COMMISSION ON
ACCREDITATION (CoA)

Site Visitor Manual

Guidelines for the Review of Doctoral,
Doctoral Internship, & Post-Doctoral Residency Programs
under the *Standards of Accreditation* (SoA)

AMERICAN PSYCHOLOGICAL ASSOCIATION

American Psychological Association

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Foreword

When reviewing a program, the American Psychological Association Commission on Accreditation (CoA) employs a thorough and objective examination of all required elements of accreditation identified in the Standards of Accreditation (SoA). Elements of this examination include the self-study, the preliminary review of the self-study, the program's response to the preliminary review, the site visit report, and the program's response to the site visit report. The site visit allows for in-person observations of a program's compliance with the SoA. The site visit also focuses on features that are less tangible, including the physical and emotional environment of the program and the climate of the program and institution being visited. As the self-study report plays a crucial role in this examination, the accreditation site visitor is critical to the success of the accreditation process.

The role and responsibilities of a site visitor are described in this manual and in IR D. 3-3, *Role and Responsibilities of a Site Visitor*. In sum though, a site visitor serves to offer observational data about a program in regard to its adherence with the accreditation standards. It is essential that site visitors maintain objectivity and thereby function as neutral observers. It is important that every visitor understands the accreditation standards and uses the standards in their assessment and evaluation of a program. In addition, preparation for the visit, including completing a through reading of the self-study materials, as well as considering questions that should be asked on the visit and components that should be observed, become important. The questions that are raised during the preparation process should become a part of the site visit team's issues to clarify or address further during the visit.

This manual will assist you in preparation for service as a site visitor. On behalf of the American Psychological Association and the Office of Program Consultation and Accreditation, I extend my appreciation for your willingness to serve as an accreditation site visitor for the CoA. Serving as a site visitor is a responsibility that makes demands on your time and professional energy. Your willingness to do so denotes your personal and professional commitment as well to excellence in the quality of professional education and training in the field of psychology. Thank you for that commitment and for your voluntary service.

Sincerely,

Jacqueline Remondet Wall, PhD
Director, Office of Program Consultation and Accreditation
American Psychological Association

Section I

Overview of Accreditation Process

Accreditation is a voluntary internal (self-study) and external (CoA/site visit) evaluation in order to protect public interest, improve quality of and publicly recognize programs, and foster innovation in education and training.

Scope of Accreditation

The accreditation process is intended to promote consistent quality and excellence in education and training in health service psychology, as defined in Section I of the *Standards of Accreditation in Health Service Psychology* (SoA).

The scope of accreditation includes:

I.   **Doctoral** Training Programs in practice areas
   a.   Clinical, Counseling and School
   b.   Other Developed Practice Areas
   c.   Combinations of the above areas

II.   Doctoral **Internship** Programs in Health Service Psychology
   a.   10, 12, 24 Months

III.   **Post-Doctoral** Residencies in specialized and general fields of health service psychology.

For additional information related to general accreditation information, please visit:

accreditation.apa.org

The CoA
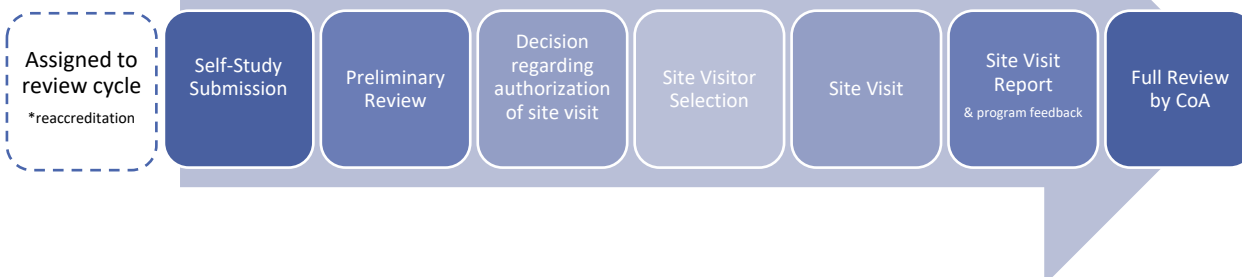
The Commission on Accreditation (CoA) consists of the following 32 appointed representatives:

Seats	Organization Type
1	Academy of Clinical Science
1	APS / BSA
1	BEA / NCSPP
2	Clinical Psychology / CUDCP
1	CoS
2	Counseling Psychology / CCPTP
2	General Public
4	Graduate Departments of Psychology / COGDOP
1	Graduate Students of Psychology / APAGS
1	Individual and cultural diversity
2	National Council of Schools and Programs of Professional Psychology
2	Open Seats
6	Postdoctoral and Internship Centers (3) APPIC, (2) Internships, and (1) Postdoctoral residencies
4	Professional Practice / BPA, CAPP
2	School Psychology / CDSPP

The structure of the Commission on Accreditation was created to ensure appropriate balance between academic institutions and programs, practitioners of the profession, and the publics served by accreditation.

The Accreditation Process
Periodic/Initial CoA Review

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Assigned to      Self-Study      Preliminary     Decision         Site Visitor    Site Visit      Site Visit      Full Review
review cycle      Submission      Review          regarding        Selection                       Report          by CoA
*reaccreditation                                  authorization                                    & program
                                                  of site visit                                    feedback
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Reaccreditation: Assignment to a Review Cycle

Each February, cycle email notifications go out to those programs that have a site visit scheduled for the following year. The cycle notification provides information about the site visit process and informs the program when the self-study is due. Applicant programs are not assigned a particular review cycle; however, they are encouraged to aim for one of the three self-study submission dates (January 1, May 1, September 1).

Self-Study Submission

The self-study process is a form of **internal** program evaluation. It is primarily intended to provide the program an opportunity to systematically review, describe, and evaluate its aims, competencies, training/curriculum, and outcomes (Standard II of the SoA*)*. The self-study also functions as an **external** program evaluation, by providing the CoA and site visitors with an opportunity to assess the degree to which a program's training/curriculum and outcomes are consistent with the Scope of Accreditation and the SoA.

Preliminary Review

Upon receipt, the self-study is reviewed by the Office of Program Consultation and Accreditation (OPCA) based on its completeness and responsiveness to the SoA. Requests for additional information may be identified. The review may also identify specific questions in need of careful examination during the site visit. These issues are communicated directly to

the program upon authorization of the site visit. This "preliminary review" is accessible to all members of the site visit team via the CoA Portal. The additional information or clarification requested at the preliminary review stage is a supplement to the existing information provided by the program and meant to ensure that the program's record is complete according to the SoA. The site visit and full review by the Commission will generate additional issues or questions.

Decision: Site Visit and Site Visitor Selection

Once a site visit has been authorized, the CoA selects a Chairperson for the program's site visit team and provides a list of potential site visit members and generalists (doctoral programs only) to the program. The program is responsible for coordinating and scheduling the visit with the site visit team. Additional information about site visitor selection is provided later in this manual.

Site Visit

Site visitors act as the "eyes and ears" of the Commission. The site visit report serves as a mechanism for verifying self-study information and providing perspective about program operation through direct observation.

Site Visit Report *and program feedback*

After the site visit, the site visit team submits a report to the CoA via the online CoA Portal and the program has an opportunity to review and comment on that

report. More information regarding navigation of the CoA Portal can be found in the Appendices section of this manual. After this process is complete, the program is placed on the CoA's next program review agenda.

Full Review by CoA

The CoA conducts program review three times a year (spring/summer/fall meetings). As noted in Implementing Regulation E.2-1(a), each program to be reviewed is assigned two readers who are independently responsible for preparing a presentation in advance of the CoA meeting based upon the self-study report, the preliminary review letter and program response, the site visit report and program response, as well as any other information provided by the program during the course of review. The presentation of each reader is made first to a review panel (one of the subsets of the CoA formed on an *ad hoc* basis for a particular CoA meeting); on the basis of that presentation, the review panel forms a recommendation to present to the entire CoA. The CoA awards accreditation to those programs judged to be in accordance with the SoA.

Important Accreditation Documents

❖ Accreditation Operating Procedures (AOP)

   Defines procedures CoA uses to review programs

❖ Standards of Accreditation (SoA)

   Defines standards required to be met by health service psychology programs

❖ CoA Policy Statements & Implementing Regulations (IRs)

   Provides elaboration regarding provisions of the SoA

Section II

Overview of the Site Visit Process

The Site Visit Process is an essential and unique step in the accreditation process. The site visit report supplies critical information about a program, verifies information contained in the self-study, and adds information about program operation that can only be obtained by direct observation. Since representatives of the program do not appear before the CoA, it is only the site visit team that has face-to-face contact with psychologists involved in the training program. Involvement in the site visit process begins with the inclusion of one's name on a list of potential site visitors and ends with the submission of the site visit report.

Site Visitor Selection

Being a site visitor involves the completion of a (re)training to become familiar with the *Standards of Accreditation* (SoA) for doctoral, doctoral internship, and postdoctoral programs in health service psychology.

The credentials of those completing such trainings determine the type of visitor each individual will be (i.e. Chair of site visit team, professional member of site visit team, or generalist of site visit team). Site visit Chairs are experienced site visitors who have participated in site visits as "professional members". Professional members are site visitors who have the education and training of health service psychologists. Generalist members are site visitors who have education and training in the general scientific basis of psychology. The CoA will select the Chair of the team for every program. In addition, doctoral programs will receive a list of potential professional members and generalist members for the team; internship and postdoctoral programs will receive a list of potential professional members for the team. The site visit team will be composed of representatives selected from the lists provided to the program.

Conflict of Interest

In preparing the list of visitors, CoA attempts to avoid the appearance of a conflict of interest with the program. This is necessary to maintain the credibility of the accreditation process. However, all relationships between individuals and programs cannot be known by the CoA and staff. The responsibility to identify any possible conflict, actual or apparent, lies equally with the program and the site visitors. Examples of possible conflicts of interest include:

❖ former employment at the program
❖ having been a former student at the program
❖ having a former student at the program
❖ close professional or personal relationship with a member of the staff at the program

See IR E.3-2 (Conflict of Interest Policy for Site Visitors) for more information.

Site Visitor Responsibilities

It is essential that the visitor maintain objectivity when conducting a visit. Professionally qualified site visitors supplement the specific data as well as verify features provided by the self-study report, (e.g., program climate).

To be effective, the visitor must be a neutral observer, concerned with the quality of the program in relation to the SoA. Site visitors are representatives of the CoA but are not decision makers. As such, site visitors should report to the CoA all pertinent information regarding the program's alignment with the SoA. Site visitors should recognize that this information remains confidential among the program, the site visitors, and the CoA. For this reason, site visitors

should state explicitly to all who are interviewed during a visit that what they are told may, at the discretion of the site visitors, be reported to the CoA, but will remain confidential with the CoA. Site visitors should <u>not</u> agree to withhold any information pertinent to the accreditation decision from the CoA. The site visitor's responsibility for the site visit usually terminates upon completion of the report; however, the CoA may request clarification of the site visitors prior to making its decision. Under no circumstances should a site visitor initiate any contact or respond to inquiries or correspondence from the visited program after completion of the visit. All such matters are to be referred to the CoA through the Office of Program Consultation and Accreditation.

Time Commitment

When contacted to schedule a site visit, site visitors need to assure they have adequate time in their calendar to complete the entire site visit, including the report. Keep in mind, the visit itself lasts <u>two full days</u> and all visitors are expected to remain for the duration of the visit. Additional time for the entire site visit process should also be factored into your decision, such as the time it will take to review the self-study report, travel time, the two-day site visit, and the generation of the final report. The time spent can vary, but minimally a site visitor should allot <u>five days</u> for the whole process.

Confidentiality Agreement

During the site visit, site visitors should not ask for, receive, or review individual patient/client records, including redacted records. The Site Visitor Confidentiality Agreement (see Appendices section of this manual) provides information regarding Protected Health Information (PHI) that is protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and under any applicable law or regulation. Please note that all site visitors will be asked to sign the confidentiality agreement prior to participating on a site visit.

Remaining Current on Issues of Accreditation

The Commission on Accreditation (CoA) recommends that all active site visitors periodically visit the accreditation webpage in order to remain up to date on accreditation policies and the site visit process. The site provides downloadable versions of the updated *Standards of Accreditation, Operating Procedures, and Implementing Regulations.* It is recommended that all active site visitors attend a training every 3-5 years. For a list of upcoming trainings visit:

accreditation.apa.org/upcoming-workshops

For additional information related to site visits and site visitors, review:

Section D.3 of the CoA *Implementing Regulations*

Site visitors are encouraged to contact the Office of Program Consultation and Accreditation as questions arise.

Section III

The Site Visit

Pre-Visit Preparations by Site Visitors

To prepare for a site visit, the visitor should become thoroughly familiar with the current *Standards of Accreditation* and the *Implementing Regulations*. Although visitors may disagree personally with aspects of the CoA policies, they should represent them faithfully during the visit and avoid idiosyncratic interpretations. In short, the reliability of the accreditation process depends on a consistent interpretation and application of the *Standards of Accreditation* by site visitors, the CoA, and all others concerned with accreditation.

Before a visit, each site visitor should review the self-study report in detail and should formulate questions to be asked of the program at the time of the visit. Further, visitors are requested to review the previous decision letter to ensure compliance with all points raised in this letter. Any questions should be shared with and discussed by the site visitors at a team meeting before the visit begins. The Chair of the visiting team should discuss the tentative schedule, travel plans, and local arrangements in advance with the program's visit coordinator. **Visits to programs require two full days**. Since any accreditation visit is a serious matter, visitors should not shorten the visit and must be available throughout the scheduled visit. Per Implementing Regulation D.3-2, site visit teams for doctoral programs will include a Chair and at least two other members; site visit teams for internship and postdoctoral residency programs will include a Chair and at least one other member.

Important Pre-Visit Reminders

- ❖ Visitors must access the self-study as soon as it is available and quickly review the faculty tables to ensure that no conflict(s) of interest exist. See IR E.3-2 (Conflict of Interest Policy for Site Visitors) for more information. If a potential conflict is identified, please call the accreditation office at 202-336-5979 immediately.

- ❖ Visitors should contact the accreditation office if they do not have access to the program's self-study four weeks prior to the scheduled site visit date.

- ❖ Each site visitor should review the self-study in detail and review both the preliminary review and previous decision letter.

- ❖ Visitors should touch base with fellow site visitors regarding the self-study, schedule, and travel plans. It is recommended that site visitors exchange cell phone numbers in case of changes/delays in travel plans.

- ❖ Visitors are asked not to schedule travel until receipt of a confirmation email from the Office of Program Consultation and Accreditation.

- ❖ Requests for rental cars or additional hotel nights must be pre-authorized by the office of Program Consultation and Accreditation (202-336-5979).

The Site Visit

Pre-Site Visit Planning Session

A successful site visit depends upon careful planning and sensitive collegial interaction. The Chair of the site visit team should discuss with the program director, in detail, the schedule arrangements for the visit well in advance of the visit. It is strongly recommended that members of the site visit team plan a discussion the evening before the formal visit begins. Each site visitor should arrive in time to participate in this meeting. Such a meeting should identify program, CoA, and/or site visitor concerns in need of additional information. It also provides an opportunity to discuss the need for possible adjustments in the site visit schedule. Scheduling changes should be identified as early as possible to allow the program adequate time to make necessary arrangements. This planning session should be used to allocate individual team member responsibilities including initial plans for preparation of the report. Additional meetings of this nature may be necessary over the course of the visit and should be scheduled as needed. Site visitors should not schedule any personal business until the end of the final day of the visit.

The pre-site visit planning session of the site visit team should therefore allow visitors to:
- ❖ share impressions of the program
- ❖ plan the division of labor
- ❖ review the planned schedule
- ❖ make initial plans for the site visit report

Interviews

When conducting interviews, site visitors are reminded to maintain objectivity and be neutral observers. Start by explaining your role as the "eyes and ears" of the CoA. Avoid providing expert consultation, being seen as an advocate for change, or giving prescriptive programmatic recommendations. Finally, never imply or guarantee an accreditation decision. **Fundamental topics to be discussed during interviews with members of a program can be found in the charts following this section.**

Program Director/Department Chair/Chief Psychologist

Following its own pre-site visit meeting, the site visit team will usually begin the site visit with an orientation discussion by the program's responsible administrative officers: the program director and the chair/chief psychologist of the department housing the program. This orientation session allows the team to see the training program as a whole. At this point, visitors can request additional information.

When conducting its meeting with the **program director**, the site visit team at a minimum should seek information about the following:
- ❖ an overview of the program
- ❖ strengths and weaknesses of the program, as related to the SoA
- ❖ long-range plans for the program
- ❖ faculty and student morale

- ❖ the program's philosophy; the method of faculty decision-making
- ❖ the method of delegation of responsibility
- ❖ matters unique to this program
- ❖ matters unique to the program director's role

When conducting an interview with the **departmental chair/chief psychologist**, the site visit team at a minimum should seek information about the following:

- ❖ the fit of the program within the overall department
- ❖ adequacy of resources provided to the program
- ❖ department investment in the program
- ❖ morale of faculty and students
- ❖ the administration stance toward the program
- ❖ the method of department decision making
- ❖ the commitment to cultural/individual diversity
- ❖ policies to promote professional/academic growth of the faculty

University/Institutional Administrators

When conducting interviews with university/agency administrators, the site visit team should seek to understand the program's place in the institution's master plan, the program's contribution to the mission of the institution, and how comfortable the administrators are with the resources consumed by the program. Finally, the visitors should seek information about proposed changes in the program, if any, that may be planned by the institutional administrators. Site visitors should seek information from **institutional administrators** about:

- ❖ the place of the program in the institution's master plan
- ❖ financial resources and problems
- ❖ the program's contribution to the mission of the institution
- ❖ planned changes, if any, for the program

Interviews with Faculty/Staff Members

The general purpose of the interview with faculty/staff is to get an accurate impression of each person's actual contribution (through teaching, supervision of clinical work and practica, or supervision of research) to the education of the graduate student/intern in health service psychology. The visitor must be careful to distinguish, when necessary, between the national reputation and professional status of faculty/staff and each individual's actual contributions to the program. It is important to allow faculty/staff to express their impression of the quality and nature of the program.

Interviews with faculty/staff members should be of reasonable length. The nature of the interview will vary with the number of faculty/staff and diversity of the program. Typically, major faculty/staff members are interviewed individually so that each person can describe his or her unique contribution as fully as possible. In some cases, meeting with more than one person or in a group format may be appropriate and acceptable. In the interview with each member of the program's **faculty/staff**, the visitor should obtain information about the following:

- ❖ the person's role in the program
- ❖ teaching load, courses/seminars taught and clinical responsibilities
- ❖ clinical supervisory load
- ❖ involvement in dissertation or research committees
- ❖ strengths and weaknesses of the program, as related to the SoA
- ❖ view of administrative leadership
- ❖ research productivity
- ❖ morale and satisfaction with position
- ❖ tenure/promotion issues
- ❖ program decision making
- ❖ questions unique to that person's vita
- ❖ their understanding of the program's processes and outcomes
- ❖ involvement in the self-study process

Students/Interns/Residents

At the outset of interviews with students/ interns/residents, the site visit team should acquaint them with the purposes and procedures of the site visit and the role played by site visitors in gathering information for the CoA. Students/interns/residents should be informed that their comments will be noted anonymously and that the site visit team is seeking their candid observations of the strengths and weaknesses of the program. The site visit team should make it clear that no program is expected to be without flaws. Students'/interns'/residents' anxieties are often eased if the visitors begin by asking the students to state, in turn, their year level, specialty area, research interest and activity to date, career plans, and why they chose this program. For internships, site visitors should find out the home university of each intern.

Students/interns/residents should be engaged in an open discussion of their understanding of the program's aims, content, and effectiveness. The visitors should note the degree to which students/interns/residents reflect and embody the assimilation of the stated aims and outcomes of their program. The visitors should determine how comfortably the students/interns/residents interact with each other and with faculty/staff, the extent to which they are challenged by the program, and what, if any, roles and functions students/interns/residents have in the governance of the program. The visitors should note specific satisfactions and dissatisfactions with courses, course loads, quality of teaching and research training, clinical experience and supervision, and congruence between their expectations and actual experiences with the program.

Finally, site visitors should be sensitive to the "conflict" students/interns/residents may have about the accreditation process. They may wish to be open and candid about program strengths and weaknesses yet may be reluctant to discuss issues that may jeopardize the program's accreditation or application for accreditation. When conducting interviews with **students/interns/residents**, the visitors should seek to obtain their perceptions of the following:

- ❖ program strengths and weaknesses
- ❖ their understanding of program's processes and outcomes
- ❖ morale and dignity
- ❖ student/intern familiarity with professional and ethical issues
- ❖ general satisfaction with the program
- ❖ opportunity for student interaction
- ❖ availability of faculty/staff
- ❖ program decision making and student input
- ❖ discrimination and sexual harassment issues

- ❖ faculty/staff support for research
- ❖ financial support
- ❖ finding a mentor
- ❖ integration of practicum experiences
- ❖ preparation for the internship and or entry into profession
- ❖ what they would change about the program/internship
- ❖ knowledge of program and institutional policies and procedure

Doctoral Programs

	Standard I	Standard II	Standard III	Standard IV	Standard V
PROGRAM DIRECTOR	• Adequacy of support • Policies and procedures • Annual feedback • Remediation procedures • Complaints	• How aims determined • Evaluation and outcome mechanisms • Coverage related to PWCs and DSK • Curriculum plan • Diversity education plan • Practicum and internship policies	• Student qualifications/ recruitment • Trends related to attrition • Diversity recruitment and retention	• Faculty recruitment • Diversity recruitment/retention • Faculty competence for courses assigned	• Availability and accuracy of program information • Process to update website
FACULTY	• Perceived adequacy of support • Policies and procedures • Annual feedback	• Role in program (courses taught, advising, supervision) • How involved in program evaluation and improvement • Knowledge and Involvement with diversity education plan	• Student qualifications/ recruitment • Handling grievances and remediation • Diversity recruitment and retention	• How maintain competence to teach coursework (and administration's support to do so)? • Time for research? • Involvement in diversity educational plan	• Availability and accuracy of program information
OTHER ADMINISTRATORS	• Knowledge and support of program • Complaint procedures and use • Support for diversity recruitment and education		• Student issues that have come to the administration's attention.	• Faculty issues that have come to administrator's attention • Support for diversity recruitment/retention	
STUDENTS	• Perceived adequacy of support/resources • Policies and Procedures	• Knowledge of competencies and evaluation methods • Adequacy of training, supervision, and advising • Diversity curriculum and experiences • How involved in program evaluation and improvement	• Climate • Diversity issues	• Faculty sufficiency and availability • Support for diverse students	• Awareness and accuracy of policies and program information • Is public information useful?

Doctoral Internship Programs

	Standard I	Standard II	Standard III	Standard IV	Standard V
PROGRAM DIRECTOR	• Adequacy of support • Policies and procedures • Annual feedback • Remediation procedures • Complaints	• How aims determined • Coverage related to PWCs • Coverage related to program-specific comp. • Diversity education plan • Ensure four hours of supervision • Evaluation and outcome mechanisms • Outcome data	• Intern qualifications/recruitment • Diversity recruitment and retention • Semiannual feedback/remediation	• Supervisor Sufficiency • Diversity recruitment/retention • Staff involvement in program planning/implementation	• Availability and accuracy of program information • Process to update website
SUPERVISORS	• Perceived adequacy of support • Policies and procedures • Annual feedback	• Role in program (didactics, supervision) • Knowledge and involvement with diversity education plan • How involved in program evaluation and improvement	• Intern qualifications/ recruitment • Handling grievances and remediation • Diversity recruitment and retention	• Perceived support from department and administration • involvement in program planning/implementation	• Availability and accuracy of program information
OTHER ADMINISTRATORS	• Knowledge and support of program • Complaint procedures and use • Support for diversity recruitment and education		• Intern issues that have come to the administration's attention.	• Staff issues that have come to administrator's attention • Support for diversity recruitment/retention	• Availability and accuracy of program information
INTERNS	• Perceived adequacy of support/resources • Policies and Procedures • Climate	• Knowledge of competencies and evaluation methods • Adequacy of training and supervision • Diversity training and experiences • How involved in program evaluation and improvement	• Diversity issues • Feedback	• Staff sufficiency and availability • Support for diverse interns	• Awareness and accuracy of policies and program information • Is public information useful?

Postdoctoral Residency Programs

	Standard I	Standard II	Standard III	Standard IV	Standard V
PROGRAM DIRECTOR	• Adequacy of support • Policies and procedures • Annual feedback • Remediation procedures • Complaints	• How aims determined • Coverage of advanced competencies in HSP (Level 1) • Coverage of competencies specific to area of focus or specialty (Level 2 & 3) • Diversity education plan • Ensure 2 hours individual supervision • Evaluation and outcome mechanisms • Outcome data	• Intern qualifications/recruitment • Diversity recruitment and retention • Semiannual feedback/remediation	• Supervisor Sufficiency • Diversity recruitment/retention • Staff involvement in program planning/implementation	• Availability and accuracy of program information • Process to update website
SUPERVISORS	• Perceived adequacy of support • Policies and procedures • Annual feedback	• Role in program (didactics, supervision) • Knowledge and involvement with diversity education plan • How involved in program evaluation and improvement	• Intern qualifications/ recruitment • Handling grievances and remediation • Diversity recruitment and retention	• Perceived support from department and administration • involvement in program planning/implementation	• Availability and accuracy of program information
OTHER ADMINISTRATORS	• Knowledge and support of program • Complaint procedures and use • Support for diversity recruitment and education		• Intern issues that have come to the administration's attention.	• Staff issues that have come to administrator's attention • Support for diversity recruitment/retention	• Availability and accuracy of program information
RESIDENTS	• Perceived adequacy of support/resources • Policies and Procedures • Climate	• Knowledge of competencies and evaluation methods • Adequacy of training and supervision • Diversity training and experiences • How involved in program evaluation and improvement	• Diversity issues • Feedback	• Staff sufficiency and availability • Support for diverse interns	• Awareness and accuracy of policies and program information • Is public information useful?

Wrapping Up

First Day

The site visit team should schedule time at the end of the first day of the visit to reflect and discuss their findings. Such a meeting allows the team to review and discuss the following:

- ❖ the data gathered
- ❖ initial impressions
- ❖ changes required in the next day's schedule
- ❖ plans for conducting the closing conference
- ❖ the timetable and assignments for writing the site visit report

Second Day

This is the time to address any issues/interviews that were not clarified on the first day of the visit. The visitors should leave enough time to work together to organize findings for the closing conference. Some teams use this meeting to do some of the initial writing of the site visit report. Please remember that the division of labor for the completion of the site visit report must be solidified prior to your departure from the site.

Closing Conference

The site visit ends with a closing conference. This session allows the site visit team to provide program representatives with feedback. The closing conference should include the program director and may include members of the faculty, staff, students/interns/residents, and administrators, at the discretion of the program.

The site visit team should decide at a private meeting which visitor(s) will chair the closing conference. The closing conference is usually chaired by the site visit team Chair, with observations provided by the other visitors as appropriate.

The presentation should be structured alongside the site visit report outline. Site visitors should present their perceptions of the program's strengths and weaknesses relative to the SoA, aims, and stated outcomes. Program representatives should use the closing conference as an opportunity to provide their interpretation of the facts, if their interpretation differs from that of the site visit team, and to correct any errors of fact. Program representatives should be reminded that they will gain access to the site visit report and be invited by the CoA to respond to the report through the CoA Portal.

The site may wish to record this meeting. If the site wishes to do so, it is the site's responsibility to: a) request the site visit team's approval; b) present and sign a consent form; and c) provide a copy of the recorded material to the site visit team.

Although the site visit team may comment on observed strengths and weaknesses of the program in relation to the SoA, team members are reminded that they **should not** make or imply a recommendation regarding the CoA's accreditation decision.

Important Site Visit Reminders

Visitors are expected to give full and objective attention to the work of the visit during their time with the program and institution. Always keep the following items in mind:

❖ Visitors must be prompt for meetings and interviews and must remain for the entire visit. Departure from the setting **should not** be scheduled prior to the close of business on the final day of the visit. Site visitors should plan to be on the site for **two full days** to ensure that all aspects of the site visit are completed.

❖ Socializing with program staff or students should be avoided. There may be situations in which some social contact is appropriate (e.g., a luncheon provided by the program), but this should be minimized. Programs genuinely enjoy planning social events for visitors; however, such events can diffuse the focus of the visit and take time away from necessary planning and review by site visitors. For that reason, social events should not be included on the schedule.

❖ Visitors should be available for **all** meetings with the site visit team and program staff.

❖ The program participants naturally will be eager to please the site visit team. Special care must be taken not to exploit this tendency by using the site visit as an opportunity for the development of personal relationships.

❖ Background material (material gathered by the visitors during the visit or material furnished thereafter at the request of the visitors) should be treated as **confidential** and regarded as program property. It should be shared only among team members and the CoA.

❖ Members of the team **should not** offer solutions to problems or program concerns.

❖ Members of the team **should not** imply criticism of persons or aspects of the program under study.

❖ Members of the team **should not** give the impression that any interview is pro-forma.

❖ The site is not to pay for any site visitor expenses (exceptions include a working lunch with trainees/students and/or staff/faculty/supervisors.)

Feel free to contact us at any time!

Office of Program Consultation and Accreditation

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Section IV

The Site Visit Report

The Site Visit Report

Writing Assignments

Prior to leaving the site, the site visitors should meet to discuss how the report will be composed. This time should be used to make writing assignments in the CoA Portal for all sections of each standard. It is also a good time to supply fellow team members with your general notes so that **all** members have an overview of the entire visit. The site visitors should agree upon a date for submission of their assigned report sections to the Chair. Completion of the report within **30 days** is **critical.** Since the CoA cannot perform its function without the report, delays in submitting the report jeopardize the entire accreditation process. It is strongly recommended that an initial draft of the report be created in the CoA Portal within two weeks. The Chair is ultimately responsible for reviewing the sections from each visitor and submitting the final report. A copy of the site visit schedule should always be uploaded to the "reports" section of the site visit report on the CoA Portal.

Writing the Report

A well-written site visit report is essential in providing a comprehensive evaluation of a program to the CoA to render an accreditation decision. Considerable care should be exercised in its preparation. Strong reports are concise, comprehensive, and focus exclusively on observations and data demonstrating the extent to which the program is consistent with the SoA. Moreover, solid reports utilize specific, observable examples of how the program demonstrates compliance with the SoA, as demonstrated in the self-study and during the site visit. In the report, the site visit team can refer to the self-study supplied by the program for information and statistical data that, if they seem to be accurate to the site visitors, need not be repeated in the report. For more information regarding qualities of a strong site visit report, refer to Appendix B.

The site visit report should include a comment on the adequacy and clarity of the information provided in all tables found in the self-study and should clearly describe the program in terms of its consistency with each of the standards of the SoA:

       I.   Institutional and Program Context
      II. Aims, Competencies, Curriculum/Training, and Outcomes
     III. Students/Interns/Program Residents
     IV. Faculty/Supervisor/Staff Leadership
     V. Communication Practices

Guidelines for the Site Visit Report

❖ Visitors should not leave the site visit until writing assignments have been agreed upon.

❖ Visitors should share copies of their 'rough' notes with each other prior to leaving the site to ensure that each member has the entire 'record' of the visit.

❖ Although the Chair is responsible for the final report, all members of the team should be aware of assignments in case of unexpected delays in the report preparation.

❖ The site visitors should agree upon a date for submission of the first draft to the Chair. **The final report must be submitted through the CoA Portal within 30 days of the visit.**

- ❖ In preparing the report, the site visitors may utilize the appropriate (doctoral, internship, or post-doctoral) Site Visit Report Preparation Sheet, which includes questions/comments to help guide visitors through writing the report. However, the final version of the report must be completed in and submitted through the CoA Portal.

- ❖ The report should not propose a "blueprint" for the program. This is particularly important for new programs. Such "blueprints" may change with subsequent site visitors. Consequently, programs feel they have complied with recommendations and are then surprised by requirements suggested by subsequent site visitors or the CoA.

- ❖ Once the report is submitted to the staff of the Office of Program Consultation and Accreditation, site visitors should not interact with the program (unless requested to do so by the CoA) until the accreditation decision is determined.

Site Visit Report Preparation Sheets

All site visit reports must be submitted in the online CoA Portal. The self-study is broken down into multiple sections based on the Standards of Accreditation (SoA). The final site visit report must include feedback for each of these sections. If the team would prefer to draft the report outside the system, Site Visit Report Preparation Sheets are available for use. These preparation sheets are Microsoft Word documents that include each section requiring site visitor feedback and mirror that of the site visit report piece of the CoA Portal. In addition, questions/comments have been incorporated to help guide visitors through writing the report. An electronic copy of the preparation sheets can be found on our webpage: https://accreditation.apa.org/current-site-visitors. Additionally, please review Section V of this manual for examples of potential standard-related issues to address during the visit. **The final version of the site visit report must be *completed in* and *submitted through* the CoA Portal.**

Note: Example site visit reports are not provided by the CoA. Programs vary widely and sample reports become outdated quickly. Sample schedules are also not provided for similar reasons.

Section V

Example Questions

Example Questions for Site Visitors - DOCTORAL

Introduction

This document is intended to assist site visitors in gathering information helpful to the Commission on Accreditation (CoA). The CoA relies on site visitors to provide data gathered "on the ground," i.e., in in-person interviews and discussions with students, faculty, site supervisors, and program leadership, as well as review of certain records. It is not necessary nor helpful in the site visit report simply to repeat what is stated in the self-study, as commissioners will have read the self-study with care. The CoA relies on you for input from the people involved at all levels of the training program. Thus, regardless of how the questions in this document are worded, please respond with information obtained directly at the training site. In addition, it is helpful to point out whenever the information provided in the self-study is not consistent with that provided during interviews and discussions. It is also helpful to identify in the site visit report the general source of the information by category, such as faculty, supervisors, leadership, or students. Thank you very much for your assistance in this important process.

In this document, relevant sections of the Standards of Accreditation have been interspersed with suggested questions, in italics. The questions below are suggestions based on CoA experience in reading site visit reports (SVRs). However, please do not feel completely constrained by the specific questions posed. If there is other information that you have gathered at the site that is relevant to SoA requirements, please provide that information.

Standard I: Institutional and Program Content

I.A. Type of Program

I.A.1 Health Service Psychology

The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:

  a. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.

  b. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.

  c. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

Questions/Issues to address during the visit:
  - ❖ *Faculty and Students: How are practice, theory, and research integrated in the program?*
  - ❖ *Faculty and Students: How does the program demonstrate training that is sequential, cumulative, and graded in complexity?*
  - ❖ *Faculty and Students: Describe how diversity is incorporated in the climate, day-to-day decision making, and program-level policies.*

I.A.2 Practice Area
Health service psychology includes several practice areas in which an accredited program may focus, including the areas of clinical psychology, counseling psychology, school psychology, combinations of these areas, and other developed practice areas.

Questions/Issues to address during the visit:
- ❖ *Based on observations during the site visit, did the program demonstrate the practice area identified in the self-study? In what ways?*

I.B Institutional and Administrative Structure

I.B.1 Administrative Structure
The program's purpose must be pursued in an institutional setting appropriate for doctoral education and training in health service psychology. The institution must have a clear administrative structure and commitment to the doctoral program.

a. The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate graduate degree-granting authority. This includes state authorization and accreditation of the institution by a nationally recognized regional accrediting body in the United States.

b. The program is an integral part of the mission of the academic department, college, school, or institution in which it resides. It is represented in the institution's operating budget and plans in a manner that supports the training mission of the program. Funding and resources are stable and enable the program to achieve its aims.

Questions/Issues to address during the visit:
- ❖ *Faculty and students: Is the program reflected in the institution's operational budget in a manner that allows it to meet its aims?*
- ❖ *How are financial resource allocation decisions made?*
- ❖ *Are there concerns about changes in resources for the program not reflected in the self-study or that have changed since the self-study was submitted?*
- ❖ *Faculty and students: Are there any obstacles or inconsistencies between the aims of the program and the parent institution's mission?*

Questions/Comments to consider when drafting the site visit report:
- *Are there concerns about changes in resources for the program not reflected in the self-study or since the self-study was submitted?*
- *Are the program descriptions in the self-study reflective of your experience during the site visit?*
- *Are there any discrepancies between your observations and what is in the self-study?*
- *How do institutional leaders describe the program, its mission, and its role in the institution? Is there evidence of tangible support for the program?*

I.B.2 Administrative Responsibilities Related to Cultural and Individual Differences and Diversity
The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training

of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, students, faculty, and staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare graduates to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

Questions/Issues to address during the visit:
- ❖ *Is the self-study an accurate description of the program for this standard? If not, please explain,*
- ❖ *Faculty and Students: How does the program prepare graduates to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity?*
- ❖ *Describe any relevant examples or concerns related to a supportive learning environment or restricting access for diverse individuals.*
- ❖ *Do faculty or students have any concerns regarding policy implementation or ability to voice concerns related to individual and cultural differences?*
- ❖ *Does the program avoid any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity?*

Questions/Comments to consider when drafting the site visit report:
- • *Provide any information obtained regarding non-adherence to policies regarding diversity.*

I.C. Program Context and Resources

I.C.1 Program Administration and Structure

a. Program Leadership. The program has consistent and stable leadership with a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise must be in an area covered by HSP accreditation and must be consistent with the program's aims. This leadership position may be held by more than one individual.

b. Program Administration. The program has designated procedures and personnel responsible for making decisions about the program, including curriculum, student selection and evaluation, and program maintenance and improvement. The program's decision-making procedures, including who is involved in decision making, must be consistent with the missions of the institution and department, and with the

program's aims. The program ensures a stable educational environment through its personnel and faculty leadership.

Questions/Issues to address during the visit:
- ❖ _Faculty and Students: How effective is the program administration in the implementation of policies and procedures?_

Questions/Comments to consider when drafting the site visit report:
- _How do students and faculty describe the effectiveness of program administration in how it implements policies and procedures?_

I.C.2 Length of Degree and Residency.

The program has policies regarding program length and residency that permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to promote student development, socialization and peer interaction, faculty role modeling and the development and assessment of student competencies. Residency provides students with mentoring and supervision regarding their development and socialization into the profession, as well as continuous monitoring and assessment of student development through live face-to-face, in-person interaction with faculty and students. These obligations cannot be met in programs that are substantially or completely online. At a minimum, the program must require that each student successfully complete:

a. a minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;

b. at least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted;

c. at least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of one year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement.

Review: IR C-5 D: Academic residency for doctoral programs; and IR C-15 D: Awarding the doctoral degree prior to completion of the internship.

Questions/Issues to address during the visit:
- ❖ _Provide any examples of contradictory information related to required minimum years, years in the program, or residency requirement between what is stated in the self-study and what you hear during the site visit._

I.C.3 Partnerships/Consortia

A graduate program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or in a partnership or consortium among separate administrative entities. A consortium is comprised of multiple independently administered entities that have, in writing, formally agreed to pool resources to conduct a training or education program.

Questions/Issues to address during the visit:
- ❖ _Faculty and Students: How effective are the consortium relationships in facilitating training?_

I.C.4 Resources

The program has, and appropriately utilizes, the resources it needs to achieve its training aims, including student acquisition and demonstration of competencies. The program works with its academic unit and/or the administration of the sponsor institution to develop a plan for the acquisition of additional resources that may be necessary for program maintenance and development. The resources should include the following:

a. financial support for training and educational activities;

b. clerical, technical, and electronic support;

c. training materials and equipment;

d. physical facilities;

e. services to support students with academic, financial, health, and personal issues;

f. sufficient and appropriate practicum experiences to allow a program to effectively achieve the program's training aims.

Questions/Issues to address during the visit:

❖ *Any changes in a-f above since the submission of the self-study?*
❖ *Students and program leadership: Does the program have the resources needed for training? Are there any areas where the program's funding resources may fall short?*
❖ *Faculty and Students: Are there ways in which the availability of support for students affects the program's ability to accomplish its training goals?*
❖ *Faculty and Students: describe any strengths or concerns related to resources in a-f above.*

Questions/Comments to consider when drafting the site visit report:

• *Provide any information obtained from students, staff/faculty, and program leadership regarding inadequacy of resources or support services for the program.*

I.D Program Policies and Procedures

I.D.1 Areas of Coverage
The program has and adheres to formal written policies and procedures that govern students as they enter, progress through, and matriculate from the program. These must include policies relevant to:

a. academic recruitment and admissions, including general recruitment/admissions and recruitment of students who are diverse;

b. degree requirements;

c. administrative and financial assistance;

d. student performance evaluation, feedback, advisement, retention, and termination decisions;

e. due process and grievance procedures;

f. student rights, responsibilities, and professional development;

g. nondiscrimination policies. The program must document nondiscriminatory policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.

Questions/Issues to address during the visit:
- ❖ *DCT, Faculty and Students: How are doctoral students made aware of the program's policies? Do they know how to access them? How would they access them? Have they, if needed? Is there anything that interferes with their ability to utilize the program's policies and procedures?*
- ❖ *Students and Faculty: How are student rights communicated and respected? When complaints arise, how are they handled? Is there evidence that the program has followed its own polices?*
- ❖ *Are remediation plans and their success documented in the student's file?*

Questions/Comments to consider when drafting the site visit report:
- *Do doctoral students have knowledge of the program's policies and how to access them?*
- *Are remediation plans and their outcome(s) documented in the student's file?*
- *Is documentation evident in student files for students who have or are going through remediation and corrective actions?*

I.D.2 Implementation

All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to their sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. If the program utilizes policies developed at another level (e.g., department or institution), it must demonstrate how it implements these policies at the program level.

Questions/Issues to address during the visit:
- ❖ *Are the program faculty aware of and planful about how their program fits into trends that are affecting the sponsoring institution, career opportunities and training trends in the region and nation?*

I.D.3 Availability of Policies and Procedures

The program makes the formal written policies and procedures available to all interested parties. By the time of matriculation, the program provides students with written policies and procedures regarding program and institution requirements and expectations regarding students' performance and continuance in the program and procedures for the termination of students.

Questions/Issues to address during the visit:
- ❖ *Do students confirm that they received program policies and procedures with relevant updates?*

Questions/Comments to consider when drafting the site visit report:
- *Do doctoral students have knowledge of all policies and procedures at the time of matriculation? Please describe how this occurs.*

I.D.4 Record Keeping

The program is responsible for keeping information and records related to student training and complaints/grievances against the program. Records must be maintained in accord with federal, state, and institution policies regarding record keeping and privacy. The Commission on Accreditation will examine student records and programs' records of student complaints as part of its periodic review of programs.

a. Student Records. The program must document and maintain accurate records of each student's education and training experiences and evaluations for evidence of the student's progression through the program, as well as for future reference and credentialing purposes. The program should inform students of its records retention policies.

b. Complaints/Grievances. The program must keep records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated

with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of student complaints as part of its periodic review of the program.

Review: IR C-6 D: Record of student complaints in CoA periodic review.

Questions/Issues to address during the visit:
- ❖ *Faculty and Students: How often is a student's progress assessed? How do they receive feedback about their progress? Is there evidence for this assessment in student files?*
- ❖ *What methods are used to assist students experiencing difficulties (including remediation) in the program? What policies and procedures are used to terminate the enrollment of students? How are students informed about these procedures?*
- ❖ *If remediations and or program terminations have taken place, is there evidence (including in student files) that the program has followed its own policies?*
- ❖ *Have there been any grievances? Where are these grievances stored and how is privacy maintained?*

Questions/Comments to consider when drafting the site visit report:
- *Are student files complete? (Processes are addressed in Standard III)*
- *How are students informed of record keeping procedures?*
- *If remediation and/or program terminations have taken place, is there evidence (including in student files) that the program has followed its own policies?*
- *If there have been any grievances since the last self-study, where are these grievances stored and how is privacy maintained?*

I. (All)
Additional Information relevant to Standard I.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard? What actions have been taken by the program and what results achieved?*

Questions/Comments to consider when drafting the site visit report:
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard I that seems to be missing, is inconsistent, or diverges from the self-study.*

Standard II: Aims, Competencies, Curriculum, and Outcomes

II.A. Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.

2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

<u>Questions/Issues to address during the visit:</u>
- ❖ *<u>Students and faculty</u>: What is your understanding of the aims of the program?*
- ❖ *How does the program facilitate competence in the breadth of scientific psychology and in the specific substantive area?*
- ❖ *<u>Students and Faculty</u>: How are courses, laboratory and field experiences, research apprenticeships and other program elements well-planned and delivered so as to support the aims of the program?*

<u>Questions/Comments to consider when drafting the site visit report:</u>
- *Do students and faculty accurately describe the aims of the program?*

II.B. Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession

1. Discipline-specific knowledge and profession-wide competencies
   Discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health services psychology. Thus, all students in accredited programs should acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.

   a. Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:

      i. Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.

      ii. Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.

Review: IR C-7 D: Discipline-Specific Knowledge

<u>Questions/Comments to consider when drafting the site visit report:</u>
- *Describe faculty's understanding of how the program facilitates students' attainment of the DSKs.*

II.B.1.b
Profession-wide competencies include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession-wide competency. Although in general, the competencies appearing at or near the top of the following list serve as foundations upon which later competencies are built, each competency is considered critical for graduates in programs accredited in health service psychology. The specific requirements for each competency are articulated in Implementing Regulations. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence-base when training students in the following competency areas. Students must demonstrate competence in:

   i.   Research
  ii.   Ethical and legal standards
 iii.   Individual and cultural diversity
  iv.   Professional values, attitudes, and behaviors
   v.   Communication and interpersonal skills
  vi.   Assessment
 vii.   Intervention
viii.   Supervision
  ix.   Consultation and interprofessional/interdisciplinary skills

Review: IR C-8 D: Profession-Wide Competency.

Questions/Comments to consider when drafting the site visit report:
- *Describe faculty's understanding of how the program facilitates students' attainment of the PWCs.*

II.B.2 Learning/Curriculum Elements Related to the Program's Aims
The program must describe the process by which students attain discipline-specific knowledge and each profession-wide competency (i.e., the program's curriculum) and provide a description of how the curriculum is consistent with professional standards and the program's aims.

Questions/Issues to address during the visit:
- ❖ *Faculty: How do students achieve both discipline specific knowledge and professional wide competencies? (See IR C-7 D and C-8 D). How is this accomplished (didactics, research, practicum, other)? Which courses and experiences provide this knowledge?*
- ❖ *Carefully examine course syllabi. Are courses at the graduate level? Do they represent the current evidence base?*
- ❖ *Ask to see syllabi that are unclear or missing.*
- ❖ *Via inspection of trainers'/instructors' credentials, do these individuals appear to have appropriate credentials to teach/train? Ask students if faculty appear to be competent teachers.*
- ❖ *Students and faculty: Describe how multicultural training occurs: In required courses? How are multicultural issues incorporated throughout the curriculum? What experiential components are included? Do practica provide opportunity for the development of multicultural competencies?*
- ❖ *Students: How is lifelong learning and scholarly inquiry encouraged?*
- ❖ *Faculty and students: Are the procedures, strategies, and practices that the program uses to educate students about valuing individual and cultural diversity adequate? How does the program assess competence in these areas?*
- ❖ *Describe didactic elements. Are goals for diversity education shared across faculty and students?*
- ❖ *Describe how direct client contact and supervision fit into this plan for competence in diversity. How is that competence assessed?*
- ❖ *What are the professional values you seek to instill in in the doctoral student?*

Questions/Comments to consider when drafting the site visit report:

- *Syllabi are carefully reviewed by CoA. Site visitors are welcome to provide feedback about syllabi and are asked to describe changes to courses or other activities that faculty describe during the site visit.*
- *How do students describe that lifelong learning and scholarly inquiry is encouraged?*

II.B.3 Required Practicum Training Elements

a. Practicum must include supervised experience working with diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The doctoral program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, that ensures that by the time the student applies for internship the student has attained the requisite level of competency.

b. Programs must place students in settings that are committed to training, that provide experiences that are consistent with health service psychology and the program's aims, and that enable students to attain and demonstrate appropriate competencies.

c. Supervision must be provided by appropriately trained and credentialed individuals.

d. As part of a program's ongoing commitment to ensuring the quality of their graduates, each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically).

Review: IR C-12 D: Practicum guidelines for doctoral programs, IR C-13 D: Telesupervision, and IR C-14 D: Direct Observation

Questions/Issues to address during the visit:

- ❖ *How are practicum sites selected?*
- ❖ *Are practicum supervisors appropriately credentialed/licensed?*
- ❖ *How are practicum sites selected and managed by the program?*
- ❖ *Are practicum site supervisors always available on site in case of emergency? If not, how are emergency contacts handled?*
- ❖ *Students: Have you had any problems at your practicum site? If yes, how has your program managed the situation?*
- ❖ *Which empirically supported treatments do students use in practicum settings?*
- ❖ *Are students placed in practicum sites which provide sufficient opportunities to work with diverse clients? Do the supervisors address knowledge and skills in dealing with diversity in training and supervision?*
- ❖ *How is the quantity of practicum hours determined? Are complete records of this found in student files, signed by practicum agency supervisors and faculty in the program?*
- ❖ *Does the program site visit practicum programs? Does the program maintain records of practicum site visits?*
- ❖ *How does the program assist students with the selection of practicum training sites? What is the process by which students obtain practica? What particular qualifications must students have for each practicum site?*
- ❖ *How does the program maintain communication with practicum training sites?*
- ❖ *Students and faculty: How does the program integrate practica and class work? What is the relationship between practicum supervisors and faculty? How is the feedback from field supervisors about students and the program obtained and used?*
- ❖ *Are students obtaining sufficient practicum supervision to compete for appropriate internships? Do*

students feel adequately prepared for internship? Do practicum supervisors believe students are sufficiently prepared? How does the program respond to practicum supervisors' concerns about student performance?

❖ *How does the practicum training complement or support the aims of the program?*
❖ *Ask students: Did the practicum experiences address specific areas of training that you needed at the time?*
❖ *Is each practicum evaluation based in part on direct observation of the practicum student? How is this ensured?*

Questions/Comments to consider when drafting the site visit report:
- *Are practicum site supervisors always available on site in case of emergency?*
- *If there have been problems at practicum sites, describe how students report them and how the program managed the situation.*
- *Are students placed in practicum sites which provide sufficient opportunities to work with diverse clients? Do the supervisors address knowledge and skills in dealing with diversity in training and supervision?*
- *Does the program site visit practicum programs? Does the program maintain records of practicum site visits?*
- *How does the program assist students with the selection of practicum training sites? What is the process by which students obtain practica? What particular qualifications must students have for each practicum site?*
- *How does the program maintain communication with and control over practicum training sites?*
- *How do students and faculty describe the program's ability to integrate practica and class work? What is the relationship between practicum supervisors and faculty? How is the feedback from field supervisors about students and the program obtained and used?*
- *How does the program respond to practicum supervisors' concerns about student performance?*
- *Please describe how each evaluation is based in part on direct observation.*

II.B.4 Required Internship Training Elements
The program must demonstrate that all students complete a one year full-time or two year part-time internship. The program's policies regarding student placement at accredited versus unaccredited internships should be consistent with national standards regarding internship training.

a. Accredited Internships. Students are expected to apply for, and to the extent possible, complete internship training programs that are either APA- or CPA-accredited. For students who attend accredited internships, the doctoral program is required to provide only the specific name of the internship.

b. Unaccredited Internships. When a student attends an unaccredited internship, it is the responsibility of the doctoral program to provide evidence demonstrating quality and adequacy of the internship experience. This must include information on the following:

i. the nature and appropriateness of the training activities;
ii. frequency and quality of supervision;
iii. credentials of the supervisors;
iv. how the internship evaluates student performance;
v. how interns demonstrate competency at the appropriate level;
vi. documentation of the evaluation of its students in its student files.

Review: IR C-17 D: Expected Internship Placements for Students in Accredited Doctoral Programs

Questions/Issues to address during the visit:

- ❖ *How does the program assist students with the selection of internship training sites?*
- ❖ *How does the program maintain communication with unaccredited internship training sites?*
- ❖ <u>*Students*</u>: *Do faculty and program leadership offer sufficient support?*
- ❖ *Of those who applied, how many did not receive internship offers? Does the faculty have theories about why students who were not accepted to an internship failed? What are the students doing in lieu of an internship?*
- ❖ *How does the program address students who do not Match - at both the student level (e.g. support) and the program level?*
- ❖ *If the program has a low accredited internship match rate, what is it doing to improve the match rate with accredited internships?*

II.C Program-Specific Elements – Degree Type, Competencies, and Related Curriculum

II.C.1 Degree Type

All accredited programs in psychology support the development of disciplinary knowledge and core competencies associated with the profession, and support the acquisition and integration of knowledge, skills, and attitudes from two major domains within the discipline: research and evidence-based practice. Programs are accredited either to offer the PhD degree or to offer the PsyD degree. Other doctoral degree designations that meet these general parameters may be eligible for consideration as appropriate. Although all doctoral degrees contain all the required elements common to programs accredited in HSP, they differ in the balance among, and relative emphasis on, program components, based on specific training aims or likely career paths of their graduates.

In general, PhD programs place relatively greater emphasis upon training related to research, and PsyD programs place relatively greater emphasis on training for engaging in professional practice. Graduates of each type of program or other doctoral degree designations, however, must demonstrate a fundamental understanding of and competency in both research/scholarly activities and evidence-based professional practice.

Programs that confer the PhD must have a substantial proportion of faculty who conduct empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PhD programs are trained to both create and disseminate the scholarly research upon which science and practice are built, as well as utilize such research to engage in evidence-based practice.

Programs that confer the PsyD must have a substantial proportion of faculty who engage in scholarship and/or empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PsyD programs are trained to engage in evidence-based practice, as well as in scientific inquiry and evaluation.

Questions/Issues to address during the visit:
- ❖ <u>*Students*</u>: *Regardless of degree type, how do you perceive the means by which scientific psychology and practice are integrated at your program?*

Questions/Comments to consider when drafting the site visit report:
- • *How do students describe how scientific psychology and practice are integrated in the program?*

II.C.2 Program-Specific Competencies and Related Curriculum

Doctoral programs accredited in health service psychology may require that students attain additional competencies specific to the program.

a. If the program requires additional competencies of its students, it must describe the competencies, how they are consistent with the program's aims, and the process by which

students attain each competency (i.e., curriculum).

    b.   Additional competencies must be consistent with the ethics of the profession.

Questions/Issues to address during the visit:
- ❖ *If the program has identified program-specific competencies, how are they integrated into the aims of the program?"*

II.D Evaluation of Students and Program

II.D.1 Evaluation of Students' Competencies

    a.   The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:

        i.   Specify how it evaluates student performance, and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.

        ii.   Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of achievement in each profession-wide competency as well as in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.

        iii.   Present formative and summative evaluations linked to exit criteria, as well as data demonstrating achievement of competencies, for each student in the program.

Review: IR C-18 D: Outcome data for doctoral programs.

Questions/Issues to address during the visit:
- ❖ *Faculty and Students: Are you aware of the program's MLAs? Have minimal levels of achievement for students to satisfactorily progress through the program been identified?*
- ❖ *Students: How do you know that you are satisfactorily progressing through the program? What is the minimal level of achievement you must obtain to be successful in your doctoral program?*
- ❖ *Please examine, when possible, work samples (e.g., dissertations, portfolios, comprehensive/qualifying exams) that demonstrate the program achieves profession wide and program specific competencies.*
- ❖ *Faculty: How is feedback (specifically proximal and distal data) obtained from faculty, current and former students and others involved in the program? What recent programmatic changes have been made based on the outcome data collected?*
- ❖ *How are proximal and distal outcome data used to determine the extent to which the program is achieving its aims and competencies?*
- ❖ *Program leadership: How are students, faculty, and academic administrators involved in program planning?*
- ❖ *How do the aims of the program specifically address local, regional, and national needs for psychological services?*

Questions/Comments to consider when drafting the site visit report:
- *How do faculty describe the program's minimum levels of achievement?*
- *Describe how students know they are satisfactorily progressing through the program and what is required to successfully complete the doctoral program.*
- *Review work samples (e.g., dissertations, portfolios, comprehensive/qualifying exams) that ensure that evaluation of profession-wide and program-specific competencies is being completed.*
- *What recent programmatic changes have been made based on the outcome data collected?*

II.D.1.b

For program graduates, the program must provide distal evidence of student's competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.

    i.   Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency. The program must also provide data on student's job placement and licensure rates.

    ii.   At 5 years post-graduation, the program must provide data on graduates, including data on graduate's licensure (as appropriate for their current job duties) and their scholarly/research contributions (as consistent with the program's aims).

Review: IR C-18 D: Outcome data for doctoral programs.

II.D.2. Evaluation of Program Effectiveness and Quality Improvement Efforts

    a. The program must demonstrate a commitment to ensure competence in health service psychology through ongoing self-evaluation in order to monitor its performance and contribution to the fulfilment of its sponsor institution's mission.

    b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:

        i. Involves program stakeholders, including faculty, students, graduates, and others involved in the training program.

        ii. Evaluates its effectiveness in training students who, by the time of graduation, demonstrate the competencies required by the profession and the program, and who after graduation are able to engage in professional activities consistent with health service psychology and with the program's aims.

        iii.   Evaluates the currency and appropriateness of its aims, curriculum, and policies and procedures with respect to the following: its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.

        iv.   Identifies potential areas for improvement.

Questions/Issues to address during the visit:
- ❖ *Describe the program's self-study or self-improvement process. How are changes made? How is feedback obtained from staff, interns, graduates, and others involved in the program? Are there formal meetings? How often? Who attends?*
- ❖ *Are institutional data readily available for program evaluation and planning?*

❖ *Are students involved in the governance of the program?*

Questions/Comments to consider when drafting the site visit report:
- *Describe how feedback is obtained from faculty, students, graduates, and others involved in the program. Are there formal meetings? How frequently do such meetings occur and who attends?*

II.D.3 Documenting students' achievements and outcomes that demonstrate the program's effectiveness
All accredited doctoral programs are expected to document student achievement while in the program and to look at post-graduation outcomes. Accredited programs are also expected to prepare students for entry-level practice and the program's achievement of this should be reflected in student success in achieving licensure after completion of the program.

   a. The outcomes of program graduates including licensure rate and other proximal and distal outcomes of program graduates shall be evaluated within the context of: the requirement that all accredited doctoral programs prepare students for entry-level practice; each program's expressed and implied stated educational aims and competencies; and statements made by the program to the public.

   b. Doctoral programs' specific educational aims and expected competencies may differ from one another; therefore, there is no specified threshold or minimum number for reviewing a program's licensure rate. Instead the Commission on Accreditation shall use its professional judgment to determine if the program's licensure rate, in combination with other factors, such as attrition of students from the program and their time to degree, demonstrates students' successful preparation for entry-level practice in health service psychology.

Review: IR C-19 D: Licensure Rates for Doctoral Programs

II.(All)
Additional information relevant to Section II.

Questions/Issues to address during the visit:
❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard? What actions have been taken by the program and what results achieved?*

Questions/Comments to consider when drafting the site visit report:
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard II that seems to be missing, is inconsistent, or diverges from the self-study.*

Standard III: Students

III.A. Student Selection Processes and Criteria

1. The program has an identifiable body of students at different levels of matriculation who:

    a. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.

    b. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.

        i. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.

        ii. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.

    c. By prior achievement, students have demonstrated appropriate competency for the program's aims as well as expectations for a doctoral program.

        i. If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.

        ii. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.

    d. By interest and aptitude, they are prepared to meet the program's aims.

    e. They reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.

Review: IR C-21 D: Diversity Recruitment and Retention

Questions/Issues to address during the visit:
- ❖ *How does the program use proximal and distal data, such as qualifying examinations, internship success, licensure, to evaluate the effectiveness of their selection policies?"*
- ❖ *Students: Describe your experience of the admissions process?*
- ❖ *How does the faculty participate in the assessment of applicants?*

Questions/Comments to consider when drafting the site visit report:

- *Indicate how students describe the admissions process.*
- *Describe how faculty participate in the assessment of applicants.*

III.B Supportive Learning Environment

1. Program faculty are accessible to students and provide them with guidance and supervision. They serve as appropriate professional role models and engage in actions that promote the students' acquisition of knowledge, skills, and competencies consistent with the program's training aims.

Questions/Issues to address during the visit:
- ❖ *Faculty and Students: Describe how faculty and supervisors are accessible to students. How do they serve as professional role models?*
- ❖ *Faculty and Students: What training resources are available to students, both on and off campus? How are they used by the program?*
- ❖ *Describe generally your relationship with faculty and program leadership. Describe a supportive interaction that you have had with your faculty.*

Questions/Comments to consider when drafting the site visit report:
- *Describe how faculty and supervisors are accessible to students and serve as professional role models.*
- *What training resources are available to students, both on and off campus? How are such resources used by the program?*
- *Explain how students describe their relationship with faculty and program leadership.*
- *Do students feel they receive sufficient support from faculty for meeting their goals?*

III.B.2
The program recognizes the rights of students and faculty to be treated with courtesy and respect. In order to maximize the quality and effectiveness of students' learning experiences, all interactions among students, faculty, and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see the current APA Ethical Principles of Psychologists and Code of Conduct). The program has an obligation to inform students of these principles, put procedures in place to promote productive interactions, and inform students of their avenues of recourse should problems with regard to them arise.

Questions/Issues to address during the visit:
- ❖ *Students: Generally, describe your relationship with supervisors, advisors, and program leadership. What is it like to be a student here? Describe specifically whether you feel treated with courtesy and respect. Are there instances when you feel you have not been treated with courtesy and respect? If yes, please describe those instances. What happened and was it resolved? Are you aware of what options you have if this should occur?*
- ❖ *Students: Have issues related to ethical conduct been raised about a faculty member or supervisor, and if so, how have they been addressed?*

Questions/Comments to consider when drafting the site visit report:
- *Have issues related to ethical conduct been raised about a faculty member or supervisor and, if so, how have they been addressed? Is there appropriate documentation?*

III.B.3
To ensure a supportive and encouraging learning environment for students who are diverse, the program must avoid any actions that would restrict program access on grounds that are irrelevant to success in graduate training.

Questions/Issues to address during the visit:

- ❖ *Students: How do faculty/supervisors demonstrate respect for cultural and individual diversity?*
- ❖ *Ask of program leadership and students: How does the program foster a supportive and encouraging environment for diversity in didactics, practica, and research?*

Questions/Comments to consider when drafting the site visit report:

- • *Describe how the program fosters a supportive and encouraging environment for diversity.*

III.C. Plans to Maximize Student Success

1. Program faculty engage in and document actions and procedures that actively encourage timely completion of the program and maximize student success. The program minimizes preventable causes of attrition (e.g., flawed admission procedures or unsupportive learning environments) and engages in tailored retention/completion efforts as appropriate (e.g., accommodation of student needs and special circumstances).

Review: IR C-22 D: Student Attrition Rates for Doctoral Programs

Questions/Issues to address during the visit:

- ❖ *Students: How do faculty guide and encourage students in the timely completion of the program?*
- ❖ *Students: Have other students left the program? Why did they leave?*
- ❖ *Students: If there has been attrition or dissatisfaction in the program, has the program done anything to reduce such attrition or dissatisfaction?*

Questions/Comments to consider when drafting the site visit report:

- • *Describe how the program supports students who are facing challenges in completing the program. Are students given timely notice and assistance to overcome the challenges?*

III.C.2 Program Engagement

The program engages in specific activities, approaches, and initiatives to implement and maintain diversity and ensure a supportive learning environment for all students. The program may participate in institutional-level initiatives aimed toward retaining students who are diverse, but these alone are not sufficient. Concrete program-level actions to retain students who are diverse should be integrated across key aspects of the program and should be documented. The program should also demonstrate that it examines the effectiveness of its efforts to retain students who are diverse and document any steps needed to revise/enhance its strategies.

Review: IR C-21 D: Diversity Recruitment and Retention

Questions/Issues to address during the visit:

- ❖ *Is a supportive and encouraging environment established for diverse individuals? If yes, how? If not, describe the problems.*
- ❖ *Independent of success, what does the program do to improve diversity in the student body?*
- ❖ *What are the program's strategies to retain students from differing ethnic, racial, and personal backgrounds into the program?*

Questions/Comments to consider when drafting the site visit report:

- *Please report how students from diverse backgrounds describe the learning environment. Do they describe it as supportive and encouraging? If problems exist in the learning environment for students who are diverse, please describe those instances or situations.*
- *Describe what the program does to improve diversity in the student body.*
- *What are the program's strategies to retain students from differing ethnic, racial, and personal backgrounds?*
- *Please describe how the program assesses how it provides a welcoming and supportive environment for diverse students. Ask for examples of how this has been done in the past and how it is an ongoing process.*

III.C.3 Feedback and Remediation

Students receive, at least annually and as the need is observed for it, written feedback on the extent to which they are meeting the program's requirements and performance expectations. Such feedback should include:

a. timely, written notification of any problems that have been noted and the opportunity to discuss them;

b. guidance regarding steps to remediate any problems (if remediable); and

c. substantive, written feedback on the extent to which corrective actions have or have not been successful in addressing the issues of concern.

Questions/Issues to address during the visit:
- ❖ *In all matters relevant to the evaluation of students' performance, can the program leadership describe how it adheres to their institution's regulations and local, state, and federal statutes regarding due process and fair treatment of students? Are students clearly aware of relevant program policies? Where can they get clarification, guidance, advising?*
- ❖ *Do students perceive the feedback they receive to be specific enough to be meaningful? In cases of adverse evaluations, how are appropriate activities outlined to remediate the problem? Is a determination made about the outcome of the remediation and documented in writing? Are standards of evaluation clear to the students?*
- ❖ *Questions to students: Do you know what is required to complete the program? Are you aware what ways you could not pass or complete the program? How do you receive feedback on your performance? How detailed is this feedback? How often does this occur?*
- ❖ *Check student files for evidence of meaningful feedback regarding performance? Which ones are signed by both the student and faculty? Are the files generally complete and reflect the training that the program says it does? Do files have copies of all forms etc.*

Questions/Comments to consider when drafting the site visit report:
- *Describe how students perceive the feedback they receive in their evaluations. Are students provided activities for remediation of any identified problems? Is a determination made about the outcome of the remediation and is it documented in writing? Are standards of evaluation clear to the students?*

III.(All)
Additional information relevant to Section III.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard? What actions have been taken by the program and what results achieved?*

Questions/Comments to consider when drafting the site visit report:
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard III that seems to be missing, is inconsistent, or diverges from the self-study.*

Standard IV: Faculty

IV.A. Program Leadership, Administration, and Management

IV.A.1
Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

IV.A.2
The program leader(s) together with program core faculty have primary responsibility for the design, implementation, and evaluation of the program's administrative activities (e.g., policies and procedures for student admissions, student evaluations, and arrangement of practicum experiences) and for its educational offerings (e.g., coursework, practicum experiences, and research training).

Questions/Issues to address during the visit:
- ❖ *Do the faculty and students believe there are sufficient faculty to provide the training outlined in the public statements describing the program's aims?*
- ❖ <u>*For leadership, faculty, and students:*</u> *How do you contribute to the development and enhancement of the program? How does the program director and faculty work together to oversee the program? How do changes to the program occur?*

Questions/Comments to consider when drafting the site visit report:
- *Describe how faculty, program leadership, and students contribute to the development and enhancement of the program.*
- *Describe how the program director and faculty work together to oversee the program and make changes for improvement.*

IV.B. Faculty Qualifications and Role Modeling

1. Core Faculty. The program has an identifiable core faculty responsible for the program's activities, educational offerings, and quality, who:

   a. function as an integral part of the academic unit of which the program is an element;

   b. are sufficient in number for their academic and professional responsibilities;

   c. have theoretical perspectives and academic and applied experiences appropriate to the program's aims;

   d. demonstrate substantial competence and have recognized credentials in those areas that are at the core of the program's aims;

   e. are available to function as appropriate role models for students in their learning and socialization into the discipline and profession.

Questions/Issues to address during the visit:
- ❖ <u>*Students:*</u> *In what way do faculty members serve as appropriate role models for you in your learning in the profession?*

- *How do faculty serve as role models for students' learning in the profession?*

2. Additional Core Faculty Professional Characteristics.

   a. Core faculty must be composed of individuals whose education, training, and/or experience are consistent with their roles in the program in light of the substantive area in which the program seeks accreditation.

   b. Core faculty must be composed of individuals whose primary professional employment (50% or more) is at the institution in which the program is housed, and to whom the institution has demonstrated a multiyear commitment. At least 50% of core faculty professional time must be devoted to program-related activities.

   c. Core faculty must be identified with the program and centrally involved in program development, decision making, and student training. "Identified with the program" means that each faculty member is included in public and departmental documents as such, views himself or herself as core faculty, and is seen as core faculty by the students.

   d. Core faculty activities directly related to the doctoral program include program-related teaching, research, scholarship, and/or professional activities; supervising students' research, students' dissertations, and students' teaching activities; mentoring students' professional development; providing clinical supervision; monitoring student outcomes; teaching in a master's degree program that is an integral part of the doctoral program; and developing, evaluating, and maintaining the program.

   e. Core faculty activities not directly related to the doctoral program and not seen as aspects of the core faculty role include undergraduate teaching in general and related activities; teaching and related activities in terminal master's or other graduate programs; and clinical work or independent practice not directly associated with training, such as at a counseling center.

IV.B.3 Associated and Adjunct Faculty
In addition to core faculty, programs may also have associated program faculty, contributing faculty, and adjunct (visiting, auxiliary, or "other") faculty. Associated program faculty do not meet the criteria for core faculty. They are not centrally involved in program development and decision making, but they still make a substantial contribution to the program and take on some of the tasks often associated with core faculty. Adjunct faculty are hired on an ad hoc basis to teach one or two courses, provide supervision, etc.

Review: IR C-23 D: Faculty Qualifications

IV.B.4 Faculty Sufficiency

   a. Consistent with the program's model, the program faculty, and in particular the core faculty, needs to be large enough to advise and supervise students' research and practice, conduct research and/or engage in scholarly activity, attend to administrative duties, serve on institutional or program committees, provide a sense of program continuity, provide appropriate class sizes and sufficient course offerings to meet program aims, and monitor and evaluate practicum facilities, internship settings, and student progress.

   b. The program faculty, and in particular the core faculty, needs to be large enough to support student engagement and success within the program, from admissions, to matriculation, to timely completion of

program requirements and graduation.

    c.   At least one member of the core faculty needs to hold professional licensure as a psychologist to practice in the jurisdiction in which the program is located.

    d.   The program faculty must themselves be engaged in activities demonstrating the skills they are endeavoring to teach their students, such as delivering psychological services, conducting psychological research, publishing scholarly work, presenting professional work at conferences/meetings, teaching classes/workshops, and supervising the professional work of others.

Questions/Issues to address during the visit:
- ❖ *Do students believe that the program's faculty is appropriately focused on its training mission? Do students think that faculty members are so directed to the pursuit of research, consultant contracts, or private practice, that students do not get appropriate attention (e.g., mentoring, support for research development, consideration of career directions?)*

IV.B.5 Cultural and individual differences and diversity

IV.B.5.a Recruitment of Faculty who are Diverse
Each accredited program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) and retain faculty from differing backgrounds. The program has developed a systematic, long-term plan to attract faculty from a range of diverse backgrounds and implemented it when possible (i.e., when there have been faculty openings). The program may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient. The program should document concrete actions it has taken to achieve diversity, addressing the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. It should demonstrate that it examines the effectiveness of its efforts to attract faculty who are diverse and document any steps needed to revise/enhance its strategies.

Review: IR C-21 D: Diversity Recruitment and Retention

Questions/Issues to address during the visit:
- ❖ *Independent of success, what does the program do to improve diversity?*
- ❖ *How do core faculty describe the program-specific plans and efforts to recruit diverse faculty?*

Questions/Comments to consider when drafting the site visit report:
- • *Discuss how core faculty describe the program specific plans and efforts to recruit diverse staff.*

IV.B.5.b Retention of Faculty who are Diverse
The program has program specific activities, approaches, and initiatives it implements to maintain diversity among its faculty. A program may include institutional-level initiatives aimed toward retaining faculty who are diverse, but these alone are not sufficient. The program demonstrates that it examines the effectiveness of its efforts to maintain faculty who are diverse and documents any steps needed to revise/enhance its strategies.

Review: IR C-21 D: Diversity Recruitment and Retention

Questions/Issues to address during the visit:
- ❖ *What are the program's strategies to retain faculty from differing ethnic, racial, and personal backgrounds into the program?*
- ❖ *What are the program's strategies to recruit faculty from differing ethnic, racial, and personal backgrounds into the program?*
- ❖ *Is a supportive and encouraging learning environment established for diverse individuals?*

Questions/Comments to consider when drafting the site visit report:

- *Describe the program's strategies to recruit and retain faculty from differing ethnic, racial, and personal backgrounds into the program.*
- *How does the program continually assess and modify its recruitment and retention plan for diverse faculty?*

IV.(All)

Additional Information relevant to Section IV.

Questions/Issues to address during the visit:

- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard? What actions have been taken by the program and what results achieved?*

Questions/Comments to consider when drafting the site visit report:

- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard IV that seems to be missing, is inconsistent, or diverges from the self-study.*

Standard V: Communications

V.A. Public Disclosure

V.A.1 General Disclosures

a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.

b. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

Review: IR C-24 D: Program names, labels and other public descriptors, IR C-25 D: Accreditation status and CoA contact information, and IR C-26 D: Disclosure of education/training outcomes and information allowing for informed decision-making to prospective doctoral students.

V.A.2 Communication with Prospective and Current Students

a. All communications with potential students should be informative, accurate, and transparent.

b. The program must be described accurately and completely in documents that are available to current students, prospective students, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.

c. Descriptions of the program should include information about its requirements for admission and graduation; tuition and other costs; curriculum; time to completion; faculty, students, facilities, and other resources, including distance learning technologies; administrative policies and procedures; the kinds of research, practicum, and internship experiences it provides; and its education and training outcomes.

   i. If the program has criteria for selection that involve competence-based assessments (e.g., GRE subject tests), it must describe how those criteria are appropriate for the aims of the program, how the curriculum is structured in terms of students' initial assessed competency at entry to the program, and how the criteria maximize student success.

   ii. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), it must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.

d. The program must provide reasonable notice to its current students of changes to its aims, curriculum, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its educational quality.

Questions/Issues to address during the visit:
   ❖ *What do students report about the availability of program information?*

❖ *Students: How accurately did the program's brochure or website reflect the program?*
❖ *What do the students wished they had known about the program prior to program matriculation?*
❖ *Leadership: When was the last time you updated your program's material?*

Questions/Comments to consider when drafting the site visit report:
- *Describe students' perceptions of how accurately the program's brochure or website reflects the program. Do students receive the training they expected to receive?*
- *Is there anything students wish they had known about the program prior to matriculation?*

V.A.3 Communication Between Doctoral and Doctoral Internship Programs

a. Throughout the internship year, communication between the doctoral program and the internship should be maintained. This ongoing interaction can remain largely informal, depending on the needs of the program and the trainee. The doctoral program should initiate this contact at the start of the training year.

b. Any formal, written internship evaluations must be retained in student files and used to evaluate the student competencies required for degree completion.

Questions/Issues to address during the visit:
❖ *For leadership: Describe your interactions with your students' internship programs. How often do you contact the students' internship programs?*

Questions/Comments to consider when drafting the site visit report:
- *What mechanism does the program have in place for interacting with doctoral students' internship programs, and how often does this occur?*

V.B Communication and Relationship with Accrediting Body
The program must demonstrate its commitment to the accreditation process through:

V.B.1 Adherence
The program must abide by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program must respond in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to all questions.

a. Standard Reporting. The program must respond to regular, recurring information requests (e.g., annual reports and narrative reports) as required by the accrediting body's policies and procedures.

b. Nonstandard Reporting. The program must submit timely responses to any additional information requests from the accrediting body.

c. Fees**.** The program must be in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

V.B.2 Communication
The program must inform the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in practice area or degree conferred or changes in faculty or administration.

Questions/Issues to address during the visit:
- ❖ *How does the program decide when CoA is to be notified of changes? Provide examples.*
- ❖ *Does the program or department have any plans that might substantially change its nature or function in the next few years?*

Questions/Comments to consider when drafting the site visit report:
- *Please describe if the program or department have any plans that might substantially change its nature or function in the next few years.*
- *How does the program decide when CoA is to be notified of changes?*

V. (All)
Additional Information relevant to Section V.
Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted for further program development relevant to this standard? What actions have been taken by the program and what results achieved?*

Questions/Comments to consider when drafting the site visit report:
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard V that seems to be missing, is inconsistent, or diverges from the self-study.*

Example Questions for Site Visitors – DOCTORAL INTERNSHIP

Introduction

This document is intended to assist site visitors in gathering information helpful to the Commission on Accreditation (CoA). The CoA relies on site visitors to provide data gathered "on the ground," i.e., in in-person interviews and discussions with interns, staff/faculty, and program leadership, as well as review of certain records. It is not necessary nor helpful in the site visit report simply to repeat what is stated in the self-study, as commissioners will have read the self-study with care. The CoA relies on you for input from the people involved at all levels of the training program. Thus, regardless of how the questions in this document are worded, please respond with information obtained directly at the training site. In addition, it is helpful to point out whenever the information provided in the self-study is not consistent with that provided during interviews and discussions. It is also helpful to identify in the site visit report the general source of the information by category, such as training staff/faculty, leadership, or interns. Thank you very much for your assistance in this important process.

In this document, relevant sections of the Standards of Accreditation have been interspersed with suggested questions, in italics. The questions below are suggestions based on CoA experience in reading site visit reports (SVRs). However, please do not feel completely constrained by the specific questions posed. If there is other information that you have gathered at the site that is relevant to SoA requirements, please provide that information.

Standard I: Institutional and Program Context

I.A Type of Program

I.AI. Sponsoring Institution
The program is sponsored by an institution or agency that provides service to a population sufficient in number and variability to give interns adequate experiential exposure to meet training purposes, aims, and competencies.

Questions/Issues to address during the visit:
- ❖ *How do the interns, staff/faculty, and leadership understand the basic mission or purpose of the parent institution? How does the internship program fit into it? Are there any obstacles or inconsistencies between the aims of the internship and the parent institution's mission?*
- ❖ *Describe the population served by the internship/agency as described by the interns and supervisors.*

Questions/Comments to consider when drafting the site visit report:
- • *Are there any obstacles or inconsistencies between the aims of the internship and the parent institution's mission?*

I.A.2. Length of Program
Accredited internships may be structured as full-time or part-time. The program requires interns to have the equivalent of 1 year of full-time training to be completed in no fewer than 12 months (or 10 months for school psychology internships), or the equivalent of half-time training to be completed within 24 months. The sponsoring doctoral program, internship program, and intern must have a clear understanding of the intern's plan if internship time is to be divided among two or more agencies for half-time training.

Questions/Issues to address during the visit:
- ❖ *If a halftime program, how is the internship plan conveyed to the doctoral program and intern?*

I.A.3.
Programs can be single-site or multiple sites.

Questions/Issues to address during the visit:
- ❖ *For multisite programs, when planning the visit, site visitors should determine if a visit to all or some or one site is needed. For programs with multiple sites, describe the similarities and difference between the sites, with possible implications for training?*
- ❖ *If interns need to carry out their training in multiple sites, do interns describe their experience in a way that indicates that having multiple sites does not interfere with the quality of their training?*

Questions/Comments to consider when drafting the site visit report:
- *If interns need to carry out their training at multiple sites, do interns describe their experience in a way that indicates that having multiple sites does not interfere with the quality of their training?*

I.B. Institutional and Program Setting and Resources

I.B.I. Internship program setting descriptions must include:

a. a description of the sponsoring institution/agency;

b. a description of the training setting and how it is appropriate for the aims/purposes of the training program;

c. a description of how the setting functions primarily as a service provider; information on required hours.

Questions/Issues to address during the visit:
- ❖ *Are the program descriptions in the self-study reflective of your experience during the site visit? Are there any discrepancies between your observations and what is in the self-study?*

Questions/Comments to consider when drafting the site visit report:
- *Are the program descriptions in the self-study reflective of your experience during the site visit?*

I.B.2. Administrative Structure
The program offers internship education and training in psychology that prepares interns for the practice of health service psychology.

a. The program is an integral part of the mission of the institution in which it resides.

b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.

Questions/Issues to address during the visit:
- ❖ *Can staff/faculty and program leadership describe how the program is integrated into the mission of the institution?*
- ❖ *Does the program staff/faculty and leadership perceive the program is reflected in the institution's operational budget in a manner that allows it to meet its aims?*
- ❖ *How are financial resource allocation decisions made? This should be asked to multiple people, i.e., staff/faculty, program leadership, and institutional leadership.*
- ❖ *Can staff/faculty and program leadership describe the organizational or administrative structure of the internship?*

Questions/Comments to consider when drafting the site visit report:
- *How do multiple people (faculty/staff/program leadership/ & institutional leadership) understand the administrative structure of the internship?*
- *Describe how multiple people (staff, program & institutional leadership) understand the institution's financial support for the program.*

I.B.3. Administrative Responsibilities Related to Cultural and Individual Differences and Diversity

The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain interns and staff/faculty from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of diverse individuals and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, interns, faculty, and staff/faculty before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare interns to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

Questions/Issues to address during the visit:
- ❖ *How is respect for individual and cultural diversity operationalized at the intern, staff/faculty, and training level?*
- ❖ *How are issues of individual and cultural diversity reflected in the day-to-day functioning of the program? Provide some examples. How are they reflected in the management of the program?*
- ❖ *Are there any administrative concerns that may interfere with the selection of a diverse faculty and interns? Given the program's selection criteria, does this restrict access in ways that are not relevant to training?*
- ❖ *How is the program preparing interns to navigate cultural and individual differences in research and practice, including those that may produce value conflicts, or other tensions arising from the intersection of different areas of diversity?*

Questions/Comments to consider when drafting the site visit report:
- *Provide any information obtained regarding non-adherence to policies regarding diversity.*

I.B.4. Funding and Budget

    a. Interns are provided financial support. Financial support should be set at a level that is representative and

fair in relationship to both the geographic location and clinical setting of the training site.

b. The program must have financial support for staff/faculty and sufficient and dependable training activities for the duration of the year or years of the contract with interns.

c. Funding for the program should be represented in the institution's operating budget and plans in a manner that enables the program to achieve its training aims.

Questions/Issues to address during the visit:
- ❖ *Interns and program leadership: Does the program have the resources needed for training? Are there any areas where the program's funding resources may fall short?*
- ❖ *Interns: Do you have what you need to meet the program aims?*
- ❖ *What support is available for interns and staff/faculty to attend training activities outside of the facility and conferences?*
- ❖ *Is time off available? Are stipends adequate and consistent with other programs in the region?*

Questions/Comments to consider when drafting the site visit report:
- • *Provide any information obtained regarding inadequacy of funding support, resources, or support services for the program from interns, staff, and program leadership.*
- • *Confirm how financial resource allocation decisions are made.*

I.B.5. Training Resources and Support Services
The program must demonstrate adequacy of its educational and training resources, including:

a. clerical, technical, and electronic support sufficient to meet the program's needs;

b. training materials, equipment, and access to the current knowledge base in the profession, including access to appropriate technology and resources to stay current with the scholarly literature;

c. physical facilities that are appropriate for confidential interactions, including facilities and resources that are compliant with the Americans With Disabilities Act.

Questions/Issues to address during the visit:
- ❖ *Are resources such as computers, space, testing materials, and clerical and technical support adequate?*

Questions/Comments to consider when drafting the site visit report:
- • *Please describe the training resources for interns to achieve the aims of the program, given reports from interns, staff, and leadership.*

I.C. Program Policies and Procedures

I.C.I. Areas of Coverage
The program has and adheres to, and makes available to all interested parties, formal written policies and procedures that govern interns as they enter and complete the program. These must include policies relevant to:

a. intern recruitment and selection;

b. any required prior doctoral program preparation and experiences;

c. administrative and financial assistance;

d. requirements for successful internship performance (including expected competencies and minimal levels

of achievement for completion);

e. intern performance evaluation, feedback, retention, and termination decisions;

f. identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing and appeal;

g. grievance procedures for interns including due process;

h. supervision requirements;

i. maintenance of records;

j. documentation of non-discrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.

Questions/Issues to address during the visit:
- ❖ *How do staff/faculty and interns report they are made aware of the program's policies? How would they access them? Do they know how to access them?*
- ❖ *For interns: Are you aware of the program's policies and procedures? Is there anything that interferes with your ability to utilize the program's policies and procedures?*
- ❖ *Are remediation plans and their success documented in the intern's file?*

Questions/Comments to consider when drafting the site visit report:
- *Are interns and staff aware of the program's policies and procedures, and do interns and staff know how to access them?*
- *Are remediation plans and their outcome(s) documented in the intern's file?*
- *Is documentation evident in intern files for interns who have or are going through remediation and corrective actions?*

I.C.2. Implementation
All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must demonstrate how it incorporates and implements departmental and institutional policies at the program level, whenever such policies impact the program specifically.

Questions/Issues to address during the visit:
- ❖ *Are there any specific departmental or institutional policies that impact the program specifically? How does the program incorporate those policies at the program level?*

I.C.3. Availability of Policies and Procedures
At the start of internship, the program must provide interns with written or electronic policies and procedures regarding program and institution requirements and expectations regarding interns' performance and continuance in the program and procedures for the termination of interns.

Questions/Comments to consider when drafting the site visit report:
- *Do interns have knowledge of all policies and procedures at the start of the internship? Please describe how this occurs.*

I.C.4. Record Keeping

a. Intern Performance. The program must document and permanently maintain accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the

interns' progress through the program as well as for future reference and credentialing purposes. The program should inform interns of its records retention policies.

b. Complaints and Grievances. The program must keep information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

Questions/Issues to address during the visit:
- ❖ *Staff and Interns: Is interns' progress assessed at least twice a year? How do interns receive feedback about their progress? Is there evidence for this assessment in intern files?*
- ❖ *What methods are used to assist interns experiencing difficulties (including remediation) in the program? What policies and procedures are used to terminate interns? How are interns informed of these procedures?*
- ❖ *If remediation and or program terminations have taken place, is there evidence (including in intern files) that the program has followed its own policies?*
- ❖ *Have there been any grievances? Where are these grievances stored and how is privacy and confidentiality maintained?*

Questions/Comments to consider when drafting the site visit report:
- • *Is there evidence of the assessment of intern performance (training experiences, evaluations, certificates of internship completion) in intern records?*
- • *What methods are used to assist interns experiencing difficulties (including remediation) in the program? If there is a termination, what policies and procedures are used? How are interns informed of these procedures?*
- • *If remediation and or program terminations have taken place, is there evidence (including in intern files) that the program has followed its own policies?*
- • *If there have been grievances since the last site visit, where are these grievances stored and how is privacy and confidentiality maintained?*

I.D Program Climate

I.D.I. Cultural and Individual Differences and Diversity
The program ensures a welcoming, supportive, and encouraging learning environment for all interns, including interns from diverse and underrepresented communities.

a. Program climate is reflected in the recruitment, retention, and development of training supervisors and interns, as well as in didactic and experiential training that fosters an understanding of cultural and individual differences and diversity as it relates to professional psychology.

b. The program conducts periodic self-assessment of its training climate in regards to diversity and takes steps to maintain an atmosphere that promotes the success of all interns.

Questions/Issues to address during the visit:
- ❖ *Ask program leadership about the intern policies in the area of diversity.*
- ❖ *Ask current interns about the training atmosphere in the area of diversity.*
- ❖ *Do trainees and staff perceive that the program provides a supportive environment for diverse faculty, staff, and interns? [not all programs will have diversity among the faculty, staff, and residents, but a welcoming environment is essential].*
- ❖ *In what way does the program assess its success in providing a welcoming and supportive environment*

for diverse trainees, faculty, and staff? Ask for examples of how this has been done in the past and how it is an ongoing process.

Questions/Comments to consider when drafting the site visit report:
- *Please address how current interns describe the training atmosphere in the area of diversity.*
- *Do trainees and staff perceive that the program provides a supportive environment for diverse staff and interns? Not all programs will have diversity among the staff and interns, but a welcoming environment is essential.*
- *Please describe how the program assesses how it provides a welcoming and supportive environment for diverse trainees and staff. Does the program provide examples of how program self-evaluation has been done in the past and how it is an ongoing process?*

I.D.2. Supportive Learning Environment

a. The program recognizes the rights of interns and staff/faculty to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and staff/faculty should be collegial and conducted in a manner that reflects the highest standards of the profession. (See the current APA Ethical Principles of Psychologists and Code of Conduct.) The program has an obligation to inform interns of these principles and of their avenues of recourse should problems arise.

b. Program staff/faculty are accessible to interns and provides them with a level of guidance and supervision that encourages successful completion of the internship. Staff/faculty members serve as appropriate professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the program's training aims.

Questions/Issues to address during the visit:
- ❖ *For interns: What is it like to be an intern here? Describe specifically how you are treated with courtesy and respect? Are there instances when you feel you have not been treated with courtesy and respect? If yes, please describe those instances. What happened and how did it get resolved? Are you now treated with respect?*
  - o *Describe generally your relationship with supervisors and program leadership. Describe a supportive interaction that you have had with your supervisor/intern.*
  - o *Are you aware of what options you have if you are not treated with courtesy and respect? Are you aware of the program's grievance policy? Do you know where you can find it? (Ask these questions of program leadership as well.)*
- ❖ *For leadership and staff/faculty: Describe the staff/faculty/supervisor and intern morale.*
- ❖ *For staff/faculty and interns: Describe how staff/faculty are accessible to interns. How do they guide and encourage interns to meet the program's aims and complete the program? How do staff/faculty serve as role models?*

Questions/Comments to consider when drafting the site visit report:
- *How do interns describe what is it like to be an intern at the program? Are there instances when interns feel they have not been treated with courtesy and respect? If yes, please describe those instances. What happened and how did these instances get resolved?*
- *Explain how interns describe their relationship with supervisors and program leadership.*
- *Are interns aware of options they have if they are not treated with courtesy and respect? Are they aware of the program's grievance policy and where to find it?*
- *Describe how staff are accessible to interns and guide and encourage interns to meet the program's aims and complete the program.*
- *How do staff serve as role models?*

- *Describe the staff/supervisor and intern morale.*

I. (All)
Additional Information relevant to Standard I.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard?*
- ❖ *Has the program addressed all the issues from the last review that would be relevant to what site visitors might be able to assess on the ground?*
- ❖ *Request any information relevant to Standard I that seems to be missing.*

Questions/Comments to consider when drafting the site visit report:
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard I that seems to be missing, is inconsistent, or diverges from the self-study.*

Standard II: Aims, Training, Competencies, and Outcomes

II.A. Required Profession-Wide Competencies

1. Certain competencies are required for all interns who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their interns to achieve and demonstrate that each required profession-wide competency has been met.

2. The role of the internship is to build upon a trainee's competencies in all of the competency areas. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing interns in the competency areas. Interns must demonstrate competence in:
   a. Research
   b. Ethical and legal standards
   c. Individual and cultural diversity
   d. Professional values, attitudes, and behaviors
   e. Communication and interpersonal skills
   f. Assessment
   g. Intervention
   h. Supervision
   i. Consultation and interprofessional/interdisciplinary skills

Questions/Issues to address during the visit:
- ❖ *For staff/faculty and leadership:*
  - o *How does the program facilitate competence in these profession wide competencies? Describe the training experiences in each area.*
  - o *Describe how the program assesses competence in each of the areas.*
  - o *Describe how you train interns in each of the profession wide competencies.*
  - o *What are the professional values you seek to instill in the intern?*
  - o *How often do interns meet with members from other professions? What type of contact do interns have with individuals from other professions?*
- ❖ *For interns:*
  - o *How do you think you are trained in each of the competencies?*
  - o *What values do you think the staff/faculty tries to encourage in you?*
  - o *How do you perceive the means by which science and practice are integrated at your program?*
  - o *How often do you meet with members of other professions? What types of contact, if any, do you have?*

Questions/Comments to consider when drafting the site visit report:
- • *Describe staff's understanding of how the program facilitates interns' attainment of the PWC's.*

II.B. Program-Specific Aims and Competencies

II.B.I. Specific Aims of the Training Program
Consistent with profession-wide competencies required of all programs, the program must provide information on the specific aims of the training program. The program's aims should be aligned with the program's training activities and intended outcomes.

Questions/Issues to address during the visit:

- ❖ *If in the self-study the program did refer to specific aims of the training program, please discuss those aims and how the program conveys those aims to the interns.*
- ❖ *Can staff/faculty and interns describe the program's specific aims regarding its professional training?*
- ❖ *How do the day-to-day activities of the program relate to or flow from the program's specific aims? For interns, what are their individual goals? How are their goals consistent with the aims of the program?*

Questions/Comments to consider when drafting the site visit report:
- *How do staff and interns describe the program's specific aims regarding its professional training?*

II.B.2. Program-Specific Competencies
While internship programs accredited in health service psychology must encompass profession-wide competencies required of all programs, they may also elect to demonstrate program-specific competencies.

a. The program must specify if its intended training outcomes will place special emphasis on the development of any competencies in addition to those expected for all psychology interns or to a greater degree of achievement than might be expected for all psychology interns.

b. Additional competencies, if any, must be current and consistent with the definition of health service psychology, ethics of the profession, and aims of the program.

Questions/Issues to address during the visit:
- ❖ *If described in the self-study: How does the program incorporate program specific competencies into its training?*
- ❖ *How are any program-specific competencies supportive of and consistent with the aims of the program?*
- ❖ *How did the program identify which program-specific competencies to require and why?*

Questions/Comments to consider when drafting the site visit report:
- *Are interns/staff aware of any program specific competencies? How are they incorporated into their training?*

II.C. Learning Elements to Develop Competencies

II.C.I. Educational Activities
It is the responsibility of the program to have a clear and coherent plan for educational activities that support interns' achievement of both profession-wide and any program-specific competencies.

II.C.2. Learning Elements
a. The program's primary training method must be experiential (i.e., service delivery in direct contact with service recipients) and include sufficient observation and supervision by psychologists to facilitate interns' readiness to enter into the general practice of psychology on training completion.

b. The program must follow a logical training sequence that builds on the skills and competencies acquired during doctoral training.

c. Training for practice must be sequential, cumulative, and graded in complexity in a manner consistent with the program's training structure.

d. The program must demonstrate that intern service delivery tasks and duties are primarily learning-oriented and training considerations take precedence over service delivery and revenue generation.

Questions/Issues to address during the visit:

❖ *Describe how intern clinical activities are based on current psychological science? How is this fostered by the program (didactics, supervision, modeling by staff/faculty, etc.)? Ask of staff/faculty and interns.*

❖ *For both staff/faculty and interns: Describe how intern training activities change over the course of the program? How might these activities differ at the mid-year and end of the year compared to the beginning of the training year? How might these experiences build upon each other? Through what mechanism does this change occur? Is it intentional?*

❖ *Does the institution have productivity requirements for interns? What is the ratio of direct clinical time to time allocated for supervision, seminars, and research?*

Questions/Comments to consider when drafting the site visit report:
- *Describe how intern training activities change over the course of the program.*

II.C.3. Supervision

a. Supervision is regularly scheduled.

b. Interns receive at least 4 hours of supervision per week.

c. One or more doctoral level psychologists, who are appropriately trained and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.

d. Supervisory hours beyond the 2 hours of individual supervision must be consistent with the definition of supervision in the glossary and must be supervised by health care professionals who are appropriately credentialed for their role/contribution to the program. These interactive experiences can be in a group or individual format.

e. Interns should have access to consultation and supervision during times they are providing clinical services.

f. The doctoral-level licensed psychologist supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals.

Questions/Issues to address during the visit:
❖ *For interns: describe your experience with clinical supervision. How much supervision do you receive per week? Is your two hours of individual supervision honored or is it frequently interrupted, canceled or cut short? Describe any group supervision experiences.*

❖ *For leadership and staff/faculty: describe your experience with clinical supervision. How much supervision does each intern receive? Do you feel you are provided sufficient time to supervise? Are the interns' two hours of individual supervision honored or is it frequently interrupted, canceled or cut short? Describe any group supervision experiences.*

❖ *For the program director: How does the program ensure that interns receive the required amount of supervision. Through what mechanism(s) is this tracked to ensure that interns receive the required amount of supervision?*

Questions/Comments to consider when drafting the site visit report:
- *How do interns describe their experience with clinical supervision? How much individual supervision by a licensed psychologist do interns report receiving each week? What other types supervision do interns report? What is the frequency of this supervision?*

- *Discuss how leadership and supervisors describe their experience in providing clinical supervision. Provide supervisors' descriptions of how much supervision an intern receives each week.*
- *Do supervisors report they are provided sufficient time to supervise?*

II.D. Outcomes and Program Effectiveness

II.D.1 Evaluation of Interns' Competencies

a. Current Interns. As part of its ongoing commitment to ensuring the quality of its graduates, the program must evaluate intern in both profession-defined and program-defined competencies. By the end of the internship, each intern must demonstrate achievement of both the profession-wide competencies and any additional competencies required by the program. For each competency, the program must:

   i. specify how it evaluates intern performance;

   ii. identify the minimum level of achievement or performance required of the intern to demonstrate competency;

   iii. provide outcome data that clearly demonstrate all interns successfully completing the program have attained the minimal level of achievement of both the profession-wide and any program-specific competencies;

   iv. base each intern evaluation in part on direct observation (either live or electronic) of the intern;

   v. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with professionally accepted practices in intern competencies evaluation.

Questions/Issues to address during the visit:
- ❖ *For staff/faculty/interns/program leadership: Describe the program's minimal levels of achievement? How does the program know interns achieve the program's minimal levels of achievement?*
- ❖ *Review intern files and ensure that an evaluation evaluating all competencies is completed at least twice per year.*
- ❖ *For staff/faculty: How does the program assess intern competencies?*
- ❖ *For interns: How does the program assess your performance during the internship? What is required of you to pass the internship program? How are you informed about this?*
- ❖ *For Leadership, faculty, and interns: Describe how the supervisors observe the performance of each intern. How often does this observation occur?*

Questions/Comments to consider when drafting the site visit report:
- *How does the program know all interns are achieving the program's minimum levels of achievement in each competency?*
- *Describe interns' understanding of how the program assesses their performance during the internship and what is required to successfully complete the internship.*
- *Please describe how interns are evaluated – is an intern's progress in all profession-wide and program-specific competencies assessed at least twice a year? Is each evaluation based in part on direct observation?*

II.D.1.b. Internship Program Alumni
The program must evaluate the functioning of alumni in terms of their career paths in health service psychology. Each program must provide data on how well the program prepared interns in each of the profession-wide and

any program-specific competencies. The program must also provide data on interns' job placement and licensure status.

Questions/Issues to address during the visit:
- ❖ **For Leadership: Discuss the data of alumni career paths with the program leadership. Are those who completed the internship practicing in health service psychology.**

II.D.2. Evaluation of Program Effectiveness and Quality Improvement Efforts

a. The program must demonstrate ongoing self-evaluation to monitor its performance to ensure competence in health service psychology and contribute to fulfilment of its sponsor institution's mission.

b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:

    i. involves program stakeholders, including training staff/faculty, interns, program graduates, and others involved in the training program;

    ii. evaluates its effectiveness in training interns who, by the completion of the internship, demonstrate competencies required by the profession and the program, and who are able to engage in professional activities consistent with health service psychology and with the program's aims;

    iii. has procedures in place to use proximal and distal data to monitor, make changes in, and improve the program;

    iv. provides resources and/or opportunities to enhance the quality of its training and supervision staff/faculty through continual professional development;

    v. evaluates the currency and appropriateness of its aims, educational activities, policies and procedures with respect to its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.

Questions/Issues to address during the visit:
- ❖ *Describe the program's self-study or self-improvement process. How are changes made? How is feedback obtained from staff/faculty, interns, graduates, and others involved in the program? Are there formal meetings? How often? Who attends?*
- ❖ *What recent changes have been made? Through what mechanism did the program become aware or identify that change was needed?*
- ❖ *How are proximal and distal outcome data used to determine the extent to which the program is achieving its aims?*
- ❖ *For interns: how do you provide feedback about the program. Are you heard? Have changes occurred as a result of your feedback?   If so, what are they?*
- ❖ *What opportunities are available for the professional development of staff/faculty? What supports are available from the program and/or institution? How does the program foster the professional development of staff/faculty?*
- ❖ *How does the host institution show that it values and recognizes the importance of intern training?*
- ❖ *Is the program staff/faculty aware of and planful about how their program fits into trends that are affecting the sponsoring institution, career opportunities, and training trends in the region and nation?*

Questions/Comments to consider when drafting the site visit report:

- *How is feedback obtained from staff, interns, graduates, and others involved in the program?*
- *How do interns describe their process for providing feedback about the program? What do interns report regarding the program's response to their feedback?*
- *What opportunities are available for staff professional development?*
- *Is the program staff aware of and planful about how their program fits into trends that are affecting the sponsoring institution, career opportunities, and training trends in the region and nation?*

II.(All)
Additional information relevant to Standard II.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard?*
- ❖ *Has the program addressed all the issues from the last review that would be relevant to what site visitors might be able to assess on the ground?*
- ❖ *Request any information relevant to Standard II that seems to be missing.*

Questions/Comments to consider when drafting the site visit report:
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard II that seems to be missing, is inconsistent, or diverges from the self-study.*

Standard III: Interns

III.A Intern Selection Process and Criteria

III.A.I. Identifiable Body of Interns
The program has an identifiable body of interns who are qualified to begin doctoral internship training.

   a. They are currently enrolled in a doctoral program accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the internship accepts an intern from an unaccredited program, the program must discuss how the intern is appropriate for the internship program.

   b. Interns have interests, aptitudes, and prior academic and practicum experiences that are appropriate for the internship's training aims and competencies.

   c. Adequate and appropriate supervised practicum training for the internship program must include face-to-face delivery of health service psychological services.

Questions/Issues to address during the visit:
   ❖ *Ask of the program director and staff/faculty: How does the program assess applicants' qualifications, particularly their educational and practicum experiences? How are applicants rated and ranked? How is this consistent with the program's aims?*
   ❖ *How do the faculty and interns participate in the assessment of applicants?*

Questions/Comments to consider when drafting the site visit report:
   • *How do the staff and interns participate in the assessment of applicants? What do they report about how the program assesses applicants' qualifications?*

III.A.2. Recruitment of Interns who are Diverse

   a. The program has made and continues to make systematic, coherent, and long-term efforts to attract interns from different ethnic, racial, gender, and personal backgrounds into the program.

   b. Consistent with such efforts, the program acts to ensure the provision of training opportunities appropriate for the training of diverse individuals. It reviews its success with these efforts and makes changes as appropriate.

Questions/Issues to address during the visit:
   ❖ *Describe the program's plan and efforts to recruit diverse interns. Independent of success or how diverse interns may be, what does the program do and continue to do to improve its diversity? This can be indirect or small actions towards the larger goal of increasing diversity. Based on the success of the plan, how has the program modified its plan?*
   ❖ *Ask of leadership and interns: How does the program foster a supportive and encouraging environment for diversity in didactics, clinical interventions, and research?*

Questions/Comments to consider when drafting the site visit report:
   • *What processes does the program have in place to recruit diverse interns? How does it assess the effectiveness of those processes?*
   • *What does the program do regarding ongoing assessment and modification of its diversity recruitment and retention efforts?*

- *What does the program do to foster a supportive and encouraging environment for diversity in didactics, clinical interventions, and research?*

III.A.3. Intern Sufficiency
The program has at least two interns who:

a. are provided with opportunities that ensure appropriate peer interaction, support, and socialization;

b. are provided with opportunities for socialization and interaction with professional colleagues in a manner consistent with the program's training structure;

c. have an understanding of the program's philosophy, aims, and expected competencies;

d. have a training status at the site that is officially recognized in the form of a title or designation such as "psychology intern" (consistent with the licensing laws of the jurisdiction in which the internship is located and with the sponsoring institution).

Questions/Issues to address during the visit:
❖ *For Interns: What is your understanding of the aims of the internship program? What competencies are you expected to achieve by completion of the program?*
❖ *For interns: What is your formal title and how are you addressed?*

Questions/Comments to consider when drafting the site visit report:
- *What opportunities do interns have for peer interaction, support, and socialization?*
- *What is an intern's understanding of the aims of the internship program?*
- *What formal training status is used at the site to describe the title of the interns?*

III.B. Feedback to Interns

1. Interns receive, at least semiannually and as the need is observed for it, written feedback on the extent to which they are meeting stipulated performance requirements. Feedback is linked to the program's expected minimal levels of achievement for profession-wide competencies and any program-specific competencies.

2. Such feedback should include:
   a. timely written notification of all problems that have been noted and the opportunity to discuss them;

   b. guidance regarding steps to remediate all problems (if remediable);

   c. substantive written feedback on the extent to which corrective actions are or are not successful in addressing the issues of concern;

   d. documentation that the intern evaluation was reviewed and discussed by the intern and the supervisor.

Questions/Issues to address during the visit:
❖ *For interns and faculty: Describe the intern evaluation process? When and how is your performance evaluated*

- ❖ *How do you receive verbal and written feedback on your performance? How detailed is this feedback? How often does this occur?*
- ❖ *Check intern files for evidence of written feedback regarding performance. Are they signed by both the intern and supervisor?*
- ❖ *Review files for interns who have gone through corrective actions.*
- ❖ *For interns: What is required to complete the program? Are you aware of what ways you might not pass or complete the program? How were you made aware of the internship program's policies and procedures and do you know where you can find them?*

Questions/Comments to consider when drafting the site visit report:
- *Do interns know what is required to complete the program? Are they aware of criteria for not completing the program successfully?*
- *What mechanisms do interns describe for receiving verbal and written feedback on their performance (i.e., how, when, what)?*
- *Is there evidence in the evaluations that the evaluations have been discussed and reviewed by the intern and the supervisor?*
- *Please describe how each evaluation is based in part on direct observation.*

III.(All)
Additional information relevant to Standard III.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard?*
- ❖ *Has the program addressed all the issues from the last review that would be relevant to what site visitors might be able to assess on the ground?*
- ❖ *Request any information relevant to Standard III that seems to be missing.*

Questions/Comments to consider when drafting the site visit report:
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard III that seems to be missing, is inconsistent, or diverges from the self-study.*

IV. Supervisor/Staff/Faculty Leadership

IV.A Program Leadership

IV.A.1. Internship Program Director

a. The program director is primarily responsible for directing the training program and has administrative authority commensurate with that responsibility.

b. The director should have appropriate administrative skills to ensure the success of the program and serve as a role model for the interns.

c. The director must be a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located.

d. The director's credentials and expertise must be consistent with the program's aims and the expected competencies of its interns.

Questions/Issues to address during the visit:
- ❖ *From your observations, describe how the program leader's background, training and experience prepare him/her for this role in the program.*

IV.A.2 Administrative and Program Leadership Structure
The program's administrative structure and processes facilitate appropriate review and continuous program improvement to ensure the program achieves its aims and provides the training environment needed for interns to attain all competencies. The program must describe how staff/faculty and interns contribute to the planning and implementation of the training program.

Questions/Issues to address during the visit:
- ❖ *For leadership, staff/faculty, and interns: How do you contribute to the development and enhancement of the internship program? How does the program director and staff/faculty work together to oversee the program? How do changes to the program occur?*

Questions/Comments to consider when drafting the site visit report:
- *Describe how interns, staff, and program leadership contribute to the development, implementation, evaluation, and enhancement of the internship program. How do they work together and oversee the program and how are changes made to the program?*

IV.A.3. Intern Training Supervisors

a. Supervisors function as an integral part of the site where the program is housed and have primary responsibility for professional service delivery.

b. The program must have a sufficient number of supervisors to accomplish the program's service delivery and to supervise training activities and program aims. An accredited internship program must have a minimum of two doctoral-level psychologists on-site.

c. Supervisors are doctoral-level psychologists who have primary professional responsibility for the cases for which they provide supervision and are appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the internship is located.

i.   When supervision services are conducted in a context where a state or territory credential is required for practice, the supervisor holds that required credential.

ii. When supervision services are conducted in a federal jurisdiction (e.g., the VA or Bureau of Prisons), the credentialing rules pertaining to practice in a federal setting apply.

iii. Supervision requirements of school settings are governed by Federal general education and special education laws.

d.   Supervisors are responsible for reviewing with the interns the relevant scientific and empirical bases for the professional services delivered by the interns.

e.   Supervisors participate actively in the program's planning, implementation, and evaluation and serve as professional role models to the interns consistent with the program's training aims and expected competencies.

f.   Other professionals who are appropriately credentialed can participate in the training program. These individuals may augment and expand interns' training experiences, provided that they are integrated into the program and are held to standards of competence appropriate to their role/contribution within the program.

Questions/Issues to address during the visit:
- ❖ *For Interns: Describe supervisors' availability? Are they available when you need them outside of formal supervision? Do you feel your supervisors are appropriately qualified to supervise you? Please describe.*
- ❖ *How do your supervisors serve as role models?*
- ❖ *What happens during supervision? How often do you and your supervisor meet?*
- ❖ *How are adjunct staff/faculty/faculty used in the program? Are they appropriately qualified?*

Questions/Comments to consider when drafting the site visit report:
- • *How do supervisors describe serving as role models for interns?*
- • *Explain how supervisors describe the ways they review with interns the empirical basis for the professional services delivered by interns?*

IV.B. Staff/Faculty Diversity:
The program must demonstrate systematic and long-term efforts to recruit and retain staff/faculty who are from diverse backgrounds.

Questions/Issues to address during the visit:
- ❖ *Describe the program's plan and efforts to recruit diverse staff/faculty. Regardless of success or how diverse staff/faculty may be, what does the program do to improve its diversity? This can be indirect or small actions towards the larger goal of increasing diversity. Based on the success of the plan, how has the program modified its plan?*

Questions/Comments to consider when drafting the site visit report:
- • *How does the program continually assess and modify its recruitment and retention plans for diverse staff?*

IV.(All)
Additional information relevant to Standard IV.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard?*
- ❖ *Has the program addressed all the issues from the last review that would be relevant to what site visitors might be able to assess on the ground?*
- ❖ *Request any information relevant to Standard IV that seems to be missing.*

Questions/Comments to consider when drafting the site visit report:
- • *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- • *Address any information relevant to Standard IV that seems to be missing, is inconsistent, or diverges from the self-study.*

V. Communication Practices

V.A Public Disclosures

V.A.I. General Disclosures

a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum this includes general program information pertaining to its aims, required training sequence, program-specific competencies, and expected outcomes in terms of its interns' careers.

b. The program also demonstrates commitment to public disclosure by providing current information on its use of distance education technologies for training and supervision.

c. The program articulates its commitment to attracting and training diverse interns.

d. The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials that pertain to the program's accreditation status.

Questions/Issues to address during the visit:
- ❖ **See items in V.A.2.**

V.A.2. Communication with Prospective and Current Interns

a. All communications with potential interns should be informative, accurate, and transparent.

b. The program is described accurately and completely in documents that are available to current interns, prospective interns, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.

c. The program describes its aims; requirements for admission and completion; curriculum; training supervisors, facilities, and other resources; administrative policies and procedures, including vacation, sick leave, maternity and paternity leave policies; the kinds of experiences it provides; anticipated workload requirements; and training outcomes in documents available to current interns, prospective interns, and other publics.

d. The program provides reasonable notice to its current interns of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its training quality.

e. The program issues a certificate of completion to all interns who have successfully met all program requirements. The certificate of completion must include a statement about the program's scope of accreditation (e.g., Internship in Health Service Psychology).

Questions/Issues to address during the visit:
- ❖ *For interns: How accurately did the program's brochure or website reflect the program? How consistent was it with what the program actually does?*
- ❖ *What do interns wish they had known about the program prior to program completion?*

- ❖ *For leadership: When was the last time you updated your program's material?*
- ❖ *For alumni: When you completed the program, did you receive certificates of completion?*

Questions/Comments to consider when drafting the site visit report:
- *Describe interns' perceptions of how accurately the program's brochure or website reflects the program. Do interns receive the training they expected to receive?*
- *Is there anything interns wish they had known about the program prior to program completion?*

V.A.3. Communication Between Doctoral and Internship Programs

a. Throughout the internship year, there should be communication between the doctoral program and the internship program. The nature and frequency of this communication will depend on needs. Communication must take place when problems arise with interns.

b. The internship should send formal written intern evaluations to the doctoral program at or near the midpoint of the training year and again at internship completion.

Questions/Issues to address during the visit:
- ❖ *For leadership: Describe your interactions with your interns' doctoral programs. How often do you contact the interns' doctoral programs?*

Questions/Comments to consider when drafting the site visit report:
- *What mechanism does the program have in place for interacting with interns' doctoral programs, and how often does this occur?*

V.B Communication and Relationship with Accrediting Body

V.B.I. Adherence
The program abides by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program, and the program responds in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to questions from the accrediting body.

a. Standard Reporting. The program responds to regular recurring information requests (e.g., annual reports and narrative reports) as identified by the accrediting body's policies and procedures.

b. Nonstandard Reporting. The program submits timely responses to any additional information requests from the accrediting body consistent with its policies and procedures.

c. Fees. The program is in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

Questions/Issues to address during the visit:
- ❖ *For leadership: How does the program decide when CoA is to be notified of changes?*
- ❖ *Does the program have any plans that might substantially change its nature or function in the next few years?*

V.B.2. Communication
The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty changes, and changes in administration.

Questions/Issues to address during the visit:
- ❖ *For leadership: How does the program decide when CoA is to be notified of changes? Provide some examples.*

Questions/Comments to consider when drafting the site visit report:
- *For leadership: How does the program decide when the CoA is to be notified of changes?*

V. (All)
Additional information relevant to Standard V.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard?*
- ❖ *Has the program addressed all the issues from the last review that would be relevant to what site visitors might be able to assess on the ground?*
- ❖ *Request any information relevant to Standard V that seems to be missing.*

Questions/Comments to consider when drafting the site visit report:
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard V that seems to be missing, is inconsistent, or diverges from the self-study.*

Example Questions for Site Visitors – POSTDOCTORAL RESIDENCY

Introduction

This document is intended to assist site visitors in gathering information helpful to the Commission on Accreditation (CoA). The CoA relies on site visitors to provide data gathered "on the ground," i.e., in in-person interviews and discussions with residents, staff/faculty, and program leadership, as well as review of certain records. It is not necessary nor helpful in the site visit report simply to repeat what is stated in the self-study, as commissioners will have read the self-study with care. The CoA relies on you for input from the people involved at all levels of the training program. Thus, regardless of how the questions in this document are worded, please respond with information obtained directly at the training site. In addition, it is helpful to point out whenever the information provided in the self-study is not consistent with that provided during interviews and discussions. It is also helpful to identify in the site visit report the general source of the information by category, such as training staff/faculty, leadership, or residents. Thank you very much for your assistance in this important process.

In this document, relevant sections of the Standards of Accreditation have been interspersed with suggested questions, in italics. The questions below are suggestions based on CoA experience in reading site visit reports (SVRs). However, please do not feel completely constrained by the specific questions posed. If there is other information that you have gathered at the site that is relevant to SoA requirements, please provide that information.

Standard I: Institutional and Program Context

I.A. Type of Program

I.A.1 Areas of Postdoctoral Accreditation

Programs providing training in health service psychology (HSP) may be accredited in one or more areas:

    a.   Advanced competencies in the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).

        A focus area that promotes attainment of advanced competencies in a context within one or more of the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).

    b.   Specialty practice areas in health service psychology. If accreditation is sought in a recognized specialty practice area, the specialty practice area must meet at least two of the following requirements:

        i.   The specialty is recognized by the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association or by the American Board of Professional Psychology (ABPP).

        ii.   The specialty is recognized by and holds membership on the Council of Specialties (CoS).

        iii. The specialty has provided the Commission on Accreditation with specialty-specific postdoctoral educational and training guidelines endorsed by the Council of Specialties.

I.A.2 Length of Program

Each resident must complete a minimum of 1 year of full-time training in no less than 12 months (10 months for school psychology postdoctoral training programs), or 2 years of half-time training in no more than 24 months. Specialty practice residencies may require longer training periods, as specified in their respective education and training guidelines. a. Advanced competencies in the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).

Questions/Issues to address during the visit:
   ❖ *If half-time, how do residents describe that the training plan is conveyed to them?*

Questions/Comments to consider when drafting the site visit report:
   • *If the program provides 2 years of half-time training: how do residents describe that the training plan is conveyed to them?*

I.A.3 Direct Service Delivery

This is an essential element of training that promotes advanced competencies in health service psychology. Programs must allocate sufficient time to various training activities in order to promote the development of advanced competencies (e.g., direct service, didactics, supervision, and research). Programs that require substantial research activities must demonstrate how these research activities are directly related to the program's aims, competencies and outcomes as described in Standard II.

Questions/Issues to address during the visit:
   ❖ *Question for Program Director: How does the program decide the amount of time needed in direct service delivery for residents to attain the advanced competencies expected at the end of the residency?*
   ❖ *Question for Residents: Is the amount of time spent in direct service delivery consistent with what you expected of the residency when you applied to the program?*

Questions/Comments to consider when drafting the site visit report:
   • *Do residents describe having adequate time for direct service delivery, consistent with what they expected when they applied to the program?*

I.A.4 Learning

Learning must take precedence over service delivery. The program must demonstrate that residents' service delivery activities are primarily learning-oriented and that training considerations take precedence over service needs and revenue generation.

Questions/Comments to consider when drafting the site visit report:
   • *Please indicate how residents describe that their service delivery activities are primarily learning oriented versus focused on revenue generation.*

I.B.1 Training Setting

The setting must be appropriate for the program's aims and the development of residents' advanced competencies. Resources to support training must be sufficient to meet the program's aims and various expected learning outcomes. The service population must be appropriate and sufficient to meet the direct service activities that foster development of advanced competencies.

I.B Institutional and Program Setting and Resources

I.B.2 Administrative Structure

a.   The program's aims are consistent with the mission of the larger institution in which it resides. The program is represented in the institution's operating budget and plans in a manner that enables it to achieve its aims.

b.   The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.

c.   A postdoctoral training program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or may take the form of a consortium.

Questions/Issues to address during the visit:
- ❖ *For program leadership and staff/faculty: Describe the organizational administrative structure of the residency program. How is the residency training different from internship training?*
- ❖ *If residents need to carry out their training in multiple sites, how is this organized in a way that does not interfere with their training?*
  For multisite programs, when planning the visit, site visitors should determine if a visit to all or some or one site is needed. For programs with multiple sites, describe the similarities and difference between the sites, with possible implications for training.

Questions/Comments to consider when drafting the site visit report:
- • *How do multiple people (staff/program leadership/ & institutional leadership) describe the administrative structure and coordination of the residency?*
- • *Describe how multiple people (staff, program, & institutional leadership) describe the institution's financial support for the program.*
- • *If there are multiple sites, please describe any information you have received that is different from, or in addition to, what was described in the self-study.*

I.B.3 Administrative Responsibilities Related to Cultural and Individual Differences and Diversity

The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain residents and faculty/staff from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in postdoctoral training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, residents, and faculty/staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of

these standards. Finally, compelling pedagogical interests require that each program prepare residents to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

Questions/Issues to address during the visit:
- ❖ *How is respect for individual and cultural diversity operationalized at the resident, faculty, staff, and curricular level?*
- ❖ *How are issues of individual and cultural diversity reflected in the day-to-day functioning of the program? Provide some examples. How are they reflected in the management of the program?*
- ❖ *Do program leadership, staff/faculty, or residents perceive any administrative policies or procedures that may interfere with the selection of a diverse faculty, or interfere with selection of diverse residents that may restrict access in ways that are not relevant to training?*
- ❖ *How is the program preparing residents to navigate cultural and individual differences in research and practice, including those that may produce value conflicts, or other tensions arising from the intersection of different areas of diversity?*

Questions/Comments to consider when drafting the site visit report:
- • *Do program leadership, staff, or residents identify any administrative policies or procedures that may interfere with the selection of a diverse staff or diverse residents in ways that are not relevant to training?*

I.B.4 Funding and Budget Sources

a. A program must have stable and sufficient funding to conduct the training necessary to meet its aims.

b. All postdoctoral residents must be financially supported at a level consistent with comparable doctoral-level professionals training at the same site or in the region.

Questions/Issues to address during the visit:
- ❖ *For program staff/faculty and leadership: How is the program reflected in the institution's operational budget in a manner that allows it to meet its aims?*
- ❖ *To Staff, program leadership, and institutional leadership: How are financial resource allocation decision made? (If a Consortium, how are resource allocation decisions made?)*

Questions/Comments to consider when drafting the site visit report:
- • *Provide any information obtained from residents, staff, and program leadership regarding inadequacy of funding support, resources, or support services for the program.*
- • *Confirm how financial resource allocation decisions are made.*
- • *How do the program leadership and residents discuss whether residents are financially supported at a level consistent with comparable doctoral-level professionals training at the same site or in the region?*

I.B.5 Training Resources and Support Services

a. The program provides sufficient and appropriate resources to fulfill the aims of the program (e.g., office space, supplies, computers, clerical support, library, and test equipment).

b. These resources and facilities must be compliant with the Americans with Disabilities Act.

Questions/Issues to address during the visit:
- ❖ *Residents and program leadership: Does the program have the resources needed for training? Are there*

any areas where the program may fall short?

❖ *Residents: Do you have the resources that you need to meet aims? Are resources such as computers, space, testing materials, and clerical support adequate? If sharing of office space and treatment space is used, is this sharing organized in a way that contributes of successful completion of the program?*

❖ *What support is available for residents and faculty to attend training activities outside of the facility and conferences?*

❖ *Is time off available? Are stipends adequate? Do training spaces appear adequate?*

Questions/Comments to consider when drafting the site visit report:

• *Please describe the training resources available for residents to achieve the aims of the program, given reports from residents, staff, and leadership.*

• *How do residents and program leadership describe the means by which the training complies with ADA requirements?*

I.C. Program Policies and Procedures

I.C.1 Administrative

a. Resident Recruitment and Selection

   i. The program has procedures for resident selection that ensure residents are appropriately prepared for the training offered.

   ii. At the initiation of training, residents will have completed doctoral and internship training in programs accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the program accepts residents who attended unaccredited programs, the residency must describe how the program ensures that selected residents are otherwise qualified and appropriately prepared for advanced training in the residency program.

b. Program Policies and Procedures. The program has and adheres to, and makes available to all interested parties, formal written policies and procedures that govern residents as they enter and complete the program. These must include policies relevant to:

   i. resident recruitment and selection;

   ii. any required prior doctoral program and internship preparation and experiences;

   iii. administrative and financial assistance;

   iv. requirements for successful resident performance (including expected competencies and minimal levels of achievement for completion);

   v. resident performance evaluation, feedback, retention, and termination decisions;

   vi. identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing and appeal;

   vii. grievance procedures for residents including due process;

   viii. supervision requirements;

        ix.   maintenance of records; and

        x.   documentation of non-discrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in post-doctoral training or the profession.

Questions/Issues to address during the visit:
- ❖ *<u>Residents and program leadership:</u> How (and when) are staff/faculty and residents made aware of the program's policies? How would they access them? Do they know how to access them?*
- ❖ *Are current residents aware of the requirements for completion of the program? What methods are used to assist residents experiencing difficulties (including remediation) in the program? Do residents know the circumstances that might lead to the termination of a trainee? The process for termination? If not, do they know where to find this information (e.g., in the trainee policy materials – in the program office, etc.)?*
- ❖ *Are remediation plans documented in the resident files?*

I.C.2 Resident Evaluation
Residents must receive written feedback on the extent to which they are meeting performance requirements at least semiannually (or more often as the need arises).

Questions/Issues to address during the visit:
- ❖ *For residents: How do you receive verbal and written feedback on your performance? How often does this occur?*
- ❖ *Review <u>resident files</u> and ensure that the residents get written feedback evaluating all competencies at least semiannually (signed and dated feedback letters).*

Questions/Comments to consider when drafting the site visit report:
- *Do residents know what is required to complete the program? Are they aware of criteria for not completing the program successfully?*
- *What mechanisms do residents describe are in place for receiving verbal and written feedback on their performance (i.e., how, when, what)?*

I.C.3 Implementation
All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must demonstrate how it incorporates and implements departmental and institutional policies at the program level, whenever such policies specifically impact the program.

I.C.4 Availability of Policies and Procedures
At the start of residency, the program must provide residents with written or electronic copies of policies and procedures regarding program and institution requirements and expectations regarding residents' performance and continuance in the program and procedures for the termination of residents.

Questions/Comments to consider when drafting the site visit report:
- *Do residents have knowledge of all policies and procedures at the start of the residency and how to access them? Please describe how this occurs.*

I.C.5 Record Keeping

a. The program documents and permanently maintains accurate records of the residents' supervised training experiences and evaluations for future reference, certification, licensing, and credentialing purposes.

b. Each program is responsible for maintaining records of all formal complaints and grievances against the program of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of residents' complaints as part of its periodic review of the program.

Questions/Issues to address during the visit:
- ❖ *Are the resident files generally intact and reflect the training that the program describes in the self-study and in its public materials?*
- ❖ *If remediation and/or program terminations have taken place, is there evidence (including in resident files) that the program has followed its own policies?*
- ❖ *Have there been any grievances? If yes, were they resolved? Where are these grievances stored and how is confidentiality and security maintained?*

Questions/Comments to consider when drafting the site visit report:
- *Is there evidence of the assessment of resident performance (training experiences, evaluations, remediation or corrective actions, terminations, certificates of completion) in resident records?*
- *If there have been grievances since the last site visit, where are these grievances stored and how is privacy and confidentiality maintained?*

I.D. Program Climate

I.D.1 Cultural and Individual Differences and Diversity
The program ensures a welcoming, supportive, and encouraging learning environment for all residents, including residents from diverse and underrepresented communities.

a. Program climate is reflected in the recruitment, retention, and development of training supervisors and residents, as well as in didactic and experiential training that fosters an understanding of cultural and individual diversity as it relates to professional psychology.

b. The program conducts periodic self-assessment of its training climate in regards to diversity and takes steps to maintain an atmosphere that promotes the success of all residents.

Questions/Issues to address during the visit:
- ❖ *Do the residents and staff/faculty believe that the program provides a supportive environment for diverse staff/faculty and residents? [not all programs will have diversity among the staff/faculty and residents, but a welcoming environment is essential].*
- ❖ *For staff/faculty and residents: Describe how the program provides you with relevant knowledge and experience regarding diversity.*
- ❖ *In what way does the program assess its success in providing a welcoming and supportive environment for diverse residents and staff/faculty? Ask for examples of how this has been done in the past and how it is an ongoing process.*

Questions/Comments to consider when drafting the site visit report:
- *Please address how current residents describe the training atmosphere in the area of diversity.*

- *Do residents and staff perceive that the program provides a supportive environment for diverse staff and residents? Not all programs will have diversity among the staff and residents, but a welcoming environment is essential.*
- *Please describe how the program assesses how it provides a welcoming and supportive environment for diverse residents and staff. Does the program provide examples of how program self-evaluation has been done in the past and how it is an ongoing process?*

I.D.2 Resident/Faculty/Staff Relationship Climate

a. The program recognizes the rights of residents and training supervisors to be treated with courtesy and respect. To maximize the quality and effectiveness of residents' learning experiences, interactions among residents, training supervisors, and program staff should be collegial and conducted in a manner that reflects psychology's ethical principles and professional conduct standards.

b. The program provides opportunities for socialization into the profession.

c. The program encourages peer interaction, and residents are provided with opportunities for appropriate peer interaction, support, and learning.

d. Residents are provided with opportunities for collegial interaction with professionals and/or trainees in other disciplines.

Questions/Issues to address during the visit:
- ❖ *For <u>residents</u>: What is it like to be a resident here? Describe specifically how you are treated with courtesy and respect? Are there instances when you have not been treated with courtesy and respect? If yes, please describe those instances. What happened and how did it get resolved? Are you now treated with respect?*
  - o *Describe generally your relationship with supervisors and program leadership.*
  - o *Are you aware of what options you have if you are not treated with courtesy and respect? Are you aware of the program's grievance policy? Do you know where you can find it? Ask these questions of program leadership as well.*
- ❖ *For <u>leadership and staff/faculty</u>: Describe the staff/supervisor and resident morale.*
- ❖ *For <u>staff/faculty and residents</u>: Describe how staff/faculty are accessible to residents. How do they guide and encourage residents to meet the aims and complete the program? How do staff serve as role models? Are there instances when you felt that you have not been treated with courtesy and respect?*

Questions/Comments to consider when drafting the site visit report:
- *How do residents describe what is it like to be a resident at the program? Are there instances when residents feel they have not been treated with courtesy and respect? If yes, please describe those instances. What happened and how did these instances get resolved?*
- *Explain how residents describe their relationship with supervisors and program leadership.*
- *Are residents aware of options they have if they are not treated with courtesy and respect? Are they aware of the program's grievance policy and where to find it?*
- *Do residents describe being provided with opportunities for peer interaction, support, and learning?*
- *Describe the staff/supervisor and resident morale.*
- *Please describe how staff/supervisors/residents explain how residents are provided with opportunities for collegial interactions with other professionals?*

I. (All)

Additional Information relevant to Standard I.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard?*
- ❖ *Has the program addressed all the issues from the last review that would be relevant to what site visitors might be able to assess on the ground?*
- ❖ *Request any information relevant to Standard I that seems to be missing.*

Questions/Comments to consider when drafting the site visit report:
- *If issues were identified at the last CoA review, what specific remedial actions have you observed that have been taken by the program?*
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard I that seems to be missing, is inconsistent, or diverges from the self-study.*

Standard II: Aims, Competencies, Training, and Outcomes

II.A Aims of the Program

The program must describe its aims in residency training (i.e., the overall, long-term expected outcome of the residency program).

Questions/Comments to consider when drafting the site visit report:
- *Please explain how staff and residents describe the aims of the program.*

II.B Competencies

Postdoctoral programs ensure that residents attain advanced competencies relevant to the program's specialty or area of focus. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing residents in the competency areas. All programs provide experiences to promote advanced competencies fundamental to health service psychology (Level 1). Additionally, programs ensure that residents attain advanced competencies relevant to the program's aims or area of focus (Level 2), or that are consistent with the program's designated specialty (Level 3).

1. Level 1-Advanced Competency Areas Required of All Programs at the Postdoctoral Level

    a. Integration of Science and Practice. This includes the influence of science on practice and of practice on science.

    b. Individual and Cultural Diversity. This includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

    c. Ethical and Legal. This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

Questions/Issues to address during the visit:
- ❖ *Ask staff/faculty and leadership: How does the program facilitate competence in these areas? Describe the training experiences in each competency.*
- ❖ *Ask residents: How are science and practice integrated at your program?*
- ❖ *What are the professional values you seek to instill in the resident?*
- ❖ *How often do the residents meet with members from other professions? What type of contact do residents have with individuals from other professions?*

2. Level 2-Program-Specific or Area of Focus Competencies

    a. The program specifies expected learning outcomes appropriate and relevant for the area of health service psychology that is emphasized in training (i.e., residents' expected competencies upon program completion).

    b. The program requires all residents to demonstrate competencies at an advanced level in those domains integral to achieving its aims. These may include some or all CoA profession-wide competencies or other competencies identified by the program.

Questions/Issues to address during the visit:

- ❖ *If in the self-study, the program did refer to specific aims of the training program, please discuss those aims and how the program conveys those aims to the residents.*
- ❖ *Can staff/faculty and residents describe the program's specific aims regarding its professional training?*
- ❖ *How do the day-to-day activities of the program relate to or flow from the program's specific aims? <u>For residents, what are their individual goals? How are their goals consistent with the aims of the program?</u>*

3. Level 3-Specialty Competencies. To be accredited in a specialty practice area, the program must fulfill the standards for accreditation as well as the training and education guidelines endorsed by the recognized specialty.

<u>Questions/Comments to consider when drafting the site visit report:</u>
- *Describe how residents and program leadership explain how each Level 1 competency is attained by residents at residency completion.*

II.C Learning Experiences That Promote the Development of Advanced Competencies

II.C.1
A formal, goal-directed training plan describing planned training experiences must be developed for each resident. An individualized training plan should include the resident's level of competence at entry in planning for how he or she will successfully attain the program's exit criteria. The educational activities listed below may occur in an interprofessional context or may make use of existing didactics occurring in the setting if they are appropriate for an advanced level of training.

<u>Questions/Comments to consider when drafting the site visit report:</u>
- *Please describe how residents indicate that their individualized training plans are developed.*

II.C.2 Educational Activities
(e.g., didactics, clinical conferences, grand rounds, group supervision). The program must demonstrate how structured educational activities complement experiential training and how they are linked to competencies in Levels 1-3 above.

II.C.3. Clinical Activities
The program must provide supervised service delivery experiences in an appropriate setting that promote the development of the advanced competencies identified in Levels 1-3.

<u>Questions/Issues to address during the visit:</u>
- ❖ *<u>Staff and residents:</u> Describe how resident clinical activities are based on current psychological science. How is this fostered by the program (didactics, supervision, modeling by staff, etc.)?*
- ❖ *<u>Staff and residents:</u> Describe how resident training activities change over the course of the program. How might training activities differ at the mid-year and end of the year compared to the beginning of the training year? How might these experiences build upon each other? Through what mechanism does this change occur? Is it intentional?*
- ❖ *Does the institution have productivity requirements for residents? What is the ratio of direct clinical time to time allocated for supervision, seminars, and research?*

<u>Questions/Comments to consider when drafting the site visit report:</u>
- *Describe residents' perceptions of how their educational activities support their development of advanced competencies.*

II.C.4. Individual Supervision

a. At least two hours per week of individual supervision focused on resident professional activities must be conducted by an appropriately trained and licensed doctoral-level psychologist.

b. Supervisors must maintain an ongoing supervisory relationship with the resident and have primary professional clinical responsibility for the cases for which they provide supervision.

c. A postdoctoral resident must have an appropriately trained and licensed doctoral-level psychologist serving as primary supervisor in order to ensure continuity of the training plan.

d. The primary supervisor must maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other health professionals.

Questions/Issues to address during the visit:
- ❖ *For <u>residents</u>: describe your experience with clinical supervision. How much supervision do you receive per week? Is your two hours of individual supervision honored or is it frequently interrupted, canceled or cut short? Describe any group supervision experiences.*
- ❖ *For <u>leadership and staff</u>: describe your experience with clinical supervision. How much supervision does each resident receive?*
- ❖ *For the <u>program director</u>: How does the program ensure that residents/residents receive the required amounts of supervision. Through what mechanism(s) is this tracked?*

Questions/Comments to consider when drafting the site visit report:
- *How do residents describe their experience with clinical supervision? How much individual supervision by a licensed psychologist do residents report receiving each week?*
- *Discuss how leadership and supervisors describe their experience in providing clinical supervision. Provide supervisors' descriptions of how much supervision a resident receives each week.*
- *Do supervisors report they are provided sufficient time to supervise?*

II.D Evaluation

II.D.1 Evaluation of resident competencies

II.D.1.a
An evaluation is made of the resident's progress toward satisfactory attainment of the program's expected competencies, as reflected in the completion of the program's stated minimum levels of achievement and other program requirements.

Questions/Issues to address during the visit:
- ❖ *Can the staff and residents describe the program's minimal levels of achievement? How does the program know residents achieve the program's minimal levels of achievement?*
- ❖ *<u>Ask staff and leadership</u>: Describe how the program assesses competence in each of the competencies. Are the answers they provide reflected on the program's rating forms and in its outcome data?*
- ❖ *For <u>residents</u>: How does the program assess your performance during the postdoctoral residency?*

Questions/Comments to consider when drafting the site visit report:
- *How do the staff and residents describe the program's minimum levels of achievement (MLAs)?*
- *How does the program know all residents are achieving the program's minimum levels of achievement in each competency?*
- *Describe residents' understanding of how the program assesses their performance during the residency*

and what is required to successfully complete the residency.

II.D.1.b
Data on residents' competencies must include competency-based assessments of residents as they progress through, and at completion of, the program (proximal data), as well as information regarding their attainment of competencies after they complete the program (distal data).

a. Proximal data will, at the least, include evaluations of residents by knowledgeable others (i.e., supervisors or trainers). The evaluation process and assessment forms must parallel the program's expected competencies. These evaluations include the feedback provided to residents as required in Standard I.C.1(d).

b. At each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated.

c. Distal data reflect the program's effectiveness in achieving its aims, as reflected by resident attainment of program-defined competencies.

d. Distal data typically include information obtained from alumni surveys assessing former residents' perception of the degree to which the program achieved its aims by preparing them in the competencies identified as important by the program. The data may also include graduates' professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations).

Questions/Issues to address during the visit:
❖ *Describe the program's self-study or self-improvement process. How are changes made? How is feedback obtained from staff, residents, graduates, and others involved in the program? Are there formal meetings? How often? Who attends?*
❖ *What recent changes have been made? Through what mechanism did the program become aware or identify that change was needed?*
❖ *How are proximal and distal outcome data used to determine the extent to which the program is achieving its aims?*
❖ *For residents: how do you provide feedback about the program. Are you heard? Have changes occurred as a result of your feedback? If so, what are they?*
❖ *What opportunities are available for the professional development of staff? What supports are available from the program and/or institution? How does the program foster the professional development of staff?*
❖ *How does the host institution show that it values and recognizes the importance of resident training?*

Questions/Comments to consider when drafting the site visit report:
• *How does the program know all residents are achieving the program's minimum levels of achievement in each competency?*
• *Describe residents' understanding of how the program assesses their performance during the residency and what is required to successfully complete the residency.*
• *Please describe how residents are evaluated in terms of required competencies. Is each evaluation based in part on direct observation? Please describe.*

II.D.2 Quality Improvement of the Program
The program must demonstrate continuous self-evaluation, ensuring that its aims are met, that the quality of its professional education and training are enhanced, and that it contributes to the fulfillment of its host institution's mission.

a. The program, with appropriate involvement of its training supervisors, residents, and former residents, engages in a self-study process that addresses:

   i.   its expectations for the quality and quantity of the resident's preparation and performance in the program;

   ii. its effectiveness in achieving program aims for residents in terms of outcome data (while residents are in the program and after completion), taking into account the residents' views regarding the quality of the training experiences and the program;

   iii. its procedures to maintain current achievements or to make changes as necessary;

   iv. its aims and expected outcomes as they relate to local, regional, state/provincial, and national needs, as well as advances in the knowledge base of the profession and the practice area in which the program provides its training;

b. The program provides resources and/or opportunities to enhance the quality of its training and supervision staff through continued professional development.

c. The program and its host institution value and recognize the importance of resident training and of the supervisors' training and supervisory efforts, and demonstrate this in tangible ways.

d. The program demonstrates how it utilizes proximal and distal data to monitor and improve the program.

Questions/Comments to consider when drafting the site visit report:
- *How is feedback obtained from staff, residents, former residents, and others involved in the program?*
- *How do residents describe their process for providing feedback about the program? What do residents report regarding the program's response to their feedback?*
- *What opportunities are available for staff professional development?*

II. (All)
Additional information relevant to Standard II.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard?*
- ❖ *Has the program addressed all the issues from the last review that would be relevant to what site visitors might be able to assess on the ground? Request any information relevant to Standard II that seems to be missing.*

Questions/Comments to consider when drafting the site visit report:
- *If issues were identified at the last CoA review, what specific remedial actions have you observed that have been taken by the program?*
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard II that seems to be missing, is inconsistent, or diverges from the self-study.*

Standard III: Program Residents

III.A. Resident Selection Processes and Criteria

III.A.1 Resident Selection
As evidence that residents meet the program's entry requirements, the program ensures that its residents:

    a. have completed appropriate doctoral education and training in health service psychology or appropriate respecialization, either of which must include the completion of an appropriate internship;

    b. have interests and abilities that are appropriate for the postdoctoral training program's aims and expected competencies.

Questions/Issues to address during the visit:
- ❖ *For program director and staff/faculty: How does the program assess applicant's qualifications and experiences to be appropriate for the postdoctoral training program aims and expected competencies?*
- ❖ *How do the faculty and residents participate in the assessment of applicants?*

Questions/Comments to consider when drafting the site visit report:
- • *What do program staff and faculty report about how the program assesses applicants' qualifications?*

III.A.2 Postdoctoral Psychology Residents
The program has one or more postdoctoral psychology residents who:

    a. have an understanding of the program's aims and expected competencies;

    b. have meaningful involvement in those activities and decisions that serve to enhance resident training and education;

    c. have a title commensurate with the title used in that setting by other professionals in training who have comparable responsibility, education, and training, consistent with the laws of the jurisdiction in which the program is located.

Questions/Issues to address during the visit:
- ❖ *How are residents involved in activities and/or decisions that enhance the resident training and education?*
- ❖ *For residents: what competencies are you expected to achieve by completion of the residency program?*

Questions/Comments to consider when drafting the site visit report:
- • *How are residents involved in activities and/or decisions that enhance the resident training and education?*

III.A.3 Resident Diversity
The program has made systematic and sustained efforts to attract residents from diverse backgrounds into the program.

Consistent with such efforts, it acts to provide a supportive and encouraging learning environment for all residents, including those with diverse backgrounds, and to provide learning opportunities appropriate for the training of

diverse individuals.

Questions/Issues to address during the visit:
- ❖ *Describe the program's plan and efforts to recruit diverse residents. Independent of success or how diverse residents may be, what does the program do to improve its diversity?*
- ❖ *Ask of leadership and residents: How does the program foster a supportive and encouraging environment for diversity in didactics, clinical interventions, and research?*
- ❖ *Describe the diversity of the patient/client population as reported by residents and supervisors. How is diversity reflected in staff and resident selection and in training activities?*

Questions/Comments to consider when drafting the site visit report:
- *What processes does the program have in place to recruit diverse residents? How does it assess the effectiveness of those processes?*
- *What does the program do to foster a supportive and encouraging learning environment for diverse residents?*

III.B Program Activities, Resources, and Processes
These are designed to maximize the likelihood of all residents' success in completing the program. The program must provide professional mentoring to residents in addition to supervision.

Questions/Comments to consider when drafting the site visit report:
- *What are residents' perceptions regarding adequacy of mentoring from supervisors and program leadership?*

III. (All)
Additional information relevant to Standard III.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard?*
- ❖ *Has the program addressed all the issues from the last review that would be relevant to what site visitors might be able to assess on the ground?*
- ❖ *Request any information relevant to Standard III that seems to be missing.*

Questions/Comments to consider when drafting the site visit report:
- *If issues were identified at the last CoA review, what specific remedial actions have you observed that have been taken by the program?*
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard III that seems to be missing, is inconsistent, or diverges from the self-study.*

Standard IV: Program Faculty/Staff

IV.A. Program Leadership and Faculty/Staff Qualifications

1. Program Leadership

   a. The program has a designated director who is a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located, who is primarily responsible for directing the training program, and who has administrative authority commensurate with those responsibilities.

   b. The program director's credentials and expertise must be consistent with the program's aims.

   c. For programs that include a recognized specialty practice area, the individual providing leadership of that area must have appropriate expertise and credentials in that specialty.

2. Program Leadership Structure.
   The program must describe how faculty/staff and residents contribute to the planning and implementation of the training program.

Questions/Comments to consider when drafting the site visit report:
- ***Describe how residents, staff, and program leadership contribute to the development, implementation, evaluation, and enhancement of the residency program.***

IV.B Faculty/Staff

IV.B.1 Sufficiency
The formally designated supervisors include at least two psychologists, who:

a. deliver services in the practice area in which postdoctoral training occurs;

b. function as an integral part of the program at the site where the program is housed;

c. have primary professional and clinical responsibility for the cases on which they provide supervision;

d. are appropriately trained and credentialed (i.e. licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located;

e. are of appropriate quality for the program's aims and have appropriate qualifications for advanced training in the focus area or specialty;

f. participate actively in the program's planning, its implementation, and its evaluation;

g. serve as professional role models for the residents.

Questions/Issues to address during the visit:

- ❖ ***For <u>Residents</u>: Describe supervisors' availability? Are they available when you need them outside of***

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formal supervision? Do you think your supervisors are appropriately qualified? Please explain.
- ❖ *How do your supervisors serve as role models?*
- ❖ *How are adjunct staff used in the program?*

Questions/Comments to consider when drafting the site visit report:
- *Describe how supervisors are involved in program planning, implementation, and evaluation.*
- *How do supervisors describe serving as role models for residents?*

IV.B.2 Recruitment and Retention of Diverse Faculty/Staff

    a.   The program makes systematic and sustained efforts to attract and retain faculty/staff from diverse backgrounds into the program.

    b.   Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment and the provision of continuing educational opportunities appropriate for a broad spectrum of professionals.

    c.   The program avoids any actions that would restrict program access on grounds that are irrelevant to a career in health service psychology.

Questions/Issues to address during the visit:
- ❖ *Describe the program's plan and efforts to recruit diverse staff. Independent of success or how diverse staff may be, what does the program do to improve its diversity? How are the plans modified based on the level of success in this effort?*

Questions/Comments to consider when drafting the site visit report:
- *How does the program continually assess and modify its recruitment and retention plan for diverse staff?*
- *Describe how program staff outline its efforts to ensure a supportive and encouraging learning environment and provide continuing education opportunities for supervisors.*

IV.C Ancillary Faculty/Staff

1. The program may utilize ancillary faculty/staff in achieving its aims and competencies.

2. An accredited program must demonstrate that the ancillary faculty/staff are appropriate and sufficient to achieve the program's aims and ensure appropriate competencies for the residents.

IV. (AI)
Additional information relevant to Standard IV.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard?*
- ❖ *Has the program addressed all the issues from the last review that would be relevant to what site visitors might be able to assess on the ground?*
- ❖ *Request any information relevant to Standard IV that seems to be missing.*

Questions/Comments to consider when drafting the site visit report:

- *If issues were identified at the last CoA review, what specific remedial actions have you observed that have been taken by the program?*
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard IV that seems to be missing, is inconsistent, or diverges from the self-study.*

Standard V: Communication Practices

V.A Public Disclosures

V.A.1 General Disclosures

a. The program demonstrates its commitment to public disclosure by providing accurate and complete written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, recruitment and selection, implementation of strategies to ensure resident cohorts that are diverse, required training experiences, use of distance education technologies for training and supervision, and expected training outcomes.

b. The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program makes available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

Questions/Issues to address during the visit:
- ❖ *For residents: How accurately did the program's brochure or website reflect the program? How consistent was it with what the program actually does?*

V.A.2 Communication with Prospective and Current Residents

a. The program provides current information on training outcomes deemed relevant by the profession.

b. The program is described accurately and completely in documents available to current residents, prospective residents, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. At a minimum, descriptions of the program should include the licensure status, employment status, and advanced certifications residents can expect to obtain. Program descriptions should be updated regularly as new cohorts begin and complete the program.

c. The program describes its aims and expected resident competencies; its selection procedures and requirements for completion; its training supervisors, residents, facilities, service recipient populations, training settings, and other resources; its administrative policies and procedures, including the average amount of time per week residents spend in direct service delivery and other educational, training and program activities; and the total time to completion.

d. The program provides reasonable notice to its current residents of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any program transitions that may impact training quality.

e. The program issues a certificate of completion to residents who successfully attain the expected competencies and complete the contracted learning period.

Questions/Comments to consider when drafting the site visit report:
- *Describe residents' perceptions of how accurately the program's brochure or website reflects the program. Do residents receive the training the expected to receive?*

- *Is there anything residents wish they had known about the program prior to program completion?*

V.B Communication and Relationship with Accrediting Body
The program demonstrates its commitment to the accreditation process through:

V.B.1 Adherence
The program abides by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program responds in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to questions from the accrediting body.

a. Standard Reporting. The program responds to regular recurring information requests (e.g., annual reports and narrative reports) as identified by the accrediting body's effected policies and procedures.

b. Nonstandard Reporting. The program submits timely responses to information requests from the accrediting body consistent with its effected policies and procedures.

c. Fees. The program remains in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

Questions/Issues to address during the visit:
- ❖ *For leadership: How does the program decide when CoA is to be notified of changes? Provide some examples.*
- ❖ *Does the program or department have any plans that might substantially change its nature or function in the next few years?*

V.B.2 Communication
The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty/staff changes, or changes in administration.

V. (All)
Additional information relevant to Standard V.

Questions/Issues to address during the visit:
- ❖ *At the last CoA review, what issues, if any, were highlighted by the CoA for further program development relevant to this standard?*
- ❖ *Has the program addressed all the issues from the last review that would be relevant to what site visitors might be able to assess on the ground?*
- ❖ *Request any information relevant to Standard V that seems to be missing.*

Questions/Comments to consider when drafting the site visit report:
- *If issues were identified at the last CoA review, what specific remedial actions have you observed that have been taken by the program?*
- *If requested in the preliminary review, please address questions the program was asked to pursue at the site visit.*
- *Address any information relevant to Standard V that seems to be missing, is inconsistent, or diverges from the self-study.*

Section VI

Frequently Asked Questions

Frequently Asked Questions

Contact Information
Accreditation Office: (202) 336-5979

General

When does the Commission on Accreditation meet? How many programs are reviewed each year?

The CoA meets 3 times per year (spring/summer/fall) for program review. Exact dates for the Commission on Accreditation meetings are publicly announced in the fall of the previous year and are available on the APA website (https://accreditation.apa.org/). The Commission reviews approximately 250 programs each year.

Is there a limit to the number of site visits I can agree to?

You can accept or decline as many site visit requests as you wish.

I have not been invited to participate on a site visit team lately. How can I find out if I am still an active member of the site visitor pool?

Some years you may have many invitations, while other years you may never receive a call. It is very dependent on your area of expertise and the types of programs up for review. Sometimes this is simply a matter of incorrect site visitor information in the CoA Portal. If you would like to participate in more visits,

access your site visitor profile in the CoA Portal and ensure that your contact information and availability for site visits are up to date.

How do I become a site visit team chair?

Once you have participated as the second member on 2 site visits, you are automatically eligible to serve as the chair of a site visit team. 'Chair' trainings are offered periodically to aid in the transition to site visitor chair. Attending this training is not required.

What if I do not wish to chair a site visit?

If you are contacted by the office to chair a team, but do not wish to lead the visit, please let the office know. Your name will remain in the site visitor pool as a 'group 2' member only.

What if I have questions regarding a possible conflict of interest with the program or another member of the Site Visit team?

Examples of possible conflicts for site visitors can be found in IR E.3-2 (Conflict of Interest Policy for Site Visitors). For other conflicts not listed, please contact the Office of Program Consultation and Accreditation.

Travel

What travel plans will I be responsible for? How will I be reimbursed for these expenses?

Transportation: Site visitors are responsible for arranging their own transportation. You are strongly urged to use APA's travel company: ATC/Deem. If you choose to make your own flight arrangements, be sure to report travel costs on your expense report and include your boarding passes.

Hotel: The Chair of the site visit should be in communication with the program to gain suggestions for a convenient and affordable hotel for the entire team – all members of the visit team should stay at the same hotel. Site visitors are responsible for arranging and paying for their own hotel reservations. Indicate hotel costs on your expense report and submit it to the Office of Program Consultation and Accreditation for reimbursement with the paid hotel receipt (zero balance). Your hotel receipt must be on hotel letterhead which includes the hotel name, address, and telephone number.

If you are an employee of the VA, your reimbursement process may be different. Please contact the Office for additional information.

Can I rent a car?

All requests for rental cars must be approved in advance by the Office of Program Consultation and Accreditation. Please note that when a member of a site visit team is approved for a car rental, the expectation is that a reasonable attempt will be made to provide other members of the site visit team with transportation when possible.

How many hotel nights will APA reimburse me for?

Generally, site visitors are reimbursed for a hotel stay of two nights. A third night may be approved, but this is done on a case by case basis when staying the additional night will save substantially on airfare. Please notify the Office of Program Consultation and Accreditation in advance of the need to stay a third night so that you will be reimbursed appropriately.

All other requests for the reimbursement of additional nights are only approved under extenuating circumstances and need to be approved by the Office of Program Consultation and Accreditation prior to the visit.

Is there any set limit for hotel costs?

The Office of Program Consultation and Accreditation understands that hotel prices vary depending on geographic location and may run very high in large urban areas. While there is no set dollar amount, we ask that you seek additional suggestions from the program if the hotel cost seems particularly high for a certain area.

What if I need special accommodations?

Special accommodations including but not limited to copying expenses, conference room charges, etc. must be approved in advance by the Office of Program Consultation and Accreditation.

How long will it take for me to receive my reimbursement?

Every effort will be made to reimburse you no more than 30 days after your expense report has been received by the Office of Program Consultation and Accreditation. There are times when processing may take longer due to missing receipts, questions about expenses, holidays, and/or volume both in our office and the APA Finance Office. Should you have any questions regarding the status of your reimbursement, please contact the Office of Program Consultation and Accreditation.

The Site Visit

Who makes the Site Visit schedule? Can I get a sample schedule?

The schedule should be developed by the Chair of the site visit team and the Program Director of the program at least two weeks prior to the site visit. Due to the many structural differences among programs, we do not provide a sample schedule. Note: the schedule must be submitted with the completed site visit report on the CoA Portal.

When should I receive program materials regarding the site visit?

The program's self-study report will be available to the site visitors in the CoA Portal once the confirmation email regarding the site visit has been received by the site visitors. This email will include documents pertinent to the visit. We ask that you make your travel arrangements no later than four weeks in advance of your trip. If you do not receive an email confirmation of the site visit, please contact the Office of Program Consultation and Accreditation.

Once the report is submitted, what other responsibilities do I have?

Once the site visit report and schedule are submitted, your responsibility for the site visit is complete. On rare occasions, the Office of Program Consultation and Accreditation may need to call a site visitor to clarify information provided in the site visit report.

Will I receive feedback regarding the visit?

Site visitors receive access to the final accreditation decision for the programs they visit (see Implementing Regulation D.4-9). The Commission views this as an opportunity to provide site visitors feedback regarding the outcome of the program review and information about the accreditation review process, in general. Further, consistent with Implementing Regulation D.3-3(b) the site visit team members shall receive access to the program's response to the site visit report. In addition, the office compiles aggregate data from the evaluations completed for each site visit a site visitor goes on. These data are shared with the site visitor on a triennial basis.

Appendix A

CoA Portal Navigation

CoA Portal Help Document

For Site Visitors

*The entire APA accreditation process is conducted online. This includes submission of the self-study, selection of site visitors, and submission of the site visit report. This document is intended to assist Site Visitors with **navigating the self-study and submitting the site visit report** in the CoA Portal.*

Additional resources are available on the accreditation website (https://accreditation.apa.org/current-site-visitors).

Logging on to the CoA Portal

Navigate to the CoA Portal (https://coaportal.apa.org/login)

- o NOTE: The recommended internet browsers for accessing the CoA Portal are Firefox and Chrome.

- If you are already an active site visitor (i.e., you have attended a site visitor training) you are **already registered** in the CoA Portal. DO NOT attempt to register as a site visitor.
- Your Username is the email address associated with your site visitor profile. If you are unsure of the correct email (or if the email address needs to be updated), please contact OPCA.
- If you have never logged on to the CoA Portal and/or do not remember your password:
  - o Click the link under the password field to request a password reset.
  - o Enter your email address as prompted and click "Reset password." The system will email you an updated password.
  - o Return to the login page and sign-in using your email address and updated password.

Welcome to the CoA Portal

The APA Commission on Accreditation (APA CoA) is recognized by both the secretary of the U.S. Department of Education and the Council for Higher Education Accreditation (CHEA) as the national accrediting authority for professional education and training in psychology. APA CoA accredits doctoral graduate programs in clinical, counseling, and school psychology and programs offering combinations of two or more of these areas, internship programs in professional psychology, and postdoctoral residency programs that provide education and training in preparation for professional practice. The CoA Portal is the online information system that programs, site visitors, and APA CoA members use throughout the accreditation process. Users are granted access to different information based on their role and stage of the accreditation process.

Please email the APA Office of Program Consultation and Accreditation for assistance accessing the site.

CoA Portal Login.

Username/Email:

Password:

Forgotten your password? Click here.

LOGIN

Not Registered?

CLICK HERE TO REGISTER WITH APA COA

CLICK HERE TO REGISTER AS SITE VISITOR ON APA COA

Accepting a Site Visit

The Program Director or the OPCA will contact you (via email and/or telephone) to determine if you are able to participate in a site visit. Once you have agreed to be a site visitor, you will receive an email alerting you to log on and confirm your participation. To do so, follow these steps:

- Log on to the CoA Portal (https://coaportal.apa.org/login)
- If you have multiple roles in the system (i.e. Program Director, Site Visitor), you should be directed to your Home page. From there, click the "Update Site Visitor Profile" button. If the button is not available, click the "Site Visitor" role in the drop-down list (under your name).
- Navigate to the "my Assignments" tab (if not automatically directed there).
- Click "Accept" to formally accept the program's invitation to be a site visitor.
- Once all site visitors have accepted the assignment, APA will approve the visit and grant you access to the program's online self-study (and related materials).

Reviewing the Self-Study

Once CoA has confirmed you as a site visitor, you will receive an email alerting you that the self-study is now accessible for your review. To access the self-study:

- Log on to the CoA Portal (https://coaportal.apa.org/login)
- Click on the program name. You can do this either from the "My Assignments" tab or in the dropdown list on the top right (under your name).
- Navigate to the Self-Study tab.

Standards tab

- The self-study has been broken down into multiple sub-standards based on the Standards of Accreditation [SoA].
- No matter what standard you are reviewing, the top summary bar will always be visible. You can navigate between standards by clicking a box in the summary bar.
- At a glance, you can see where additional information has been requested by CoA in its preliminary review of the self-study.
  - Gray: The program has been asked to provide a response to question/s.
  - Orange: The program has been asked to discuss certain issues with the site visitors.
  - Green: No additional information has been requested.

#	STANDARD TITLE	REVIEW STATUS	ACCESS ASSIGNED	LAST UPDATED ON	ALERTS
I. INSTITUTIONAL AND PROGRAM CONTEXT					
I.A.1	Standard I.A.1	No Additional Info Needed	Read	2016-11-02 09:12 Jessica Jentilet	
I.A.2	Standard I.A.2	No Additional Info Needed	Read	2016-11-02 09:14 Jessica Jentilet	
I.A.3	Standard I.A.3	No Additional Info Needed	Read	2016-11-02 09:15 Jessica Jentilet	
I.B.1	Standard I.B.1	No Additional Info Needed	Read	2016-11-02 09:17 Jessica Jentilet	
I.B.2	Standard I.B.2	No Additional Info Needed	Read	2016-11-02 09:19 Jessica Jentilet	
I.B.3	Standard I.B.3	No Additional Info Needed	Read	2016-11-02 09:20 Jessica Jentilet	
I.B.4	Standard I.B.4	No Additional Info Needed	Read	2016-11-02 09:27 Jessica Jentilet	
I.B.5	Standard I.B.5	No Additional Info Needed	Read	2016-11-02 09:30 Jessica Jentilet	
I.C.1	Standard I.C.1	No Additional Info Needed	Read	2016-11-02 09:52 Jessica Jentilet	
I.C.2	Standard I.C.2	No Additional Info Needed	Read	2016-11-02 09:53 Jessica Jentilet	
I.C.3	Standard I.C.3	Additional Info Required	Read	2016-12-19 15:49 Jessica Jentilet	
I.C.4	Standard I.C.4	Additional Info Required	Read	2016-12-19 15:49 Jessica Jentilet	
I.D.1	Standard I.D.1	No Additional Info Needed	Read	2016-11-02 10:05 Jessica Jentilet	
I.D.2	Standard I.D.2	No Additional Info Needed	Read	2016-11-02 10:07 Jessica Jentilet	
I.(AI)	Standard I.(AI)	No Additional Info Needed	Read	2016-11-02 10:08 Jessica Jentilet	

Note: You can export the self-study into a single document for printing purposes by clicking "Order a PDF of all standards" button seen in the screenshot above.

Reviewing the standards

When you click into the first standard (I.A.1) you will see the basic layout for all standards:

- Description: Information specific to the standard you are viewing.
- Supporting Material: Section where programs will upload required materials (none required for Standard I.A.1, seen in the screenshot below).
- Self-Assessment: Section where programs provide a narrative response that addresses focused questions specific to each standard.

Note: You can print each individual standard by clicking the "Print" button seen in the screenshot above.

- Data Views: Some standards will also have a Data View section which provides table data imported from the Annual Report Online [ARO] (see screenshot below). NOTE: Since the ARO does not include all of the data required for the self-study, in many cases the program will upload an Excel version of the completed table. If required, this will be uploaded in the "Supporting Material" section.

Table 11 - Professional Activities

Hide Table (-)

NUMBER OF CURRENT SUPERVISORS WHO HAVE ENGAGED IN THESE PROFESSIONAL ACTIVITIES FOR THE PAST 2 YEARS:	TRAINING SUPERVISORS (7)	OTHER AGENCY/ INSTITUTION SUPERVISORS ()	OTHER CONTRIBUTORS ()
Members of Professional Societies	7		
Authors/Co-authors of Papers at Professional meetings	5		
Authors/Co-authors of Articles in Prof/Scientific Journals	3		
Recipients of Grants or Contracts	1		
Engaged in Delivery of Direct Professional Services	7		
Involved in leadership roles in professional organizations	6		

▼ Supporting Material

- Admin Review (AKA - Preliminary Review): Under the program's Self-Assessment textbox is a section called "Admin Review." Prior to the authorization of the site visit, the self-study was reviewed by CoA and/or CoA staff to determine if any additional information and/or clarification was required.
  - If information was requested, the program will be provided with an additional text box and expected to respond within 4 weeks of the site visit.

☑ Identify program length for full-time (12 months, 10 months [School Psychology], or half-time (up to 24 months) programs.

Narrative Response

Status

Progress Status : Ready for Submission ▾

Admin Review

Review Status : No Additional Info Needed ▾

Admin Review Comments :

As previously noted, the summary bar will identify the sub-standards where additional information was requested.

Private Notes/Site Visitor Notes

- As you read the self-study (and later, as you write your sections of the report), you can write private notes to yourself using the "Private Notes" function on the right side of each standard page. Private notes are only visible to the writer. CoA, the program, and other site visitor/s will not have access to these notes.
- "Site Visitor Notes" will be visible to all of the site visitors. This allows the team to comment to each other regarding specific standards and to provide feedback to each other when writing the site visit report. Site visitor notes are not visible to the program or to CoA.

- Your fellow visitor/s will be alerted to Site Visitor Notes on the Standards tab (in the Alerts column).

The Site Visit Report

The site visit report module will become available to site visitors on the first day of the site visit. In order to start the module, the Chair of the team will need to navigate to the "Home" tab. There will be a button labeled "Assign Reviewers." The Chair must click this button to begin the site visit report.
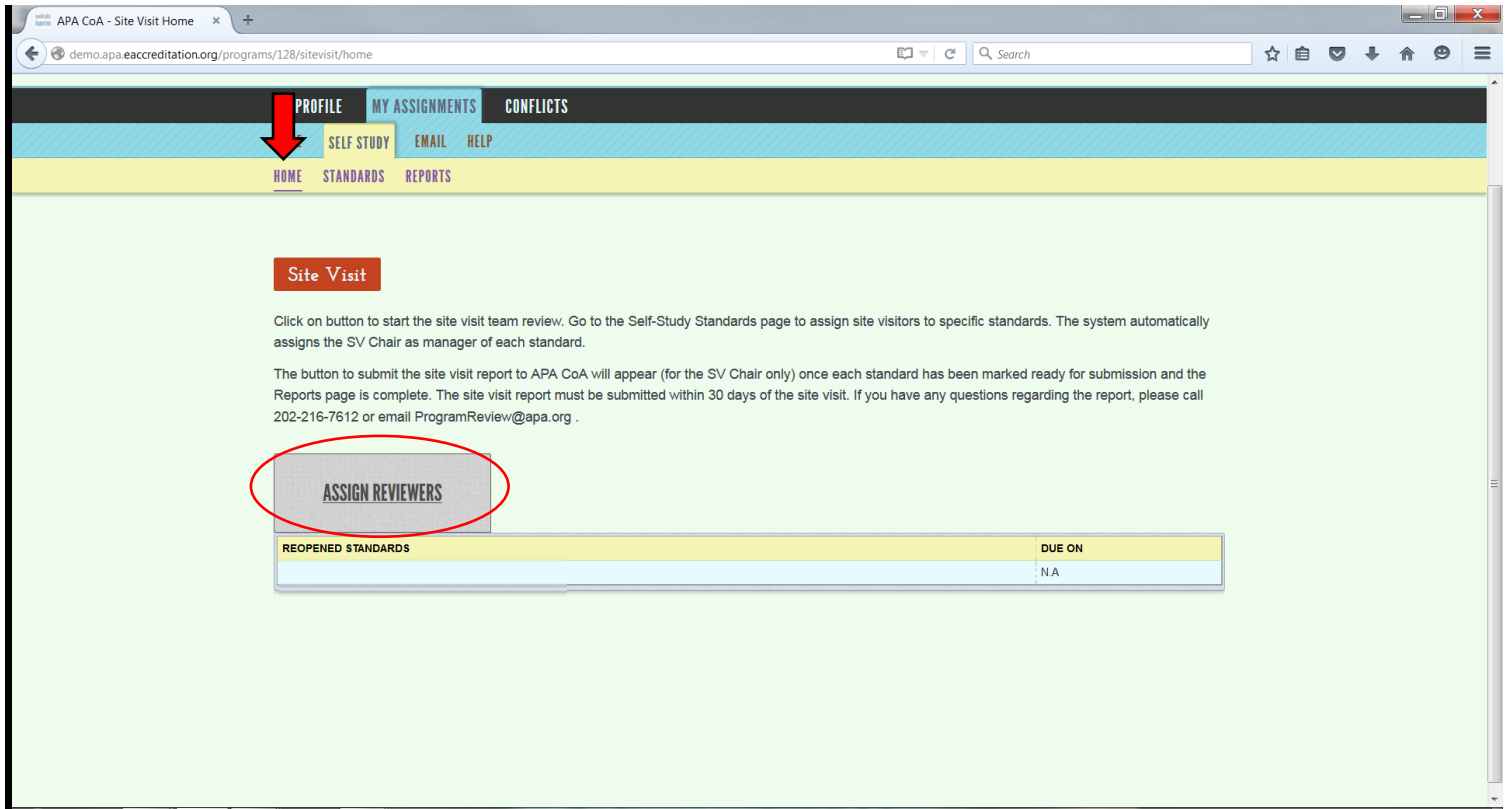
Once this button is clicked, the self-study will shift to the site visit module. The Standards tab will now show the progress for the site visit report (instead of the Admin Review).
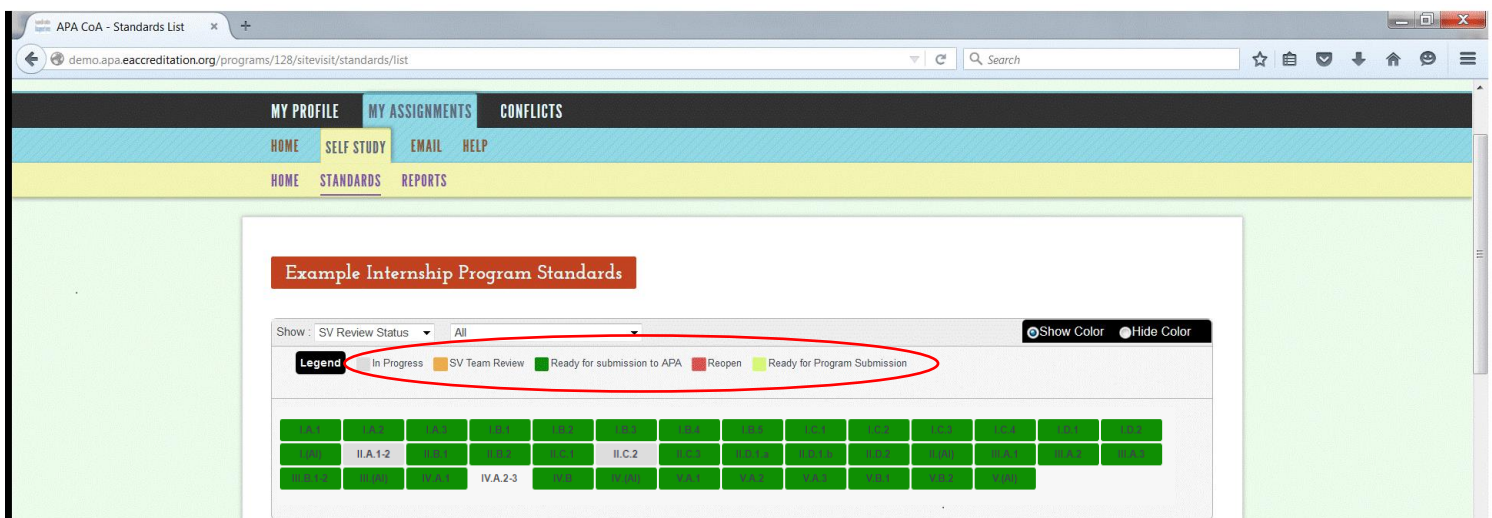
Assigning Standards

The Chair of the site visit team is responsible for assigning standards in the CoA Portal. During the visit the team determines who will write designated sections of the report. The Chair will need to input those assignments in the system. To do this:

- Click the "Edit Site Visitor Standards Assignment" link on the Standards tab.

- Select the site visitor assigned to write each section of the report using the dropdown arrow.

- Once each section has been assigned a visitor, scroll to the bottom and click "Save Standards Assignment."
- Each site visitor will now have access to write and edit the report for the standards they have been assigned.

Writing the Report

- Navigate to one of your assigned standards.
- Scroll to the "Site Visit Review" box at the bottom of the screen.
- Type your narrative in the "Site Visit Comment" box and click "Save Comment".
  - o **NOTE:** If you do not see the "Site Visit Review" box or if you are unable to save the report content, you likely only have "read" access to the report. To gain "write" access, the Chair must click the "Assign Reviewers" button on the "Home" tab. Please look later in this document for details regarding granting "write" access to the report.
- When you are ready for the rest of the team to view your work, change the "Site Visit Review Status" to "SV Team Review." Note: You must click "Save Comment" before you can change the status.

- Once all of your assigned sections have be marked with the "SV Team Review" status, navigate to the "Home" tab and click the "Submit Review" button. Clicking this button allows the other team member(s) to read the content you saved. Note: At the SV Team Review status, content can only be edited by the Site Visit Team Chair.

- If the team determines that edits are needed, the Chair will change the status to "Reopen" to indicate that revisions are needed.
- Once the team agrees on the content of the report for a standard, the Chair will change the status to "Ready for Submission to APA."

Status options explained:

- o SV Team Review: This status allows all site visitors to read this section. Until this status is selected, the other visitors will not be able to read your work.
- o Ready for submission to APA (Chair Only): This status is selected when the narrative is complete. All standards must be in this status in order to submit the report to APA.
- o Reopen (Chair Only): This status is selected if the Chair would like to alert a reviewer that edits are needed in a particular section.
- o Ready for Program Submission: This status is only available to CoA.

The Reports Tab

In addition to providing comment on each of the standards, the team must provide content on the "Reports" tab. This task falls to the site visit Chair. The "Reports" tab includes the following:

- Opening statement: Generally, includes basic overview information about the visit (dates, logistics, etc.).
- Summary: Allows you to include basic summary information about the program.
- Standards: This will automatically populate with the site visit comments identified per standard.
- Closing statement: Allows for final comments and any additional feedback that is not necessarily standard-specific.
- Uploads: This is where you should upload the SV Schedule and any other documents relevant to the visit.

Submitting the report

The team Chair is responsible for the final submission of the report to CoA. Once the "Reports" tab is complete and all of the standards have been marked as "Ready for submission to APA" – the report will be ready to submit.

- Navigate to the Self-Study/Home page
- Click "Submit to APA"

Please contact the APA Office of Program Consultation and Accreditation (OPCA) with any questions.
apasitevisit@apa.org
202-336-5979

Appendix B

Guidance for Writing a Strong Site Visit Report

<div style="border:1px solid black; text-align:center">

A strong site visit report…

</div>

1. Begins with a careful review of all of the materials provided by the CoA prior to the visit, including the previous decision letter, the self-study, the preliminary review, and the program's response to the preliminary review. The self-study, preliminary review (i.e. Admin Review), and program's response to the preliminary review (i.e. Additional Information) can be found in the CoA Portal.
2. Attends to every aspect of the SoA and only to the SoA.
3. Is detailed, succinct, and concise; accurate; focused on the SoA and the site visit (not the self-study); and free of grammatical and proofreading errors.
4. Is descriptive and based on the evidence site visitors see and hear.
    a. Provides quotes from faculty, administrators, and students/trainees to illustrate the program's adherence to the SoA.
    b. Describes elements of the program that the CoA cannot directly observe, such as completeness of files, grievances/complaints, quality of dissertations, sufficiency of physical space, and program climate.
    c. Includes document names and pages numbers when it will clarify the source of the information reported.
5. Conveys and maintains a neutral tone; site visit reports should not include recommendations, flattery, and prescriptions.
6. Provides sufficient context (e.g., recent staffing changes, changes in budget model) as necessary to facilitate understanding of the program's adherence to the SoA.
7. Describes the site visit team's follow-up efforts on any concerns found within the materials reviewed or during the visit.
    a. Describes follow-up efforts on any issues discussed in the preliminary review and discusses any discrepancies with the program, particularly those items that the preliminary review indicates will be discussed by the site visitors.
8. Attends to the program's Minimum Levels of Achievement (MLAs) and outcome data.
    a. Are the MLAs understandable, clear, and specific?
    b. Do the evaluation tools and/or rating forms used by the program to evaluate student achievement make sense in the context of the profession-wide competencies, associated elements, and program-specific competencies (if applicable)?
    c. What happens when trainees do not achieve the MLAs?
    d. What do the outcome data say about the extent to which trainees are achieving the MLAs?
    e. Do any of the data provided raise concerns (e.g., licensure rate, attrition)?
9. Includes a *brief* opening statement, summary, and closing statement. More specific content related to the program should be addressed in the standards section of the report.

A strong site visit report does <u>NOT</u> include…

1. Repetitive/verbatim text across standards: While it is understood that site visit comments may relate to multiple sub-standards (which is appropriate and expected), the preference is to summarize issues previously noted to avoid verbatim text across standards.
2. Statements of compliance/Definitive statements that a standard has been met: The Commission values the role of site visitors in the accreditation process and considers site visitors' observations in their review. However, it should be noted that since the Commission is recognized as the formal accrediting body, site visit reports should avoid statements indicating that a program is, or is not, in compliance with a specific standard. Site visitors should describe their observations in a manner that allows the Commission to make a final determination as to whether the standard has been met.
3. Specific recommendations: Consistent with the observer role of the site visitor, visitors are encouraged to convey and maintain a neutral tone in their site reports. As such, site visitors are asked to refrain from including recommendations or prescriptions in their report.
4. A lack of descriptive content/excessive brevity: When comments are brief and/or do not provide feedback beyond confirmation that observations were consistent with the content of the self-study, the Commission may lack information that would assist in developing a more complete understanding of the program. While it is not necessary to repeat content directly from the self-study narrative, further details and elaboration on the site visit teams' observations on site are useful to the Commission in verifying that all standards have been met. Sufficient context helps facilitate an understanding of the program's adherence to the SoA.
5. Proofreading errors: Given that the CoA Portal does not have a proofreading function, site visitors are encouraged to use the Word document Site Visit Report Preparation Sheet to draft and edit their site visit comments before final submission.
6. An informal tone: Although the report is submitted through the CoA Portal in sections rather than as one comprehensive document, it is a formal piece of the program's record. As such, visitors should strive to create a cohesive, professional report that reflects the observations of the whole team. Site visitors are encouraged to write in complete sentences and avoid using "I" when noting observations. The site visit chair is encouraged to review the full report for consistency.

Appendix C

Confidentiality Agreement

APA CoA Site Visitor Confidentiality Agreement

I participate in the accrediting process of the American Psychological Association ("APA"), Commission on Accreditation ("CoA"), as a site visitor. In carrying out my duties and responsibilities as a site visitor, I understand that, while a site visitor at a program ("Program"), I may come in contact with certain patient/client information that is confidential in nature, including information that can be used to identify those patients/clients ("confidential information"). In most instances, this confidential information is protected health information covered by the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). For purposes of this Confidentiality Agreement, this confidential information includes all health information protected by state law and/or HIPAA that is transmitted or maintained in any form, including written, oral, or electronic, whether such information is purposefully or incidentally disclosed to me by any party (hereafter "PHI"). I further understand that the APA's CoA's policy is that Programs should not share PHI with site visitors, and site visitors should not request PHI.

I also understand that an accreditation site visit requires access to program and student information that is confidential in nature. It is understood that a site visitor does not serve as a decision maker or consultant, but as an observer representing the CoA. The site visit, therefore, remains confidential among programs, the site visitors, and the CoA. For this reason, as a site visitor, I must inform those with whom I interact of the confidentiality of the site visit process and am obligated to report and not withhold any information gained during the site visit. Specifically, this information will be reported to the CoA, but will remain confidential with the CoA.

Therefore, in exchange for my participation in the accreditation process, I hereby acknowledge and agree to the following:
1. During the accreditation review process, I may incidentally come in contact with PHI.
2. I agree that if I incidentally receive PHI during the accreditation review process, I will immediately notify the APA Office of Program Consultation and Accreditation and the Program and follow their instructions as to whether I should return or destroy the PHI.
3. While any Program PHI is in my possession and control, I agree that I will use reasonable and appropriate safeguards to prevent any use or disclosure of the PHI, except as specifically requested by APA or the Program, as long as such use or disclosure is consistent with HIPAA and other applicable laws.
4. I agree that I will not make a duplicate copy of, or by any other means record, any PHI.
5. I agree to the extent practicable to mitigate any harmful effect known to me of a use or disclosure of PHI in violation of this Confidentiality Agreement.
6. I agree to immediately notify the APA Office of Program Consultation and Accreditation and the Program of any use or disclosure of PHI not permitted by this Confidentiality Agreement of which I become aware.
7. Finally, I am obligated to report and not withhold any information gained during the site visit and must inform those with whom I interact of the confidentiality of the site visit process. Specifically, this information will be reported to the CoA, but will remain confidential with the CoA.

I declare my agreement with the listed terms.

Program/s Being Visited: _____   Visit Date/s: _____

Name: _____   Signature: _____

Today's Date: _____

American Psychological Association