Council of Specialties in Professional Psychology

Virtual Quarterly Meeting Minutes

May 22, 2021

12 noon – 1:30 pm EST

Executive Session

1. Karen Farrell recognized the excellent work of Toni Minniti, Scott Sperling, and others for work on public materials regarding the Taxonomy.
2. The CoS approved an honorarium of $1500 for Scott Sperling for his extensive work on providing feedback to SCs on their taxonomies.

Open Session

1. Julia Phillips, Secretary, completed the roll call.
   1. Present: Karen Farrell, President/Clinical Psychology; Robin C. Hilsabeck, President-Elect/Clinical Neuropsychology; Richard J. Seime, Past President; Victor Molinari, Treasurer; Julia Phillips, Secretary/Counseling Psychology; Linda Carter Sobell, Behavioral and Cognitive Psychology; Michael Roberts, Clinical Child Psychology; Lloyd Berg, Clinical Health Psychology; Michelle Mlinac, Geropsychology; John M. Watkins, Psychoanalysis; Michele J. Rusin, Rehabilitation Psychology; Carlen Henington, School Psychology; Shirley M. Glynn, Serious Mental Illness Psychology; Danielle Rynczak, Forensic Psychology;
   2. Liaisons who were present included Scott Sperling, APA CECP; Adeirdre Stribling Riley, CRSSP; Alex Siegel, ASPPB; and Jeff Baker, APPIC;
   3. Absent: Don Townsend, Sleep Psychology; Sally Barlow, Group & Group Psychotherapy; Representative TBD, Couple and Family Psychology; Jennifer C. Kelly, Police & Public Safety Psychology; Matt Zimmerman, APPIC; David Cox, ABPP.
2. CoS voted unanimously to accept the minutes from 2/20/21.
3. Karen Farrell shared that CoS voted unanimously to provide honorarium of $1500 to Scott Sperling for his extensive work on providing feedback to Specialty Councils on their taxonomies.
4. CoS members shared information regarding their taxonomies.
   1. Robin Hilsabeck noted that Scott Sperling provided excellent support to Clinical Neuropsychology (CN). She noted that examples are a new requirement for the taxonomies and that Scott Sperling is co-author of an article regarding the new taxonomies that focuses on examples for the different levels of the taxonomies. The link to the article is here: <https://www.tandfonline.com/doi/abs/10.1080/13854046.2017.1314017?journalCode=ntcn20&>. CN used a smaller work group for initial revisions and will send the draft to the full CN Specialty Council in the near future for review and/or approval (current draft follows the minutes).
   2. Lloyd Berg shared the process for Clinical Health Psychology (CHP) to revise their taxonomy. The full Specialty Council met to discuss the taxonomy. Then, Rick Seime and Ron Rozensky worked on revising the language of the taxonomy. They also sent it to two stakeholders for feedback and the plan is to send it to more stakeholders to share with their groups (e.g., CHPDIP, SCP Health Psychology Section Board, APAHC, and others) for feedback and review. He shared his screen with CHP’s Taxonomy with CoS. The language of “greater than or equal to” and “less than” was used to clarify requirements. Rick Seime also shared the importance of clarifying the lower limits for each level – it should not be zero. He also emphasized the importance of using superscripts/footnotes to elaborate on the taxonomies. Scott Sperling suggested that Specialty Councils do not need to include the common definitions across all specialties, just the specialty specific definitions. Michele Rusin commented that the taxonomies will be very helpful to students and Victor indicated that the “truth in advertising” goal is primary. At some point, we will identify how individuals can use the taxonomies to describe their own experiences. Lloyd Berg asked a question regarding what level of inclusion should be provided in the taxonomy and Rick Seime indicated that Specialty Councils can include more information than less and then they may get feedback to make it more concise. Jeff Baker reported that APPIC Directory now uses these terms and that 1% in an internship would equal 20 hours in a given training year. At end of CHP’s taxonomy, there are also examples of how programs can describe themselves at different stages of training. (current draft of CHP’s Taxonomy follows the CN Taxonomy draft following the minutes).
   3. CN and CHP sent their documents to CoS in zoom’s chat feature. These documents will serve as models of “in draft” taxonomies. The sharing of their taxonomies was highlighted as very helpful for those Specialty Councils that are still earlier in the process. It was emphasized that having more similarities in the style is important. Julia Phillips has included the two drafts with the minutes.
   4. Karen Farrell indicated that the timeline for revisions is the end of August and the final approvals will be done at the November meeting. Thus, it will be essential for SCs to do the revisions in the next three months.
   5. Karen Farrell also reminded SC members to use the resources on the CRSSPP and COSPP websites. The EC is also available for consultation. Links include <https://www.apa.org/ed/graduate/specialize/understanding-taxonomy> and [www.cospp.org](http://www.cospp.org)
5. Discussed CoS providing public comment regarding IR C-9 P—Specialty Postdoctoral Competencies. Rick indicated that CoS provided public comments in two earlier rounds about specialty councils. Shirley Glynn indicated that CoA reviewed the Serious Mental Illness competencies and there was a long time lag to get feedback i.e., 15 months. As a result, she expressed concern about the length of time moving forward. It was noted that CoA reviews programs at two of their annual meetings (which constitutes a very high workload) and that the postdoctoral competencies are only heard once per year during their policy-focused meeting. Rick Seime shared that CoS previously advocated that the Specialty should specify what the competencies are, rather than CoA specifying them. Shirley Glynn also expressed a concern that the more expansive Specialty Council Training Guidelines for Serious Mental Illness are not fully reflected in the more limited CoA competencies and that training programs will focus on the CoA competencies rather than the Training Guidelines. Robin Hilsabeck shared that CN also has concerns about a competency being omitted from the CoA competencies. CN believe this competency, which is related to functional assessment, is critical. CN had given feedback twice to CoA regarding this concern, and that they will request it be added in to the CoA competencies again. Rick Seime indicated that he would like clarity regarding if CoS should write a public comment, especially because it is due by June 1, 2021. Robin Hilsabeck indicated that perhaps CoS can provide a brief comment. Toni Minniti suggested that a small group be convened to draft a CoS public comment. Rick Seime, Shirley Glynn, Victor Molinari, and Danielle Rynczak volunteered to draft a comment and it will be then sent to the full CoS for feedback. Link to public comment is: <https://apps.apa.org/accredcomment/>
6. Michele Rusin brought up a concern from Rehabilitation Psychology about the use of the MOCA for dementia screening. It is free, but one needs to go through a $125 training program to use the latest MOCA. However, neuropsychologists are exempted from the training. APA Division 22 is writing to request an exemption for rehabilitation psychologists, as well. Victor Molinari indicated that this issue is indicative of a broader issue that needs to be dealt with by CoS – the reality that there are overlapping competency areas between various specialties. It will be a large initiative for CoS in the future and CoS should take it up after the revisions of the taxonomies are approved. Michele Rusin shared other concerns related to the MOCA, as well. Robin Hilsabeck indicated that the Alzheimer’s Association has an alternative training that is valuable. Robin Hilsabeck indicated that CN has no problem with other specialized psychologists using the MOCA, assuming it is within their realm of competencies. Alex Siegel indicated that having clarity regarding the overlap of competencies will be very helpful for the regulatory community. A link to a video on how to administer the MOCA is here: <https://www.youtube.com/watch?v=wo7n19KMveuU>
7. Meeting was adjourned at 1:27 pm.

Respectfully submitted, Julia C. Phillips, Secretary

Draft approved by Executive Council, pending approval by full CoS

**Common Definitions and Criteria Across All Recognized Specialties**

* Broad and general training forms the core of education and training in health service psychology. Programs are accredited by the APA-CoA or Canadian Psychological Association. Programs integrate the broad and general training with those educational and training activities related to recognized specialties as determined by the specialty and described in a specialty taxonomy. In addition, each specialty will have education and training guidelines consistent with its specialty area. Specialty training may be acquired at the doctoral, doctoral internship, postdoctoral, or post-licensure stages as defined by the specialty.
* By definition, postdoctoral education and training is a Major Area of Study in a specialty recognized by the Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP) and requires that 80% or more of time be spent in the specialty area. At the postdoctoral training stage, as per above, it is recognized that training in the Major Area of Study will be consistent with the education and training guidelines set forth by the specialty*.*
* A course is typically defined as 3 semester-credit hours (or equivalent) in a health service psychology training program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA).
* A practicum is typically defined as the equivalent of one academic year (e.g., 9 months, in semester or quarter systems) consisting of supervised training for at least 8 hours per week, or its equivalent, with at least 50% of time in the provision of clinical services.
* Consistent with what is described in CoA *Standards of Accreditation*, supervision should be provided by persons with competencies in the specialty demonstrated by appropriate training, credentials, and qualifications for training in the specialty as defined by the specialty.
* Additional training experiences can also include, but are not limited to, research experiences, lab meetings, brown bags, lecture/colloquia series, and grand rounds, as defined by the specialty.
* For definitions of continuing education (CE) and continuing professional development (CPD) see the APA [Quality Professional Development and Continuing Education Resolution](https://www.apa.org/about/policy/improving-quality). A continuing education (CE) course is defined as an organized program by the American Psychological Association or Canadian Psychological Association, a State Psychological Association, or other major provider of CE (e.g., Society of Behavioral Medicine).

\* Taxonomy; [www.apa.org/ed/graduate/specialize/taxonomy.pdf](http://www.apa.org/ed/graduate/specialize/taxonomy.pdf)

1Regarding all levels of training, guidelines for specialty education and training in clinical neuropsychology are specified in the Houston Conference Guidelines, Hannay, JH, Bieliauskas, LA, Crosson, BA, Hammeke, TA, Hammsher, K. deS., & Koffler, SP. (1998). Proceedings of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology, Archives of Clinical Neuropsychology, 13, 157-250.

**Examples of Program Descriptors for Each Stage of Training2**

Doctoral2

The internship program at X University is accredited by the APA and offers a *Major Area of Study* in Clinical Neuropsychology. Students in this training program will be required to enroll in at least three neuropsychology courses covering the foundations of brain behavior relationships and practice of clinical neuropsychology, and will complete a dissertation in the area of neuropsychology. Within the Department of Psychology, there is additional didactic training in specific areas of clinical neuropsychology in which the neuropsychology students will take part. Clinical training will include at least two clinical neuropsychology practica, with at least 50% of each being dedicated to the provision of clinical neuropsychology services to various patient populations.

Internship2

Our APA-accredited internship program offers an *Experience* in Clinical Neuropsychology, with 25% of the intern’s time dedicated to training in clinical neuropsychology. In addition to clinical training, the program offers didactic experiences focused in the area of neuropsychology. Alternatively, should an intern elect, our program offers an *Exposure* in Clinical Neuropsychology, which includes the option of participating in the aforementioned didactics and/or supervised clinical training in neuropsychology for 10% of the training year.

Postdoctoral residency

The X University Neuropsychology Postdoctoral Residency program offers two *Major Areas of Study*, Adult Neuropsychology and Pediatric Neuropsychology. This program is designed to conform to guidelines set forth by the INS-APA Division 40 Task Force and the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. Therefore, the program is a 2-year, full-time program with specified requirements in clinical application, research, and didactic programming. This 2-year residency is intended to be the final neuropsychology training experience that will prepare residents for independent practice in neuropsychology and eventual board certification in clinical neuropsychology through the American Board of Professional Psychology.

Post- licensure training

Our online educational program provides an *Exposure* to clinical neuropsychology through our offering of APA-approved continuing education (CE) courses in Neuropsychology of Epilepsy and Epilepsy Surgery (16 CE credits) and Behavioral and Cognitive Neurology (24 CE credits).

2Example taken from Sperling, SA, Cimino, CR, Stricker, NH, Heffelfinger, AK, Gess, JL, Osborn, KE, & Roper, BL (2017). Taxonomy for Education and Training in Clinical Neuropsychology: past, present, and future, The Clinical Neuropsychologist, 31:5, 817-828, DOI: 10.1080/13854046.2017.1314017.

\*\*The term ***“focus”***should be used to describe opportunities in areas of training which ***are not recognized specialties***. Training programs should strive to provide explicit explanations of the type of training provided in these non-specialty areas.

**Common Definitions and Criteria Across All Recognized Specialties**

**Clarifications to help recognized specialties use the APA-Taxonomy\* in a consistent manner**

* Broad and general training forms the core of education and training in health service psychology at the doctoral and internship level. Programs are accredited by the APA-CoA or Canadian Psychological Association. Programs integrate the broad and general training with those educational and training activities related to recognized specialties as determined by the Specialty and described in a Specialty Taxonomy Grid. In addition, each specialty will have education and training guidelines consistent with its Specialty area. Specialty training may be acquired at the doctoral, doctoral internship, postdoctoral, or post-licensure stages as defined by the Specialty.

* A course is typically defined as 3 semester-credit hours (or equivalent) in a health service psychology training program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA).
* A practicum is typically defined as the equivalent of one academic year (e.g., 9 months, in semester or quarter systems) consisting of supervised training for at least 8 hours per week, or its equivalent, with at least 50% of time in the provision of clinical services.
* Consistent with what is described in CoA *Standards of Accreditation*, supervision should be provided by persons with competencies in the specialty demonstrated by appropriate training, credentials, and qualifications for training in the specialty as defined by the specialty. Supervisors with board certification (for example, ABPP) in the recognized Specialty would help assure peer reviewed clinical competencies.
* Additional training experiences can also include, but are not limited to, research experiences, lab meetings, brown bags, lecture/colloquia series, and grand rounds, as defined by the specialty and within the definition of accreditation as noted by CoA.
* By definition, postdoctoral education and training is a Major Area of Study in a specialty recognized by the Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP) and requires that at least 80% or more of time be spent in the specialty area. At the postdoctoral training stage, as per above, it is recognized that training in the Major Area of Study will be consistent with the education and training guidelines set forth by the specialty*.* Emphasis and Experience levels of intensity are not applicable to a postdoctoral specialty residency program within that specialty. Recognized Specialties can suggest training opportunities at exposure level for post docs engaged in other Major Areas of Study in a recognized specialty
* When formulating its taxonomy, each recognized specialty should utilize definitions of continuing education (CE) and continuing professional development (CPD) as provided by the APA [Quality Professional Development and Continuing Education Resolution](https://www.apa.org/about/policy/improving-quality). A continuing education (CE) course is defined as an organized program by the American Psychological Association or Canadian Psychological Association, a State Psychological Association, or other major provider of CE (e.g., Society of Behavioral Medicine).

\* Taxonomy; [www.apa.org/ed/graduate/specialize/taxonomy.pdf](http://www.apa.org/ed/graduate/specialize/taxonomy.pdf)

**Specialty Specific Definitions and Criteria**

Note: Use superscripts in Taxonomy grid to reference footnotes in this section which expand upon or clarify Taxonomy grid entries.

1 Clinical Health Psychology course: Must have content congruent with *Clinical Health Psychology 2018 Education and Training Guidelines* (available on Council of Specialties in Professional Psychology website [https://cospp.org/education-and-training-guidelines-1](https://www.cospp.org/education-and-training-guidelines-1)).

2 Clinical Health Psychology practicum: Must include at least 50% of clinical service delivery with *health-related issues* of patient, family members, and/or *interprofessional* care teams.

3 Clinical Health Psychology dissertation or research project: Includes empirical research, extended case studies, literature critiques and analyses, or capstone projects.

4 Clinical Health Psychology supervised experience: Must include at least 50% of clinical service delivery to clinical health psychology patients, family members, and/or interprofessional care teams (e.g., assessment, treatment, consultation). The remainder of supervised experience can include seminar attendance, readings, research, provision of clinical supervision, teaching, program development and evaluation, and/or administration.

5 Primary supervisors of clinical health psychology supervised experience should have training, qualifications, or credentials (i.e., ABPP) as clinical health psychologists.

6 Clinical Health Psychology supervised practice: At least 50% of clinical service delivery to clinical health psychology patients, family members, and/or interprofessional care teams (e.g., assessment, treatment, consultation).

7 Primary supervisors of clinical health psychology supervised Post-licensure practice should have training, qualifications, or credentials (i.e., ABPP) as clinical health psychologists.

**Examples of Program Descriptors for Stages of Training in Clinical Health Psychology**

Doctoral Program

In our APA accredited doctoral program in Health Service Psychology at Our University we offer a Major Area of Study in Clinical Health Psychology with at least two courses and two supervised clinical practica in that Major Area of Study. The Major Area of Study must include a dissertation or research project within Clinical Health Psychology. We offer students an Exposure to Clinical Neuropsychology with one course in that area and an Experience in Clinical Child Psychology with two courses and two semesters of supervised practicum in that area. We offer a Focus in cardiac psychology as part of our advanced practicum wherein an advanced assessment course and two additional practica semesters are available on the cardiac care unit.

Doctoral Internship Program

Our internship program in Health Service Psychology is accredited by the APA-Commission on Accreditation and offers a Major Area of Study in Clinical Health Psychology at Our Health Science Center. At least 50% of trainee time will be devoted to supervised experience in clinical health psychology with direct patient assessment and treatment activities and consultation services. We also provide an Experience involving up to 25% supervised time in family-oriented treatment of medically ill patients and their families. There is an optional Experience in Clinical Neuropsychology at our Clinic. This Experience would involve up to 25% of supervised time working with neurology patients. Our internship also offers a focus on psychooncology service provision as part of the >50% time required in the Major area of Study.

Postdoctoral Residency Program

The Clinical Health Psychology Postdoctoral Program at Our Health Science Center is accredited by APA-Commission on Accreditation. With the Major Area of the postdoctoral program being in Clinical Health Psychology, at least 80% of the postdoctoral resident’s time will be clinical health psychology supervised experience. Within the required 80% time in the Major Area of Study in CHP, residents will have >50% of clinical service delivery time devoted to clinical health psychology patients, family members, and/or interprofessional care teams (e.g., assessment, treatment, consultation). Our program provides an opportunity for a resident to focus on integrated primary care, psychooncology, obesity, or pain rehabilitation as part of their required 80% time in the Major Area of Study. Our program requires 2 research products (i.e., peer-reviewed publication and paper/poster presentation at national/international meeting) by the completion of the two-year postdoctoral program. Residents have opportunity for optional Exposure in Geropsychology with up to 10% of time of supervised experience in the Geropsychology Clinic.

Post-Licensure Training Programs

Our Health Service Psychology Training Institute is an APA approved sponsor of psychology continuing education. Our course, Clinical Health Psychology in Primary and Tertiary Health Care, provides 50 hours of CE and 480 hours of supervised practice following the course. Supervision is provided on a monthly basis via Skype with an experienced clinical health psychologist mentor. This program is consistent with Emphasis level training in clinical health psychology as described in the Clinical Health Psychology Specialty Taxonomy Grid.