3. If specialty training occurs at the postdoctoral level, describe:

a. Any doctoral level prerequisites beyond an APA-accredited degree in professional psychology.

b. Required coursework and other experiences in the postdoctoral residency.

In general, training in clinical health psychology occurs at all levels, pre-doctoral, internship, and postdoctoral. The paradigmatic sequence of training consists of either: (a) completing a postdoctoral fellowship in health psychology, after finishing more generic training in one of the professional psychology areas (i.e., clinical, counseling, school), or (b) completing a clinical health psychology track or emphasis in a professional psychology program, matching to and finishing an internship that provides clearly articulated clinical health psychology training, and receiving one year of postdoctoral supervision in clinical health psychology. If a postdoctoral fellow enters a fellowship from a more generic program, it is expected that the individual will receive didactic instruction and education that would cover the areas knowledge fundamental to the specialty that have already been described.

4. Describe how students in this specialty are evaluated. How is competency measured? Please include samples of evaluation tools.

Students are evaluated in two major domains---research and practice. In the area of research, evaluation is typically done by a master's thesis or dissertation committee that reviews the student's proposal and final product and determines if it meets professional standards for research. In the area of practice, students are typically evaluated by their supervisors using any of a number of ratings scales, portfolios, or other methods. Examples of the types of instruments used to evaluate student and trainees at all levels are provides in Appendices F, G, H and I, with two examples from the doctoral level and two from the post-doctoral/internship level.

Criterion VI. Advanced Preparation in the Parameters of Practice. A specialty requires the advanced didactic and experiential preparation that provides the basis for services with respect to the essential parameters of practice. The parameters to be considered include:

> a) populations,
>
> b) psychological, biological, and/or social problems, and c) procedures and techniques. These parameters should be described in the context of the range of settings or organizational arrangements in which practice occurs. If the specialty training occurs at both the doctoral and postdoctoral levels, please list the levels of preparation separately.

1. Describe the advanced didactic and experiential preparation for specialty practice in each of the following parameters of practice:

Clinical health psychology focuses on the relationship between behavior and physical health. Patients with physical problems often have psychological reactions that can affect

the illness, physical problems can present as if they were solely psychological issues, and some physical problems are successfully treated by psychological interventions; in addition, many illnesses are caused or exacerbated by lifestyle concerns (e.g., smoking, poor diet, lack of exercise), and interventions for these issues are typically behavioral. Because clinical health psychologists are trained in the biological, social, affective, cognitive, and psychological aspects of physical health and illness, they are able to assess, treat, conduct research, and design programs related to the prevention, treatment and rehabilitation of disease, as well as the promotion of health. Educational programs are usually based in universities, medical schools, or hospitals, and are typically housed in a clinical psychology program with an emphasis or track in health psychology or behavioral medicine.

Collins, Callahan, and Klonoff (2007) described what they referred to as the —Stairway Model of training. This model rests on a first step foundation of trainee characteristics, which includes personal aspects of the trainees plus his/her goals and expectations. The next step is the doctoral program, which includes experiences (courses, practica, and research), circumstances (populations and settings), and processes (including the trainee's mentor and supervisors). The final step in this model is the internship, which should prepare the individual for entry level practice. Collins et al (2007) ask the important question, —*what training experiences, under which set of circumstances, are most effective in developing competencies within a particular intern with specific goals and via what processes* (p. 268). Kerns, Berry, Frantsve, and Linton (2009) attempted to address this question in their discussion of the developmental sequence of competency development in clinical health psychology, some of which is described below.

a. <u>populations</u> (target groups, other specifications):

As noted earlier, the populations served by health psychologists include any individual of any age with a disease that could be prevented, treated, or rehabilitated through the use of psychological techniques or procedures. The primary focus is in on problems that present as physical complaints as opposed to issues that are restricted to emotional or mental health. Health psychologists deal with modifiable lifestyle behaviors such as smoking, poor diet, lack of exercise, drug and alcohol abuse, and coping with stress. Thus, at all levels of training, clinical health psychologists must have supervised experience working directly in a medical setting, alongside other health professionals. This includes working with a broad range of patients of all ages, seen in settings that include academic health science centers and associated teaching hospitals, community hospitals and clinics, rehabilitation settings, military hospitals, VA hospitals, schools, medical and surgical private practices, dental clinics, nursing facilities, and pediatric hospitals. Health psychologists provide treatment for chronic pain, medication and therapy side effects (e.g. nausea and vomiting associated with cancer chemotherapy), failure to adhere to treatment regimens, preparation for stressful medical procedures (e.g., bone marrow aspirations), stress-related diseases and disorders, and an array of movement and other problems (e.g., Tourette's syndrome). They facilitate primary, secondary, and tertiary prevention efforts in a variety of medical areas, including but not limited to cardiovascular disease, diabetes, cancer, HIV/AIDS, and gynecological problems.

b. problems (psychological, biological, and/or social (including symptoms, problems behaviors, prevention, etc):

As described by Kerns et al (2009), by the end of an internship that has a health psychology focus, trainees should have:

- Solidified the general foundational competencies so that they are prepared for entry to practice as a professional psychologist;
- Begun the development of unique health foundational competencies;
- The skills to engage in reflective practice self-assessment (i.e., awareness of practicing within the boundaries of one's competences, displaying a commitment to lifelong learning and scholarship, the use of critical thinking skills, and a dedication to the continued development of the profession);
- Basic knowledge of physical health issues and the place of these issues in the larger social context and health system;
- Be able to incorporate the best available evidence related to clinical health psychology practice while simultaneously considering individual and cultural differences;
- Developed an awareness of and had some exposure to interdisciplinary collaboration, including an understanding of the importance of patient-practitioner relationships; and
- A fundamental understanding of the complex ethical-legal standards that may be unique to the health care setting and system.

These skills should be developed through experience, modeling, and supervision, with supervised postdoctoral experience being the time for more focused development. The final step in demonstrating competence should be specialty board certification as a clinical health psychologist through ABPP.

c. procedures and techniques (for assessment, diagnosis, intervention, prevention, etc.):

Procedures and techniques required of clinical health psychologists have been described above. Kerns et al. (2009) described the unique health psychology training provided at the post-doctoral level when they wrote:

> *Perhaps the most important difference with internship training is the prospect that postdoctoral residency training in clinical health psychology not only seeks to develop foundational and functional competencies, but it also challenges postdoctoral trainees to become increasingly independent in their professional identities and careers. At the postdoctoral level, trainees may be encouraged to take important steps toward development of advanced practice skills in serving particular populations and treating specific health problems (e.g., chronic pain, overweight/obesity, cardiovascular disease). They may be supported in their efforts to develop the skills necessary to succeed as independent investigators and to begin to develop a research agenda. They may become involved in program development and/or health policy initiatives as a pathway to careers as clinical health psychologists. The opportunity and challenges of being on the cusp of greater control of one's professional destiny is especially central during postdoctoral residency training. (p. 214)*

To that end, the Commission on Accreditation now accredits post-doctoral training programs in clinical health psychology.

References

Kerns, R. D., Berry, S., Frantsve, L. M. E. & Linton, J. C. (2009). Life-long competency development in clinical health psychology. *Training and Education in Professional Psychology, 3*, 212-217.

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