Education and Training

Criterion V. Advanced Scientific and Theoretical Preparation. In addition to the scientific and professional foundations described above, a specialty requires advanced, specialty-specific scientific knowledge.

1. Specialty education and training occurs at the doctoral, postdoctoral, or both levels?

Specialty education and training in clinical health psychology begins at the doctoral level, continues with experiential training during internship, and is most often completed during postdoctoral training. The foundation of general professional psychology competencies is laid during doctoral training; this is typically augmented by specific academic coursework and some practicum experiences related to health. In addition, trainees at the doctoral level typically conduct thesis and dissertation research on a health-related topic. Larkin (2009) characterized pre-doctoral training in health psychology as either "embedded" or "exclusive." Although all accredited programs must cover the so-called "broad and general topics" required in the *Guidelines and Principles*, the two types of programs cover this differently. Most programs are of the "embedded" type, where the health psychology training occurs "within a doctoral training program that aspires to train a range of professional (typically clinical or counseling) psychologists" (Larkin, 2009, p. 206). In these types of programs, the broad and general training is not specific to clinical health psychology; as a result, supplemental courses are needed to provide basic introduction to the medical and pubic issues that are considered part of the field. Not all faculty in these programs have training in health psychology. By contrast, in "exclusive" programs, "every doctoral student enrolled is fully engaged in training to become a clinical health psychologist" (Larkin, 2009, p. 205); courses and practicum experiences are designed with this goal in mind. Masters, France, and Thorn (2009) note that approximately 500 internships listed in the Association
of Psychology Postdoctoral and Internship Centers (APPIC) directory offer health psychology rotations. During the internship, trainees obtain health-related clinical experience; many also continue research in health areas. At the post-doctoral level, the practice and research experience is consolidated and trainees obtain the necessary breadth and depth to prepare them for eventual completion of the ABPP in clinical health psychology.

2. If specialty training occurs at the doctoral level, which is assumed to be broad and general, describe how specialty education and training is integrated into the general professional psychology doctoral curriculum using the requirements for the advanced scientific core in the following areas, as appropriate. This refers to the specialty specific scientific knowledge that builds upon the basic common and scientific core.

Education and training guidelines in clinical health psychology were first proposed at the Arden House Conference (Stone, 1983). As described by Larkin (2009), Arden House became the "blueprint" for both clinical and non-clinical health psychology, with all doctoral training in the area including: "(a) common training competencies, (b) a graduated sequence of training experiences, (c) an emphasis upon broad and general training, (d) reliance on the biopsychosocial model, and (e) the integration of science and practice throughout training." As the field began to focus more on competencies and benchmarks, Division 38 was one of the first specialties to attempt to define specific competencies; the first conference to develop these competencies was held in Tempe, AZ March 1-2, 2007. The France et al. (2008) article, which presented the first attempt to articulate competencies required of clinical health psychologists was the result. A subsequent meeting of the Council of Clinical Health Psychology Training Programs (CCHPTP) in January 2008 and the Riverfront Conference, sponsored by Division 38

with additional funding from the National Cancer Institute, further elaborated these competencies for both clinical (Masters et al., 2009) and non-clinical health psychologists. Inherent in all of these refinements is the idea that the competencies are developed across the sequence of training and that, while the specific level at which each competency is achieved can vary, the content of the competencies cannot.

Unlike many other professional specialties, health psychology has both clinical and non-clinical practitioners. Thus, in preparing the competencies for clinical health psychologists, it was necessary to consider the competencies necessary to meet their role as scientists as well. It is unusual for this to be done in non-professional areas of psychology (e.g., social psychology, cognition, neuroscience), because training programs and mentors differ substantially and the typical goal of a non-applied doctoral program is to turn out a scientist who is sufficiently different from others in the field that his/her skillset makes a unique contribution to the literature. Health Psychology differs from these other fields of psychology, in part, because many clinical health psychologists are truly health psychology scientists; because many health psychologists are also linked to semi-applied, but not clinical, disciplines such as epidemiology; and because Division 38 and the other groups that support education and training in this area (e.g., Society of Behavioral Medicine) are historically both clinical and nonclinical professionals working towards a common goal. Thus, the field has identified the knowledge and skills required for non-clinical health psychologists to which are added the specific skills for clinical health psychologists. Thus, for each of the areas listed above, the recommendations represent a combination of the Tempe, CCHPTP, and Riverfront conferences; recommendations for clinical health psychologists incorporate those recommendations developed for general health psychology as well, and include:

a. biological bases of behavior:

- Generic psychology core and foundations for health psychology practice
- Pathophysiology of disease and the implications for development of biopsychosocial treatments
- Biological assessment strategies relevant to individuals and systems.
- Pathophysiology of disease and extant biomedical treatments and their implications for the delivery of biopsychosocial treatments.

b. cognitive-affective bases of behavior:

- Generic psychology core
- Generic clinical core
- Evaluate biopsychosocial and cognitive assessment tools appropriate to understanding physical illness, injury, or disability.
- Psychological assessment strategies relevant to individuals and systems.

c. social bases of behavior:

- Generic psychology core and foundations for health psychology practice
- Social psychology and personality
- Individual and cultural differences
- Life-span developmental psychology
- Biological, psychological, behavioral and sociocultural tools relevant to individuals and

systems.
- Evaluate biopsychosocial findings related to physical health or illness/injury/disability.
- Social-environmental assessment strategies relevant to individuals and systems.

d. individual bases of behavior:

- Generic psychology core and foundations for health psychology practice
- Cultural and individual differences
- Learning, cognition, and perception
- Dynamic interactions between populations and contextual variations (age, gender, ethnicity, culture, religion, etc.) on health behavior and health outcomes.
- Developmental, social-environmental, and psychological factors associated with health behavior, illness, and disease, and their implications for the delivery of biopsychosocial treatments.

e. ethics (science and practice):

- Generic psychology core and foundations for health psychology practice
- Professional ethics and legal standards
- Ethnical issues specific to health psychology
- Legal/ethics issues in relation to interdisciplinary research.
- The legal, economic, logistical, and practical aspects of day-to-day functioning within a group or individual practice, or within a research program environment.

f. research design, methodology, statistics:

- Generic psychology core, generic clinical core, foundations for health psychology practice
- Statistics and methodology
- Research design
- Completion of a doctoral dissertation
- Appropriate methods and procedures to develop a program of research.
- Strengths and potential pitfalls of role relationships that characterize interdisciplinary collaborative research.
- Develop health psychology research protocols and evaluate their effectiveness and quality.
- Design and evaluate empirically supported health promotion, prevention and other interventions appropriate to target populations in the context of an interdisciplinary team.
- Apply diverse methodologies to address contextual, psychosocial, and biological processes as they relate to disease progression, health promotion, and illness prevention.
- Select, apply, and interpret data analytic strategies that are best suited to the diverse research questions and levels of analysis characteristic of health psychology.
- Integrate the talents and skills of professionals from different disciplines and different levels of training (e.g., masters, doctoral) to optimize research.
- Write a research proposal of a quality sufficient to be submitted to a granting agency. Publish in peer reviewed journals in the area of health psychology.
- Understand the bounds/limits of one's research competence.
- Scientific foundations and methods of psychology and allied health disciplines (e.g.,

epidemiology, physiology).

- Appropriate methods and procedures to develop a program of research.
- Notwithstanding the fact that the individual is often the primary unit of analysis, the clinical health psychologists' research skills must reflect the multilevel and interdisciplinary nature of the profession

g. history and systems:

- History and system in psychology

h. measurement:

- Generic psychology core, generic clinical core, foundations for health psychology practice
- Statistics and methodology
- Psychometric theory
- Research design and analysis in professional psychology
- Specialized health psychology assessment techniques
- Assess biopsychosocial and behavioral risk factors for the development of physical illness, injury, or disability.
- Assist in assessment of new and emerging health technologies.

i. practicum:

- Generic clinical core, foundations of health psychology practice, generic clinical skills, and specialized health psychology skills
- Psychopathology
- Psychometric theory
- Interview and assessment techniques
- Evidence-based intervention techniques
- Professional ethics
- Specialized assessment techniques for use in health environments
- Specialized intervention techniques for health-related problems

j. supervision:

- Generic clinical core and foundations of health psychology practice
- Effective teaching methods
- Design and implementation of curricula and courses
- Use of effective education technologies
- Use of effective supervision methods
- Familiarity with the type of students/trainees operating within a health care setting.
- The role of other health care professionals (e.g., physicians, nurses, social workers) in the treatment of an individual and/or within an interdisciplinary health care team.
- The skills and competencies required of other health professionals who wish to do research in health care settings.
- Understand the inherent conflicts between training and service in health care settings and adequately negotiate for the optimal integration and reimbursement of these activities.

k. consultation:

- Generic clinical skills and foundation of health psychology practice
- Effective basic communication skills (e.g. listening, explaining, negotiating)
- Ability to determine and clarify referral issues
- Education of referral sources regarding the appropriateness of health psychology services (strengths and limitations)
- Work toward translation of research findings to applied settings.
- Translate issues presented by professionals from other disciplines into research questions and appropriate methods for investigation.
- Integrate within and lead in the formulation of interdisciplinary research teams
- Understanding of professional roles and expectations within the context of intradisciplinary and interdisciplinary consultation in the health care setting.
- Knowledge of the relevant scientific literatures as they bear on health care consultation/liaison operating policies and procedures in different health care environments.

l. internship:

The internship year completes training in the general practice of professional psychology and allows for continued specialty preparation in the science and professional practice of clinical health psychology. The proportion of time devoted to specialized health psychology training activities versus more general preparation is determined by the training needs of the individual intern. Internship experiences primarily focus on obtaining intermediate to advanced skills in the following areas:

- Generic clinical core, foundations of practice of clinical health psychology, generic clinical skills and specific skills in clinical health psychology
- Psychopathology and diagnosis
- Psychometric theory and application
- Interview and assessment methods
- Intervention methods and procedures
- Professional responsibility and ethics
- Specialized assessment methods for use in the healthcare setting
- Specialized interventions for use with health-related issues
- Appropriate methods to develop a group or individual practice.

m. other, including any additional specialty courses that do not fit the above categories:

- The historical relationship of health psychology to the basic sciences, public health and clinical investigation.
- Scientific foundations and methods of psychology and exposure to allied health disciplines (e.g., epidemiology, physiology, genomics, bioinformatics)
- Knowledge of mechanistic and mediational pathways between contextual, psychosocial and biological phenomena as they relate to disease progression, health promotion and illness prevention.
- Accurate and efficient communicate skills for disseminating research findings in a manner that is consistent with the highest standards within the profession in ways that

can be understood by fellow psychologists, professionals from other disciplines, and lay audiences alike.

- Globalization and technological advances and how these factors influence management of the practice of clinical health psychology around the world.

References

Larkin, K.T. (2009). Variations of Doctoral Training Programs in Clinical Health Psychology: Lessons Learned at the Box Office*. Training and Education in Professional Psychology, 3*(4), 202–211.

Masters, K.S., France, C.R., and Thorn, B.E. (2009). Enhancing Preparation Among Entry-Level Clinical Health Psychologists: Recommendations for "Best Practices" From the First Meeting of the Council of Clinical Health Psychology Training Programs (CCHPTP). *Training and Education in Professional Psychology, 3*(4), 193–201.

Stone, G. C. (Ed.). (1983). National Working Conference on Education and Training in Health Psychology. *Health Psychology, 2*(Suppl.), 1–153.

3. If specialty training occurs at the postdoctoral level, describe:
    a. Any doctoral level prerequisites beyond an APA-accredited degree in professional psychology.
    b. Required coursework and other experiences in the postdoctoral residency.

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

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

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