Appendix
Health Service Psychology: Preparing Competent Practitioners

Advances in psychological science have moved the part of professional psychology that provides health care services from a primary focus on mental health problems to a focus on being a health profession in which mental health remains an important area of practice but in which practice is construed much more broadly across the health care spectrum. This changing face of professional psychology requires a clear articulation of what constitutes broad and general training for its providers of health care services. Our increased understanding of health and disease in all areas has highlighted the need for an approach to education and training that focuses on biological, psychological, social, and cultural aspects of health and behavior regardless of whether one proceeds to practice with traditional mental health populations or in other areas of health.

Although a biopsychosocial focus has been foundational in many graduate programs, other programs must evolve from a primarily psychosocial focus to a biopsychosocial focus in terms of the substantive knowledge base if psychologists are to provide appropriate health care services, including assessment, screening, psychotherapy, counseling, diagnosis, treatment, prevention, remediation, consultation, and supervision.

Despite the definitions of health service providers that exist in American Psychological Association (APA) policy (APA, 1996, 2011b) and the various models of education and training used in programs that graduate psychologists who provide health care services, there has been no clear statement of the core learning outcomes expected of all programs that have as a goal the preparation of health service psychologists (HSPs).[A1] Although useful, the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (APA, 2009) were designed to be generic for all of professional psychology and not specific to programs that prepare psychologists for the provision of health care services.

This document describes the competencies expected from education and training programs preparing psychologists for the provision of health care services regardless of work setting or health or mental health problem being addressed. The initial draft was available for public comment from December 20, 2011, until May 4, 2012, and was circulated to graduate department chairs (via the Council of Graduate Departments of Psychology electronic mailing list) and all training councils of the Council of Chairs of Training Councils. It was on the agendas of the midwinter meetings of the education and training organizations and on the March 2012 cross-cutting agenda for APA boards and committees. The Health Service Psychology Education Collaborative (HSPEC) reviewed all comments, made revisions, and developed this final document in July 2012.

The delineation of the core competencies for health service psychologists demonstrates the discipline's commitment to accountability in higher education and to the various publics served, including students, employers, and consumers of services. It also informs policymakers about the distinctive competencies psychologists bring to health care practice and affirms psychologists' readiness for practice in the health care system of the 21st century. HSPEC acknowledges the wide implications of this work given that a significant proportion of professional psychology education and training is related to preparation to provide health care services. HSPEC also notes the following:

- These competencies are intended to describe the goals of education and training for preparation of health service psychologists in general and are not specific to locations of practice, such as primary care settings, or to practice specialties, such as clinical health psychology, that may require additional competencies.[A2]
- The HSP competencies are described in a manner based on the cluster system adopted in the 2011 professional psychology competency benchmarks model (Hatcher et. al., 2011).[A3]
- Specific courses and training experiences are not described, as each doctoral program or internship is expected to develop its own curriculum to promote attainment of the competencies noted.

[A1] There have been a number of national cross-disciplinary efforts to articulate core competencies for all health professionals (Institute of Medicine, 2003; Interprofessional Education Collaborative [IPEC] Expert Panel, 2011).

[A2] As examples, relevant work in specific areas of practice include APA guidelines for practice with older adults (APA, 2004); practice with lesbian, gay, and bisexual clients (APA, 2012c); evaluation of dementia and age-related cognitive change (APA, 2012b); and assessment of and intervention with persons with disabilities (APA, 2012a). Examples of work in broader areas include competencies for clinical health psychology as described in France et al. (2008) and the guidelines developed by the Inter-organizational Task Force on Cognitive and Behavioral Psychology Doctoral Education (Klepac et al., 2012) that were adopted by the Association of Behavioral and Cognitive Therapy in 2012.

[A3] There has been considerable consensus within the Council of Chairs of Training Councils in collaboration with BEA regarding competencies to be expected from graduate education and training in *professional* psychology, but these competencies are not specific to health care psychology. See Fouad et al. (2009).

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- As in previous documents, the term "patient" is used "to refer to the child, adolescent, adult, older adult, couple, family, group, organization, community, or other population receiving psychological services in health care delivery systems. However, we recognize that in many situations there are important and valid reasons for using such terms as 'client' or 'person' in place of patient' to describe the recipient of services" (APA, 2011a, p. 4).
- Peer review through a recognized quality assurance mechanism to ensure that professional standards have been met is essential to a mature profession. Psychologists trained to provide health care services should complete APA/Canadian Psychological Association (CPA)-accredited doctoral programs and APA/CPA-accredited internship programs.
- There needs to be increased focus on competency assessment in graduate education for health service psychology.
- Because knowledge evolves over time, psychologists already in the field may not have had the specific background training required to enter today's health care environment; however, many of them gain the necessary knowledge and develop additional skills through continuing professional development. HSPEC recognizes the importance of grandparenting for any related credentialing system.

Health Service Psychology Competencies

I. SCIENCE

A. Scientific Knowledge and Methods

Be knowledgeable about the biological, cognitive, affective, social, and life span developmental bases of behavior; be able to critically evaluate relevant literature and apply that knowledge in practice.

Be knowledgeable about psychological research methods and techniques of data collection and analysis and apply that knowledge in practice.

Be knowledgeable about psychological clinical research findings fundamental to the provision of health care services and apply that knowledge in practice.

Be knowledgeable about current information technology and apply that knowledge in practice.

Be familiar with research on how biological, psychological, social, cultural, and economic factors affect health and behavior, disease, treatment outcomes, and wellness and with how to apply that knowledge in practice.

Commentary. HSPs must have a firm grounding in psychological science and statistics, but this is not sufficient. They also need to have a basic familiarity with knowledge from other disciplines such as anatomy, physiology, genetics, pharmacology, anthropology, sociology, and economics. This is not to intended to train "mini physicians" or "mini pharmacists," but to prepare psychologists to be able to appropriately assess and treat problems in their areas of expertise as well as ensure whole person care in collaboration with other health professions, including when to refer. This knowledge base is fundamental to the biopsychosocial model of care, although psychologists' strengths will remain in the psychological/behavioral aspects and their interactions with other components.

B. Research/Evaluation

Critically evaluate relevant health and behavior research related to populations to be served.

Conduct research that contributes to the scientific and professional knowledge base or evaluates the effectiveness of various professional activities in health care and health promotion.

Use research skills for program development and evaluation as well as for quality improvement related to health care services.

Be familiar with health research methods.

Commentary. Cross-cutting themes of research relevant to HSPs are related to outcomes assessment, treatment efficacy/effectiveness, patient satisfaction, and quality improvement methods. HSPs must be more than consumers of research; they must have skills in conducting practice-based research relevant to quality improvement efforts. They must also understand human subjects and consent issues related to health research.

II. PROFESSIONALISM

A. Professional Values and Attitudes

Behave in ways that reflect the values and attitudes of psychology, including integrity, accountability, lifelong learning, and concern for the welfare of others.

Value principles of safe, effective, patient-centered, timely, and equitable care and use them as guidelines for health care practice.

Value and communicate to the public and other health professionals one's identity as a psychologist.

Value collaboration with other health professions and team-based care.

Commentary. The values of safe, effective, patient-centered, timely, equitable, and collaborative care are central to a reformed health care system to serve the public welfare. They must be clearly modeled and communicated in graduate education in psychology.

B. Individual and Cultural Diversity

Exhibit awareness, sensitivity, and skills to work professionally with diverse individuals, groups, and communities that represent various cultural and personal backgrounds and characteristics defined broadly and consistent with relevant APA practice guidelines.

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Be knowledgeable about the literature on diversity factors and health disparities and apply that knowledge in practice.

Exhibit awareness, sensitivity, and skills to work with diverse individuals across the health professions.

Commentary. In addition to guidelines developed for multicultural education, training, practice, and research (APA, 2003), there have been numerous guidelines developed related to services for different populations (some of which are noted in Footnote A2). HSPs need to be aware of the diversity of health belief models and attitudes toward care held by patients and health care providers and to have skills in collaborating with relevant others, including linguistic, visual, and hearing interpreters, in providing services. Knowledge of health disparities particularly as it applies to vulnerable populations is important.

C. Ethical and Legal Standards and Policy

Abide by the current version of the APA *Ethical Principles of Psychologists and Code of Conduct*[A4] and engage in ethical decision making in collaboration with others.

Be knowledgeable about the professional standards associated with health care practice.

Be knowledgeable about and adhere to the local, state, and federal laws governing health care practice.

Be knowledgeable about health care policies that are relevant to health care systems and the delivery of services.

Commentary. There are distinctive ethical and legal issues that arise in health care related to issues such as confidentiality, teamwork, interdisciplinary business partnerships, telehealth, malpractice risks, safety, and so forth. HSPs also must understand the wide variety of national and local policies that impact the delivery of services, such as credentialing, insurance and billing, use of electronic medical records, and policy development.

D. Reflective Practice/Self-Assessment/ Self-Care

Engage in reflective practice conducted with personal and professional self-awareness, including attention to one's health behaviors and well-being and their potential impact on practice.

Conduct self-assessments designed to continuously improve health services offered.

Commentary. HSPs need to be aware of how their own health behaviors and well-being may impact services offered and need to engage in regular self-assessments designed to improve services offered.

III. RELATIONAL: Interpersonal Skills and Communication

Relate effectively and professionally with patients, colleagues, and communities.

Relate effectively with professionals from other disciplines and demonstrate competence in interprofessional collaborative practice.

Communicate clearly and appropriately in written and oral form with patients, colleagues, other health professionals, and the public.

Commentary. The delivery of services is predicated on the ability to form effective working and therapeutic relationships. The more specific core competencies for interprofessional collaborative practice are listed in Section VI.A of these competencies and described more fully in *Core Competencies for Interprofessional Collaborative Practice* (IPEC Expert Panel, 2011). Health care settings can provide distinctive challenges, such as time constraints for feedback to referral source, and require an understanding of the culture within which services are provided.

IV. APPLICATIONS

A. Evidence-Based Practice

Engage in evidence-based practice that integrates "the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA Presidential Task Force on Evidence-Based Practice, 2006, p. 273.).

Incorporate local population-based information and relevant research findings in the provision of health care services.

Commentary. Evidence-based practice is essential to all health care services and has been described more fully with respect to psychology (APA Presidential Task Force on Evidence-Based Practice, 2006). HSPs need to know the evidence base for the most common psychological practices to treat health problems. Also, HSPs need to know how to incorporate local population-based information in their services.

B. Assessment

Conduct assessments of psychological and behavioral components of physical and mental health to diagnose problems and assess strengths as a basis for planning prevention, treatment, or rehabilitation.

Use an assessment approach model that includes attention to biological, psychological, social, life span, and cultural components of health.

Provide assessments grounded in the science of measurement and psychometrics and the clinical research related to the assessment of health, behavior, and psychosocial aspects of physical conditions.

[A4] At the time of this writing, the version is APA *Ethical Principles of Psychologists and Code of Conduct* (APA, 2010).

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Communicate findings from psychological assessments in language appropriate for the patient, family, and health care professionals.

Be able to conceptualize cases integrating common medical, dental, and other health findings, including their potential impact on assessment and interpretation of psychological data for populations to be served.

Commentary. Psychological assessments include measures of cognitive, behavioral, affective, and interpersonal functioning as well as health belief models. HSPs address the full range of health problems, including substance abuse and mental health disorders, acute illness and chronic disease, psychological conditions that manifest somatically, organic conditions that manifest psychologically, behavioral risk factors for illness, psychological adjustment to health conditions, and psychological effects of medications. HSPs need to understand the relevance of common health care measures (e.g., blood pressure, laboratory assays, radiological studies) and know how to quickly access information about other health assessments. Information required will vary depending on disorders assessed, such as eating disorders, anxiety, or vascular dementia. HSPs must be able to appropriately tailor their communications to the health care setting and patients served, for example, to a mental health setting versus a primary care setting.

C. Intervention

Provide evidence-based psychological approaches in the prevention, treatment, and rehabilitation of common health, mental health, and developmental problems.

Be knowledgeable about theories, models, and effective practice in psychotherapy.

Monitor a patient's response to delivered interventions and modify as needed.

Educate patients, families, caregivers, and communities about health and behavior to facilitate behavior change, including promotion and prevention.

Seek consultation and refer to other health care professionals for problems outside one's training and experience.

Provide health promotion services in individual, group, and community settings.

Be knowledgeable about effectiveness and costs of psychological treatment options appropriate to the particular clinical context.

Be familiar with common medical, dental, and other health treatments, as well as complementary and alternative treatments, and their sequelae for the populations to be served.

Commentary. Although HSPs cannot be competent in every form of psychological intervention, they must be competent in a variety of the most commonly used ones, be skilled in monitoring progress, and know when to seek consultation, including with other psychologists. They must be aware of how other health care interventions (including common over-the-counter and prescription medications) and sociocultural factors can impact the patient and services provided.

D. Consultation

Provide consultative psychological services to patients and their families, other health care professionals, and systems related to health and behavior.

Commentary. HSPs are familiar with evidence-based consulting skills and methods. HSPs often help other providers manage the psychological and behavioral components of presenting problems. They develop competencies in delivering patient- and situation-specific consultation for health care enhancement targeted at the individual, group, intergroup, and organizational levels. This requires skills in interprofessional functioning and can present distinctive issues with regard to confidentiality, communication, and multiple relationships. HSPs also foster effective relationships among providers, patients, and others.

V. EDUCATION

A. Teaching

Provide training and supervision to psychology trainees and to other health professionals in relevant health care services.

Provide training in the application of psychological science to the delivery of health care services and the improvement of the health care system.

Commentary. As the scientific knowledge base related to behavior and health has increased, so has the need for its inclusion in the curricula of other health professions.

B. Supervision

Be knowledgeable about theories, models, and effective practices in supervision.

Apply this knowledge to the supervision of direct service delivery by psychology trainees, trainees from other health professions, and, as appropriate, to the supervision of services provided by other health care professionals.

Commentary. Supervision is a required competency for HSPs and is currently the focus of a number of groups working to articulate the competencies and guidelines for effective supervision. As the health care system focuses on practice at the highest level of training, HSPs are increasingly called upon to supervise other professions in the delivery of services, including nondoctoral behavioral health providers. HSPs need to know professional credentials, licensure, and ethical standards across health professions in order to select appropriate supervisors in health services settings. Competence in supervision includes knowledge, collaborative skills, and attitudes.

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VI. SYSTEMS

A. Interdisciplinary/Interprofessional Systems

Be knowledgeable about the core competencies for interprofessional practice, including values/ethics across professions as well as those for interprofessional practice, roles/responsibilities, interprofessional communication, and teams/teamwork. Apply that knowledge in collaborative practice.

Be knowledgeable about the outcomes literature associated with the delivery of services by health care teams.

Use health informatics, including electronic health records, to communicate with other health professionals and patients as appropriate.

Be familiar with various types of health care systems and service delivery models and their implications for practice.

Commentary. The *Core Competencies for Interprofessional Collaborative Practice* (IPEC Expert Panel, 2011) detail the skills required for teamwork and effective interdisciplinary functioning. It is also important to note that there are distinctive issues that vary by type of setting (e.g., mental health, primary care, tertiary, inpatient, outpatient, rehabilitation, dental, independent practice, institutional practice, school, justice) and type of delivery system (e.g., capitated, fee-for-service). Although it would not be expected that at entry to practice, HSPs are fully competent in all systems, they need familiarity with the range of possibilities and competence in the self-assessment and lifelong learning skills required to work in any health care setting. HSPs also need to be aware of evolving models in health care. (For example, in 2012 the concepts of "patient centered medical home" and "accountable care organization" have currency.)

B. Professional Leadership Development

Appreciate the role of a psychologist as an autonomous, knowledgeable team member and leader in health care.

Be familiar with professional roles in management and administration of health care research, services, and systems and be prepared for further leadership development.

Commentary. HSPs often provide leadership in team management, administration, conflict resolution, and bringing psychosocial issues to the forefront in health care services. Identifying areas for further leadership development is an important aspect of professional preparation.

C. Advocacy (Local, State, and National)

Advocate for psychology's role as a science and a profession in health care.

Advocate for research that contributes to the evidence base to support practice and for evidence-based practice.

Advocate for quality health care at the individual, institutional, community, and systems levels in public and private sectors.

Advocate for equity and access to quality health care services for patients.

Commentary. Although an important component, advocacy is not confined to legislative activities. It also includes advocacy for patients' rights, equity in health care services, and quality of care.

Summary

A clear statement of competencies to be obtained through education and training is essential given the need for psychologists to be competent to work in 21st-century health care systems, the increased demands for accountability in higher education, and psychology's commitment to advance quality education and training. This statement of competencies serves to inform

- the public and policymakers so as to promote understanding of the distinctive features of psychologists' knowledge and skills that prepare them for participation in the health care system,
- the expectations of prospective employers about the knowledge and skills of psychologists providing health care services,
- education and training programs in their assessment of goals and design of curricula,
- prospective students in their review of program offerings in the context of anticipated career paths, and
- the APA Commission on Accreditation, which may use national consensus criteria in establishing its policy and review processes.

Compared to current guidelines for the accreditation of education and training in professional psychology, the competencies for health service psychologists articulated here have an increased focus on basic biological, psychological, and social knowledge of health and disease as relevant to problems addressed. They require practice-based research skills (including quality improvement methods and outcomes measurement), as neither skills in basic research nor training as a consumer of research, while important, is seen as sufficient. They require competence in interprofessional collaborative practice and skills in teaching/supervision with other health professions. They specifically incorporate the values of safe, effective, patient-centered, timely, and equitable care and highlight the need for understanding of health policy and relevant health care delivery systems. They also bring attention to issues of leadership and advocacy for future roles of health service psychologists.

This document has significant implications for both education and training programs and current practitioners who wish to update their skills for better integration in health care delivery systems. The Collaborative welcomes a dialogue about implementation from the field. More specifically, this work is being provided to the participating organizations of HSPEC as part of its blueprint for the future (HSPEC, 2012), to the multiple education and training organizations in psychology, and to the APA Commission on Accreditation for determination of next steps.

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