



CANADIAN PSYCHOLOGICAL ASSOCIATION
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How Should the World get Smaller? The Case for an International rather than Global Model of Accreditation in Professional Psychology

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Some history...

The Canadian Psychological Association (CPA) began accrediting Canadian doctoral and internship programmes in psychology in 1984

Prior to that time, a handful of programmes in Canada sought and received accreditation from the American Psychological Association (APA)



CPA's 1984 model of accreditation was virtually identical to APA's. This due to a number of factors that included...



Many Canadian doctoral programmes in psychology were initially staffed with faculty from the U.S. whose experience and fidelity were to American models of training.



APA had a long history of accreditation. Its model was effective and known with a demonstrated track record of its successful implementation.



There is a saying that to become a famous Canadian you have first to become famous in the U.S...American models of teaching, training and credentialing in psychology are valued, respected, and have currency in Canada and internationally.



APA, with its longer and more resourced traditions and activities in accreditation, has been very generous in its collaborations with CPA.



All that said, Canadian psychology also wanted to develop its own made-in-Canada model of accreditation so CPA initiated a CPA/APA partnership that would allow for Canadian programmes to seek accreditation from the CPA and APA concurrently.

APA accreditation was not given up by Canadian programmes but CPA accreditation was added (both voluntarily). While the majority of Canadian doctoral and internship programmes sought concurrent accreditation, no American programmes did. The perceived value add for mobility was unidirectional (north to south).



CPA/APA concurrent accreditation afforded programmes one set of reporting procedures, one site visit and two independently rendered accreditation decisions.



CPA/APA concurrent accreditation was embodied in a Memorandum of Understanding (MoU) that worked very well for at least a decade (concordance rate of accreditation decisions was upwards of 80%)and realistically until 1996.



In 1996, the APA revised its model of accreditation and, in a nutshell, moved from a model that was largely **prescriptive** in nature (how many and what kinds of courses, how many and what kinds of practice experiences) to one that was **outcome** focused (demonstrate that students meet the competencies of a programme-defined model)



This change in model posed a challenge or two for Canadian psychology...



CPA did not want to adopt the APA changes wholesale...at this point we had been in the accreditation business for 12 years and felt that any revision to training models in Canada needed to reflect and respond to the values and context of the Canadian training community.



On the other hand, we could not ignore the APA revision because Canadian programmes valued APA accreditation and concurrent accreditation was possible and practicable only because the two models were substantively the same.



At least some Canadian programmes wanted to retain the APA credential. However, even for these same programmes, there were some standards, procedures or values of the APA accreditation programme with which they did not agree.



The CPA/APA MoU did not have a term, and did not provide for any periodic review or revision.



So... the CPA surveyed its own constituencies, revised its own model of accreditation (2002) retaining its prescriptive focus but incorporating important outcome elements, revised all of its reporting materials so that concurrent CPA/APA accreditation could be maintained for the many Canadian programmes who still wanted it.



Over the next 10 years (1996 to 2006), concurrent accreditation continued to be possible but was less functional and less practicable than it had been prior to 1996.



APA had to maintain a number of exceptions for Canadian programmes

- in models (e.g. honours baccalaureate in Canada) and
- reporting (concurrent self study and application forms were necessarily different for programmes that were applying for accreditation from the two accrediting bodies whose models of accreditation were no longer identical)



Canadian programmes themselves who wanted to pursue concurrent accreditation had a greater burden of time, paperwork and expense in having to meeting the requirements of two now divergent accreditors



Even more importantly...

There is an inherent problem in evaluating a programme that is delivered in one cultural, health care and educational context against a model of accreditation that was developed, accountable to, and delivered in a different context (e.g. Nixon, 1990)



We had to ask ourselves what was going to happen if the model applied in Canada promoted or permitted accreditation of programmes that the Canadian training community did not support or promoted standards or criteria that, because of context or culture, we could not meet (e.g. diversity as described in Bowman, 2000; socially-based values and models of education and health service in Canada as compared to the U.S.)?



On principle, did we want programmes that were training psychologists for practice in Canada that did not meet national accreditation standards but had access to accreditation by a foreign accreditor (Kenkel, DeLeon, Albino & Porter, 2003; Peterson, 2003).



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What we considered and what we did...



We surveyed our communities and determined that, to the extent permitted by the limitations of our surveys and respondents...



Canadian programmes, particularly doctoral programmes, continued to value APA in addition to CPA accreditation.



The value in APA largely centered on the perceived currency of the APA credential (i.e. for mobility) and programmes not wanting to be disadvantaged if one relinquished the credential while others still retained it.



And this despite the finding that there was little objective evidence that CPA could collect indicating that CPA accreditation, as compared to APA accreditation, actually posed barriers for students in terms of internship, licensure or hire.



In an effort to enable Canadian programmes to continue to have access to the APA accreditation credential while ensuring that Canadian values and principles shaped professional psychology in Canada, CPA asked the APA to only accredit those programmes that first met the CPA Accreditation standards and criteria.



Though this was not possible, the Committee on Accreditation (CoA) of the APA surveyed its own constituencies and, in 2007 proposed to its Council of Representatives that the APA stop accrediting outside its own borders.



In February 2007, the CoA proposal was accepted by the APA Council of Representatives along with the recommendation that the APA work with its partners to explore international, rather than global, partnerships in accreditation.



This paved the way for the possibility that rather than engaging in global accreditation (one country accrediting in another), APA and CPA at least could engage in international accreditation (signatory countries come up with an international model to apply internationally).



The APA proposal was incidentally supported by approximately 80% of Canadian programmes as well as CPA's Accreditation Panel, its Board of Directors and 18 of its Past-Presidents.



In January 2008, the APA stopped accepting new applications for accreditation from Canada and in September 2015 all APA terms of accreditation in Canada will sunset.



2009 to present...Canadian Doctoral Programmes

	2004	2010
No. doctoral programmes accredited by CPA	24	30
No. internship programmes accredited by CPA	26	30
% percent doctoral concurrently accredited by CPA and APA	73	57
% internship concurrently accredited by CPA and APA	65	50



CPA and APA have been working on an agreement of mutual recognition that will publicly convey that one body recognizes the equivalent value of the other. It is felt (primarily by a subset of Canadian programmes) that a statement of equivalence is critical to facilitating mobility for psychologists across North America.



Proposed foundations of new CPA/APA agreement on mutual recognition*...

statement that accreditation programmes of
bodies that form signatory to the agreement
are substantially equivalent to each other

the signatories to the agreement accept and
publicly assert this equivalency

* note that the agreement is a work in progress and these foundations
are not yet final, nor agreed upon, by the decision-making bodies of
the CPA and APA



signatories make every reasonable effort to ensure that bodies responsible for regulating, credentialing, hiring, compensating or training psychologists for professional practice in their respective jurisdictions accept the substantial equivalence of programmes accredited by signatories



the agreement speaks to the equivalency of accreditation programmes and does not confer accreditation status on individual doctoral or internship programmes

the agreement covers only the accrediting activities of a body within its own jurisdiction



signatories undertake accreditation or assessment for substantial equivalence by an educational provider in another jurisdiction only with consent and collaboration of national body governing professional psychology education in that jurisdiction being a signatory to this agreement



signatories must advise each other when and if their accreditation policies, procedures, standards, criteria, guidelines and principles change at which time the agreement may be reviewed and reaffirmed as appropriate



**Some things to think about in conceiving
partnerships in accreditation...**

Some consensus among partners about how professional psychologists should be trained and how this training should be overseen or ensured is necessary



APA and CPA have some common understanding, based on our history, about what training needs to comprise (e.g. courses in the foundations of psychology, training in assessment and intervention techniques, supervised practice experience).



However, many countries, Canada included, have turned their focus to competencies rather than types of degrees or programmes per se, in assessing eligibility for practice.



The challenge for psychology when it comes to competencies is that the profession, at least in North America, doesn't have a clear consensus on what a psychologist needs to know or do to be competent upon graduation or thereafter (Lichtenberg, Bebeau, Nelson, Smith, Portnoy, Leigh, Rubin & Kaslow, 2007)



Add to that the diversity of opinion that might exist among the professional bodies that accredit programmes, the programmes themselves and the regulatory bodies that license individuals (Lichtenberg, Bebeau, Nelson, Smith, Portnoy, Leigh, Rubin & Kaslow, 2007).



It is competencies that underlie Canada's Agreement on Internal Trade (AIT) which is a federal, provincial and territorial agreement to support the national mobility of Canada's workers.



In Canada, health care providers are licensed by province/territory. The eligibility requirements, including degree requirements, differ from jurisdiction to jurisdiction. Through the AIT, the provincial and territorial regulatory bodies have the responsibility to create a mechanism to support mobility but have little conferred authority to establish what that mechanism should be.



Though Canadian regulators might agree on
Competencies for Professional
Psychologists...

Mutual Recognition Agreement (2004)

Interpersonal relationships

Assessment and evaluation

Intervention and consultation

Research

Ethics and standards

Supervision



We have not addressed or established the parameters within which training for competency should occur.



Which and how many courses and/or other learning modalities are necessary?

How much, if any, do we account for work experience?



If we are envisioning an international accreditation agreement, how will we navigate the reality that the qualifying degree for the practice of psychology varies considerably across countries?

Taking competency models to their extreme, are designated degrees always necessary to attain competence?



Further, psychology, as compared to other health professions, is one whose unique and specialized skill sets are often not as readily recognized by communities of interest.

Do we want physicians licensed without medical degrees, dentists without dental degrees or psychologists without psychology degrees?



**Some lessons learned along the
accreditation highway/freeway**



Travelling with another bus company means that they set the route, the schedule and what does and doesn't come along on the journey...

One country accrediting in another means that teaching and training standards do not necessarily reflect the values and context in which they are applied.



On the other hand, driving your own bus allows you to stop and go when you want but it takes more time and is more expensive...

Smaller and less resourced countries may not have the means necessary to develop and deliver their own accreditation models



**Finally, if you do travel or partner with
someone else ...**



Routes inevitably have to change so it is important that you plan for change and for who gets to make it (i.e. MoU's should have shelf lives and mandated reviews)



When changing the route (no matter who changes it), always consult the passengers... the accredited programmes will have expertise and opinions of which accreditation standards and procedures need to take account

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