The Health Service Psychology Education Collaborative Blueprint

The Role of Counseling Psychology

CCPTP 2013
APA Strategic Plan

• Organizational effectiveness
• Advance psychology in health
• Advance psychology as STEM discipline
Advance Psychology in Health

- APAPo – Reimbursement
- Primary care
  - BEA Task Force on Training in Primary Care
  - Primary Care Training Directory
  - Primary Care Competencies
- Integrated care, CHC’s
- Interprofessionalism
- Continuing Education
  - > 700 credits in health promotion, disease prevention and chronic disease
Psychology as a Health Profession

ICD-10 Health Problems (16 categories)

Individual  Family  Health Care Providers/System  Socio-cultural context

Teaching  Research  Practice
  Assessment  Intervention  Consultation

Policy
Advocacy for Federal Funding

HRSA- $38.9 million since 2002
• GPE – $35.3 million to date
• MBHET - $3.6 million

Garrett Lee Smith Memorial Act
• College Counseling Centers/Psychology Clinics
Health Service Psychology Education Collaborative
HSPEC

- APA
- Council of Graduate Departments of Psychology
- Council of Chairs of Training Councils
Participants

• COGDOP
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  – Terry Lee, University of Michigan*
  – Ellen Mitchell, Illinois Institute of Psychology
  – Frank Andrasik, University of Memphis*

• CCTCC
  – Sharon Berry, Childrens Hospital and Clinics
  – Clark Campell, Biola University
  – Cindy Juntunen, University of North Dakota
  – Liz Klonoff, San Diego State University

• APA
  – Carol Goodheart, Independent Practice , Princeton NJ
  – Janet Matthews, Loyola University
  – Celiane Rey-Casserly, Boston Children’s Hospital
  – Michael Roberts, University of Kansas

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  – Cynthia Belar
  – Cathi Grus

*split terms
Focus

• Increasing concern over multiple problems in multiple communities
  – Internship imbalance
• Survey – 1330 respondents
• Charge: build a vision and how to get there
• Vision and gap analysis
• 1st Question: What is professional psychology?
Professional Psychology
Clinical, Counseling and School Psychology
Overlap

Clinical Psychology

School Psychology

Counseling Psychology
Overlap: Health Service Psychology
Health Service Psychology
Recommendation #1. The competencies of psychologists who provide health services should be clearly articulated and understood by faculty, students, regulators and the public.

To guide:

• E&T community
• Students
• Public
• Policymakers
• CoA
Health Service Psychology Competencies

• Reflects profession’s commitment to accountability in higher ed and healthcare
• Psychology is a broad health profession
• Psychosocial to biopsychosocial model
• Not specific to locations of practice or practice specialties
• Does not describe specific courses/experiences
• Based on cluster system of competency benchmarks model
Categories

• Scientific Knowledge and Methods
• Research/Evaluation
• Professional Values and Attitudes
• Individual and Culture Diversity
• Ethical, Legal Standards and Policy
• Reflective Practice/Self-Assessment/Self-Care
• Interpersonal Skills and Communication
• Evidence Based Practice
Categories

- Assessment
- Intervention
- Consultation
- Teaching
- Supervision
- Interdisciplinary/Interprofessional Systems
- Professional Leadership Development
- Advocacy
Distinctive Features

- Biological aspects of health and illness
- Interprofessional competencies
- Health care systems and policy
- Practice based research skills
- Value of safe, effective, patient-centered, timely and equitable care
Features

- Evidence-Based Practice
- Self-assessment
- Health informatics
- QI methods
- Teaching and supervision
- Professional development
- Advocacy
Recommendation #2. There should be guidelines for minimal qualifications to enter doctoral programs that prepare health service psychologists.

Two components

• Entry requirements
• Coherence with undergraduate education

Need to create methods of assessing preprofessional requirements and for documenting achievement/competence in broad and general foundational knowledge.
Recommendation #3. Psychology needs to articulate and evaluate the competencies for each level of education and training of health service psychologists, as well as examine the sequence itself.

- Obligation of faculty
- Identify developmental sequence
- Examine sequence itself
- Enhance culture of quality assurance
Recommendation #4. There needs to be increased focus on competency assessment in psychology education and training for the delivery of health care services.

- Culture of assessment
- Expand toolkit
- Develop research agenda
- Role of scholarship of teaching and learning
Recommendation #5. The integration of science and practice requires HSPs to implement evidence-based procedures, utilize a sophisticated degree of scientific mindedness, and do more than “consume” research findings.

• Psychology is a STEM discipline
• Science must be part of ALL E&T
Research Activities
How much research training is required?

<table>
<thead>
<tr>
<th>Aimed at practical problem</th>
<th>Search for new Understanding</th>
<th>Apply existing knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>Pure science, no clear application</td>
<td>C</td>
<td>D</td>
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</tbody>
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Stokes, 1997
Recommendation #6. Psychology needs to engage in self-regulation for the education and training of health service psychologists by adopting a national standard of accreditation.

- Hallmark of a mature profession is that it is self-regulating – social contract
- Student careers and protection
- Internship imbalance concerns
- BEA, APAGS
Recommendation #7. Psychology needs more research relevant to the preparation and roles of health service psychologists and must have an ongoing, comprehensive workforce analysis.

Psychology lags behind.
Next Steps

• Stakeholders are the discipline and profession
• Input to CoA
• Advocacy for single standard
• Summit to address assessment of competencies by level, sequence of training, core components for EBPP
• Continued advocacy for workforce analysis
• Mechanism for periodic review – HSPEC
  – Add APS and students