctoral programs and APA/CPA-accredited internship programs.
- There needs to be increased focus on competency assessment in graduate education for health service psychology.
- Because knowledge evolves over time, psychologists already in the field may not have had the specific background training required to enter today’s health care environment; however, many of them gain the necessary knowledge and develop additional skills through continuing professional development. HSPEC recognizes the importance of grandparenting for any related credentialing system.

## Health Service Psychology Competencies

### I. SCIENCE

#### A. Scientific Knowledge and Methods

Be knowledgeable about the biological, cognitive, affective, social, and life span developmental bases of behavior; be able to critically evaluate relevant literature and apply that knowledge in practice.

Be knowledgeable about psychological research methods and techniques of data collection and analysis and apply that knowledge in practice.

Be knowledgeable about psychological clinical research findings fundamental to the provision of health care services and apply that knowledge in practice.

Be knowledgeable about current information technology and apply that knowledge in practice.

Be familiar with research on how biological, psychological, social, cultural, and economic factors affect health and behavior, disease, treatment outcomes, and wellness and with how to apply that knowledge in practice.

**Commentary.** HSPs must have a firm grounding in psychological science and statistics, but this is not sufficient. They also need to have a basic familiarity with knowledge from other disciplines such as anatomy, physiology, genetics, pharmacology, anthropology, sociology,

and economics. This is not to intended to train “mini physicians” or “mini pharmacists,” but to prepare psychologists to be able to appropriately assess and treat problems in their areas of expertise as well as ensure whole person care in collaboration with other health professions, including when to refer. This knowledge base is fundamental to the biopsychosocial model of care, although psychologists’ strengths will remain in the psychological/behavioral aspects and their interactions with other components.

#### B. Research/Evaluation

Critically evaluate relevant health and behavior research related to populations to be served.

Conduct research that contributes to the scientific and professional knowledge base or evaluates the effectiveness of various professional activities in health care and health promotion.

Use research skills for program development and evaluation as well as for quality improvement related to health care services.

Be familiar with health research methods.

**Commentary.** Cross-cutting themes of research relevant to HSPs are related to outcomes assessment, treatment efficacy/effectiveness, patient satisfaction, and quality improvement methods. HSPs must be more than consumers of research; they must have skills in conducting practice-based research relevant to quality improvement efforts. They must also understand human subjects and consent issues related to health research.

## II. PROFESSIONALISM

#### A. Professional Values and Attitudes

Behave in ways that reflect the values and attitudes of psychology, including integrity, accountability, lifelong learning, and concern for the welfare of others.

Value principles of safe, effective, patient-centered, timely, and equitable care and use them as guidelines for health care practice.

Value and communicate to the public and other health professionals one’s identity as a psychologist.

Value collaboration with other health professions and team-based care.

**Commentary.** The values of safe, effective, patient-centered, timely, equitable, and collaborative care are central to a reformed health care system to serve the public welfare. They must be clearly modeled and communicated in graduate education in psychology.

#### B. Individual and Cultural Diversity

Exhibit awareness, sensitivity, and skills to work professionally with diverse individuals, groups, and communities that represent various cultural and personal backgrounds and characteristics defined broadly and consistent with relevant APA practice guidelines.

(Appendix continues)

Be knowledgeable about the literature on diversity factors and health disparities and apply that knowledge in practice.

Exhibit awareness, sensitivity, and skills to work with diverse individuals across the health professions.

**Commentary.** In addition to guidelines developed for multicultural education, training, practice, and research (APA, 2003), there have been numerous guidelines developed related to services for different populations (some of which are noted in Footnote A2). HSPs need to be aware of the diversity of health belief models and attitudes toward care held by patients and health care providers and to have skills in collaborating with relevant others, including linguistic, visual, and hearing interpreters, in providing services. Knowledge of health disparities particularly as it applies to vulnerable populations is important.

### **C. Ethical and Legal Standards and Policy**

Abide by the current version of the APA *Ethical Principles of Psychologists and Code of Conduct*<sup>A4</sup> and engage in ethical decision making in collaboration with others.

Be knowledgeable about the professional standards associated with health care practice.

Be knowledgeable about and adhere to the local, state, and federal laws governing health care practice.

Be knowledgeable about health care policies that are relevant to health care systems and the delivery of services.

**Commentary.** There are distinctive ethical and legal issues that arise in health care related to issues such as confidentiality, teamwork, interdisciplinary business partnerships, telehealth, malpractice risks, safety, and so forth. HSPs also must understand the wide variety of national and local policies that impact the delivery of services, such as credentialing, insurance and billing, use of electronic medical records, and policy development.

### **D. Reflective Practice/Self-Assessment/Self-Care**

Engage in reflective practice conducted with personal and professional self-awareness, including attention to one's health behaviors and well-being and their potential impact on practice.

Conduct self-assessments designed to continuously improve health services offered.

**Commentary.** HSPs need to be aware of how their own health behaviors and well-being may impact services offered and need to engage in regular self-assessments designed to improve services offered.

## **III. RELATIONAL: Interpersonal Skills and Communication**

Relate effectively and professionally with patients, colleagues, and communities.

Relate effectively with professionals from other disciplines and demonstrate competence in interprofessional collaborative practice.

Communicate clearly and appropriately in written and oral form with patients, colleagues, other health professionals, and the public.

**Commentary.** The delivery of services is predicated on the ability to form effective working and therapeutic relationships. The more specific core competencies for interprofessional collaborative practice are listed in Section VI.A of these competencies and described more fully in *Core Competencies for Interprofessional Collaborative Practice* (IPEC Expert Panel, 2011). Health care settings can provide distinctive challenges, such as time constraints for feedback to referral source, and require an understanding of the culture within which services are provided.

## **IV. APPLICATIONS**

### **A. Evidence-Based Practice**

Engage in evidence-based practice that integrates “the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Presidential Task Force on Evidence-Based Practice, 2006, p. 273.).

Incorporate local population-based information and relevant research findings in the provision of health care services.

**Commentary.** Evidence-based practice is essential to all health care services and has been described more fully with respect to psychology (APA Presidential Task Force on Evidence-Based Practice, 2006). HSPs need to know the evidence base for the most common psychological practices to treat health problems. Also, HSPs need to know how to incorporate local population-based information in their services.

### **B. Assessment**

Conduct assessments of psychological and behavioral components of physical and mental health to diagnose problems and assess strengths as a basis for planning prevention, treatment, or rehabilitation.

Use an assessment approach model that includes attention to biological, psychological, social, life span, and cultural components of health.

Provide assessments grounded in the science of measurement and psychometrics and the clinical research related to the assessment of health, behavior, and psychosocial aspects of physical conditions.

<sup>A4</sup> At the time of this writing, the version is APA *Ethical Principles of Psychologists and Code of Conduct* (APA, 2010).

(Appendix continues)

Communicate findings from psychological assessments in language appropriate for the patient, family, and health care professionals.

Be able to conceptualize cases integrating common medical, dental, and other health findings, including their potential impact on assessment and interpretation of psychological data for populations to be served.

**Commentary.** Psychological assessments include measures of cognitive, behavioral, affective, and interpersonal functioning as well as health belief models. HSPs address the full range of health problems, including substance abuse and mental health disorders, acute illness and chronic disease, psychological conditions that manifest somatically, organic conditions that manifest psychologically, behavioral risk factors for illness, psychological adjustment to health conditions, and psychological effects of medications. HSPs need to understand the relevance of common health care measures (e.g., blood pressure, laboratory assays, radiological studies) and know how to quickly access information about other health assessments. Information required will vary depending on disorders assessed, such as eating disorders, anxiety, or vascular dementia. HSPs must be able to appropriately tailor their communications to the health care setting and patients served, for example, to a mental health setting versus a primary care setting.

### **C. Intervention**

Provide evidence-based psychological approaches in the prevention, treatment, and rehabilitation of common health, mental health, and developmental problems.

Be knowledgeable about theories, models, and effective practice in psychotherapy.

Monitor a patient's response to delivered interventions and modify as needed.

Educate patients, families, caregivers, and communities about health and behavior to facilitate behavior change, including promotion and prevention.

Seek consultation and refer to other health care professionals for problems outside one's training and experience.

Provide health promotion services in individual, group, and community settings.

Be knowledgeable about effectiveness and costs of psychological treatment options appropriate to the particular clinical context.

Be familiar with common medical, dental, and other health treatments, as well as complementary and alternative treatments, and their sequelae for the populations to be served.

**Commentary.** Although HSPs cannot be competent in every form of psychological intervention, they must be competent in a variety of the most commonly used ones, be skilled in monitoring progress, and know when to seek

consultation, including with other psychologists. They must be aware of how other health care interventions (including common over-the-counter and prescription medications) and sociocultural factors can impact the patient and services provided.

### **D. Consultation**

Provide consultative psychological services to patients and their families, other health care professionals, and systems related to health and behavior.

**Commentary.** HSPs are familiar with evidence-based consulting skills and methods. HSPs often help other providers manage the psychological and behavioral components of presenting problems. They develop competencies in delivering patient- and situation-specific consultation for health care enhancement targeted at the individual, group, intergroup, and organizational levels. This requires skills in interprofessional functioning and can present distinctive issues with regard to confidentiality, communication, and multiple relationships. HSPs also foster effective relationships among providers, patients, and others.

## **V. EDUCATION**

### **A. Teaching**

Provide training and supervision to psychology trainees and to other health professionals in relevant health care services.

Provide training in the application of psychological science to the delivery of health care services and the improvement of the health care system.

**Commentary.** As the scientific knowledge base related to behavior and health has increased, so has the need for its inclusion in the curricula of other health professions.

### **B. Supervision**

Be knowledgeable about theories, models, and effective practices in supervision.

Apply this knowledge to the supervision of direct service delivery by psychology trainees, trainees from other health professions, and, as appropriate, to the supervision of services provided by other health care professionals.

**Commentary.** Supervision is a required competency for HSPs and is currently the focus of a number of groups working to articulate the competencies and guidelines for effective supervision. As the health care system focuses on practice at the highest level of training, HSPs are increasingly called upon to supervise other professions in the delivery of services, including nondoctoral behavioral health providers. HSPs need to know professional credentials, licensure, and ethical standards across health professions in order to select appropriate supervisors in health services settings. Competence in supervision includes knowledge, collaborative skills, and attitudes.

*(Appendix continues)*

## VI. SYSTEMS

### A. Interdisciplinary/Interprofessional Systems

Be knowledgeable about the core competencies for interprofessional practice, including values/ethics across professions as well as those for interprofessional practice, roles/responsibilities, interprofessional communication, and teams/teamwork. Apply that knowledge in collaborative practice.

Be knowledgeable about the outcomes literature associated with the delivery of services by health care teams.

Use health informatics, including electronic health records, to communicate with other health professionals and patients as appropriate.

Be familiar with various types of health care systems and service delivery models and their implications for practice.

**Commentary.** The *Core Competencies for Interprofessional Collaborative Practice* (IPEC Expert Panel, 2011) detail the skills required for teamwork and effective interdisciplinary functioning. It is also important to note that there are distinctive issues that vary by type of setting (e.g., mental health, primary care, tertiary, inpatient, outpatient, rehabilitation, dental, independent practice, institutional practice, school, justice) and type of delivery system (e.g., capitated, fee-for-service). Although it would not be expected that at entry to practice, HSPs are fully competent in all systems, they need familiarity with the range of possibilities and competence in the self-assessment and lifelong learning skills required to work in any health care setting. HSPs also need to be aware of evolving models in health care. (For example, in 2012 the concepts of “patient centered medical home” and “accountable care organization” have currency.)

### B. Professional Leadership Development

Appreciate the role of a psychologist as an autonomous, knowledgeable team member and leader in health care.

Be familiar with professional roles in management and administration of health care research, services, and systems and be prepared for further leadership development.

**Commentary.** HSPs often provide leadership in team management, administration, conflict resolution, and bringing psychosocial issues to the forefront in health care services. Identifying areas for further leadership development is an important aspect of professional preparation.

### C. Advocacy (Local, State, and National)

Advocate for psychology’s role as a science and a profession in health care.

Advocate for research that contributes to the evidence base to support practice and for evidence-based practice.

Advocate for quality health care at the individual, institutional, community, and systems levels in public and private sectors.

Advocate for equity and access to quality health care services for patients.

**Commentary.** Although an important component, advocacy is not confined to legislative activities. It also includes advocacy for patients’ rights, equity in health care services, and quality of care.

### Summary

A clear statement of competencies to be obtained through education and training is essential given the need for psychologists to be competent to work in 21st-century health care systems, the increased demands for accountability in higher education, and psychology’s commitment to advance quality education and training. This statement of competencies serves to inform

- the public and policymakers so as to promote understanding of the distinctive features of psychologists’ knowledge and skills that prepare them for participation in the health care system,
- the expectations of prospective employers about the knowledge and skills of psychologists providing health care services,
- education and training programs in their assessment of goals and design of curricula,
- prospective students in their review of program offerings in the context of anticipated career paths, and
- the APA Commission on Accreditation, which may use national consensus criteria in establishing its policy and review processes.

Compared to current guidelines for the accreditation of education and training in professional psychology, the competencies for health service psychologists articulated here have an increased focus on basic biological, psychological, and social knowledge of health and disease as relevant to problems addressed. They require practice-based research skills (including quality improvement methods and outcomes measurement), as neither skills in basic research nor training as a consumer of research, while important, is seen as sufficient. They require competence in interprofessional collaborative practice and skills in teaching/supervision with other health professions. They specifically incorporate the values of safe, effective, patient-centered, timely, and equitable care and highlight the need for understanding of health policy and relevant health care delivery systems. They also bring attention to issues of leadership and advocacy for future roles of health service psychologists.

This document has significant implications for both education and training programs and current practitioners who wish to update their skills for better integration in health care delivery systems. The Collaborative welcomes a dialogue about implementation from the field. More specifically, this work is being provided to the participating organizations of HSPEC as part of its blueprint for the future (HSPEC, 2012), to the multiple education and training organizations in psychology, and to the APA Commission on Accreditation for determination of next steps.