

Criterion V. Advanced Scientific and Theoretical Preparation. In addition to a shared core of knowledge, skills and attitudes required of all practitioners, a specialty requires advanced, specialty-specific scientific knowledge.

Commentary: Petitions demonstrate how advanced scientific and theoretical knowledge is acquired and how the basic preparation is extended.

1. Specialty education and training may occur at the doctoral (including internship), postdoctoral or post-licensure levels. State the level of training of the proposed specialty.

Specialty education and training in clinical health psychology begins at the doctoral level, continues with experiential training during internship, and is most often completed during postdoctoral training. The foundation of general professional psychology skills/competencies is laid during doctoral training; this is typically augmented by specific academic coursework and some practicum experiences related to health. Noting that doctoral programs provide differing levels of intensity in training specific to clinical health psychology, Larkin (2009) characterized pre-doctoral training in health psychology as either "embedded" or "exclusive." More recently, the terminology used to describe levels of training was standardized by the publication and dissemination of the *Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Services Specialties* (adopted as policy by APA in 2012; APA, 2012; Rozensky, Grus, Nutt, Carlson, Eisman, & Nelson, 2015). The taxonomy describes four levels of training in specialty areas ranging from *Exposure* to *Experience* to *Emphasis* to *Major Area of Study*. Didactic, research, and clinical training experiences in the specialty area have been articulated across doctoral, doctoral internship, postdoctoral, and post-licensure training programs in clinical health psychology (see Appendix IV).

Although all accredited doctoral programs in health service psychology must ensure coverage of discipline-specific knowledge and acquisition of profession-wide skills/competencies that are required in the *Standards of Accreditation for Health Service Psychology*, programs differ in the breadth and depth of specialty-specific training activities. For instance, many doctoral programs offer specialty training at the *Exposure* or *Experience* level (e.g., one course in health psychology and/or one clinical health psychology practicum). In these types of programs, the *Exposure* or *Experience* level of training specific to clinical health psychology is not sufficient for acquiring the full set of skills/competencies required for entry into practice as a clinical health psychologist. For trainees completing these programs, supplemental courses are needed to provide basic introduction to the medical and public health issues that are considered an essential part of clinical health psychology. Not all faculty in these types of programs have training in health psychology. By contrast, programs that offer an *Emphasis* or a *Major Area of Study* in clinical health psychology provide a "structured, in-depth opportunity for knowledge acquisition, practical experience, and scientific study in our given specialty area."

Regardless of the sequence or level of coverage of specialty training at any given time point, by completion of training, it is expected that entry level clinical health psychologists will share a common set of core skills/competencies in the specialty. These competencies exist in harmony with the broader set of profession-wide competencies for health service psychology, as developed by the Health Service Psychology Education Collaborative (HSPEC) and subsequently adopted by the Commission on Accreditation for doctoral programs in health service psychology (APA, 2015; HSPEC, 2013; Larkin & Klonoff, 2014).

2. Training at the doctoral level is assumed to be primarily broad and general. If specialty training occurs in whole or in part at the doctoral level, describe that training. If there is specialty specific scientific knowledge that is typically integrated with aspects of the broad and general

psych curriculum (e.g., biological bases of behavior, cognitive-affective bases of behavior, individual bases of behavior, ethics (science and practice) rather than taught as a freestanding course or clinical experience, specify how this integration occurs.

The balance of training in broad and general skills/competencies and specialty-specific skills/competencies at the doctoral program depends upon the level of training the program espouses to employ. For example, programs that provide *Exposure* or *Experience* in clinical health psychology will consist of content primarily covering broad and general skills/competencies (i.e., discipline-specific knowledge and profession-wide competencies), whereas programs that provide an *Emphasis* or *Major Area of Study* cover much more content in the specialty area. Regardless of level of education and training opportunities in the specialty in the doctoral training program, all doctoral programs ensure the acquisition of broad and general skills/competencies of health service psychology.

3. If specialty training occurs in full or in part during a formal postdoctoral program describe the required education and training and other experiences during the postdoctoral residency. Are there any doctoral level prerequisites beyond an APA-accredited degree in professional psychology required for postdoctoral training?

In general, training in clinical health psychology occurs at all levels, doctoral, internship, and postdoctoral. The paradigmatic sequence of training consists of either:

(A) Completing a health service psychology program in a major area of training (i.e., clinical, counseling, school), completing a doctoral internship with some degree of emphasis in clinical health psychology, and completing a postdoctoral residency/fellowship in clinical health psychology; or

(B) Completing a health service psychology program with an Emphasis or Major Area of Study in clinical health psychology, completing a doctoral internship that provides clearly articulated clinical health psychology training, and receiving one year of postdoctoral supervision in clinical health psychology.

If a postdoctoral fellow completed previous training in a doctoral program without clinical health psychology training elements, it is expected that the individual will receive didactic instruction and education that would cover the areas of knowledge fundamental to the specialty that have already been described. Regardless of training sequence, by the conclusion of postdoctoral training, entry-level clinical health psychologists are expected to possess a set of core skills/competencies in the specialty. Postdoctoral fellowships seeking accreditation as clinical health psychology training programs must demonstrate that residents have achieved these skills/competencies upon completion.

Postdoctoral-level competencies in clinical health psychology have been described in several publications, notably Larkin and Klonoff's (2014) *Specialty Competencies in Clinical Health Psychology*, and have recently been adopted as standards for evaluating accredited postdoctoral programs in the specialty. A trainee evaluation form, based on these defined skills/competencies, can be found in Appendix V.

In March 2017, at the request of the APA Committee on Accreditation (CoA) to provide specialty-specific skills/competencies (i.e., SoA Level 3 competencies) for postdoctoral training programs, a 6-person Specialty Residency Competencies Task Force was convened by the Chair of the Clinical Health Psychology Specialty Council (R. Seime) to further define skills/competencies for entry level practice in clinical health psychology. As a starting point, the

task force reviewed previous work on clinical health psychology competencies (e.g., Larkin & Klonoff, 2014; Masters, France, & Thorn, 2009; Nicholas & Stern, 2011), and the work of the Interorganizational Workgroup on Competencies for Primary Care Psychology on Practice Competencies for Psychology Practice in Primary Care (McDaniel et al., 2014). The task force's initial draft was sent for comment to the Clinical Health Specialty Council, the Council of Clinical Health Psychology Training Programs board and member programs, and to directors of APA-accredited clinical health psychology postdoctoral programs. All comments were reviewed and most incorporated, along with additional input from task force members, into a finalized document forwarded to the Council of Specialties in Professional Psychology and sent to CoA in July 2017. Clinical health psychology skills/competencies and Level 3 competencies for other postdoctoral specialties recognized by CoA will have a period of public comment in 2018. They are as follows:

Clinical Health Psychology Postdoctoral Residency Competencies (current draft as submitted to the Commission on Accreditation; subject to further revision)

Integration of Science and Practice

- Understands and uses evidence-based approach to clinical health psychology practice that integrates the best available research, clinical expertise, and new and emerging health technologies.
- Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinical settings within which resident works.

Ethical and legal standards

- Acts in accord with hospital/medical center/organization bylaws, Credentialing, privileges, and staffing responsibilities (e.g., documentation, attendance at staff meetings, etc.) as they pertain to postdoctoral residents.
- Recognizes and manages ethical and legal issues that arise during clinical health psychology professional service, training, and research activities.
- Recognizes and manages conflicts when they arise between the ethical code for a clinical health psychologist (i.e., *APA Ethical Principles of Psychologists and Code of Conduct*) and ethical codes of other health care team members.

Individual and cultural diversity

- Demonstrates awareness of self and others, including patients and health care providers as cultural beings across a number of diversity-related characteristics.
- Develops effective and productive relationships with diverse individuals, families, and groups.
- Selects, implements, and monitors prevention, assessment, and intervention efforts based on knowledge of diversity-related characteristics, including health belief models and attitudes towards health and wellness.
- Accounts for the relations between environmental, social, health disparity, and cultural factors on the development and maintenance of health problems when assessing and treating health conditions or implementing prevention efforts.
- Pursues professional development, continuing education and multicultural experiences to enhance knowledge of individual and cultural diversity.

Research and/or Program Evaluation

- Applies scientific methods from psychology and related health disciplines to examine biopsychosocial processes as they relate to health promotion, illness prevention, or disease progression or maintenance.
- Analyzes data from a research or program evaluation project that evaluates the effectiveness or quality of clinical health psychology services within health care settings and communicates findings clearly.

Professional Values and Attitudes

- Demonstrates an emerging professional identity as a clinical health psychologist who understands unique contributions of clinical health psychology to health care.
- Demonstrates awareness of issues and challenges unique to working in health care settings and systems.
- Engages in ongoing self-assessment of competencies in clinical health professional activities.
- Applies scientific knowledge and skills in clinical health psychology to advocate for needs of individuals/groups across systems and to advocate for equity and access to quality care.

Management/Administration and Leadership

- Communicates effectively and develops productive relationships with peers, trainees, supervisors, other professionals, and members of the community.
- Able to develop or enhance a clinical health psychology practice, educational program, or program of research.
- Conducts the business of a health psychology practice, educational program, and/or research management using knowledge of the structure, regulation, and financing of the health care system.
- Demonstrates leadership within an interprofessional team or organization in the health care setting (e.g., coordinating data collection for an interdisciplinary research project, team leadership, leadership of a committee).

Assessment

- Selects and applies evidence-based biopsychosocial assessment methods appropriate for the patient's physical illness, injury, or chronic health condition/disability and collects relevant data using multiple sources and methods appropriate for identified presenting problems and assessment question.
- Conducts comprehensive biopsychosocial interviews; evaluates and incorporates objective biological and psychosocial findings related to physical health or illness, injury, or disability, to inform case conceptualization and recommendations.
- Communicates in accurate and effective oral and written documents assessment findings to patients and interprofessional healthcare team members.
- Assesses factors that facilitate or inhibit knowledge, values, attitudes, or behaviors affecting health functioning, treatment and treatment adherence and health care utilization of patients, and when applicable, populations.
- Assesses the biopsychosocial impact of undergoing medical procedures (e.g., screening, diagnostic, and intervention/prevention procedures).

Intervention

- Accesses, evaluates, utilizes, and integrates biopsychosocial information in designing and implementing treatment, disease management, health promotion, or prevention interventions; using new and emerging health technologies when applicable/available.
- Implements evidence-based biopsychosocial interventions to treat or prevent health

- and behavioral health-related issues of patients and, when applicable, populations.
- Evaluates, selects, and administers appropriate biopsychosocial assessments to monitor and evaluate the process and outcomes of treatment for patients and, when applicable, populations.
- Monitors adherence to medical treatment and psychological interventions and demonstrates skill in addressing health behaviors to improve adherence.

Teaching and Supervision

- Provides effective teaching activities for clinical health psychology concepts and practices or methods and procedures for health-related research to other health care professions (i.e., interprofessional education).
- Applies knowledge of supervision in the supervision of clinical health psychology skills, conceptualizations, and interventions for psychologists, psychology trainees, or behavioral health providers from other health professions.
- Provides feedback in a supervisory relationship that is direct, clear, timely, behaviorally anchored.

Consultation and Interprofessional/Interdisciplinary Skills

- Fulfills the roles and expectations of a clinical health psychologist and recognizes and demonstrates understanding of and respect for the roles and perspectives of interprofessional colleagues and teams in healthcare settings.
- Conceptualizes referral questions that incorporate understanding of the roles of patient, caregiver, other provider, and/or health system to answer the consultation questions effectively.
- Translates and clearly communicates relevant scientific findings as they bear on healthcare consultation/liaison questions.
- Engages interprofessional individuals and teams to increase the likelihood of appropriate early referrals to clinical health psychologists as opposed to “last resort” consultation.

4. If specialty training occurs in full or in part post-licensure, describe the required education and training during this training. Are there any doctoral level prerequisites beyond an APA-accredited degree in professional psychology required for post-licensure training?

Specialty training in clinical health psychology is received wholly or predominantly prior to licensure. However, generalist/health service psychology training is necessary but not sufficient for competence in the specialty; as noted by Larkin and Klonoff (2014), “most [health service psychologists] will not acquire the full range of skills needed for the competent practice of clinical health psychology.”

At present, there are no formal programs that prepare licensed psychologists to specialize in clinical health psychology. However, the process of board certification in clinical health psychology allows for a pathway that includes supervised practice and experience in the specialty and demonstration of specialty-specific skills/competencies, which may be developed through consultation, continuing education, and other mechanisms.

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