



## **ASPPB/ National Register Designation Project**

### **Criteria for Defining an ASPPB/National Register Designated Postdoctoral Program in Psychopharmacology**



## **Introduction**

These criteria are built upon the foundation of several national guidelines and policies:

1. American Psychological Association (APA)
  - i. Guidelines & Principles for Accreditation of Programs in Professional Psychology (2005)
  - ii. APA Ethical Standards (2002)
  - iii. APA Recommended postdoctoral training in psychopharmacology for prescription privileges. (August 12, 1996).
  - iv. American Educational Research Association (AERA), APA and National Committee on Measurement in Education (NCME): The Standards for Educational and Psychological Testing (1999)
2. Association of Psychology Postdoctoral and Internship Centers (APPIC) Membership Criteria for Internship (2001), and Postdoctoral Residency Training Programs (2005) and Consortia (2001)
3. Association of State and Provincial Psychology Boards (ASPPB) Guidelines for Prescriptive Authority (2001)
4. ASPPB/National Register Guidelines for Defining a "Doctoral Degree in Psychology hereafter known as Designation Criteria (1979)
5. Canadian Psychological Association (CPA)
  - i. Accreditation Standards and Procedures for Doctoral Programs and Internships in Professional Psychology (2002)
  - ii. Canadian Code of Ethics for Psychology (2000)

This program approval process is for the purpose of assisting regulatory and credentialing bodies to identify acceptable psychopharmacology postdoctoral programs that educate and train psychologists and to clarify to the public which programs meet ASPPB/National Register Designation Criteria and are consonant with guidelines noted above.

Programs indicate on the application which level of designation that they seek as defined below (Level Two, Level Three or both). These criteria are based upon the assumption that Level One was included in the doctoral degree program in psychology or required to be met before formal admission to the postdoctoral program in psychopharmacology. In other words, psychologists should have demonstrated knowledge of human biology, anatomy and physiology, biochemistry, neuroanatomy and basic psychopharmacology before embarking upon the postdoctoral education and training in psychopharmacology. "Level One builds upon the courses outlined in current APA guidelines for accreditation including but not limited to the biological bases of behavior." These prerequisites are independent of the education and training required in Level Two.

**Level Two: Didactic postdoctoral program in basic education for collaborative care in psychopharmacology.**

**Level Three: Education and training postdoctoral program for the APA recognized proficiency in Psychopharmacology.**

At the time of application or renewal of designation, the program chooses either or both levels of education and training. The review by the ASPPB/National Register Designation Project will be based upon that choice. The public representation of the program clearly indicates level of didactic and practica training.

Please note:

1. It is important to note that these ASPPB/National Register Designation criteria apply to programs, not to individual psychologists.
2. Program designation is not intended to substitute for the individual review by regulatory and credentialing boards of a psychologist's qualifications for prescriptive authority. Credentialing decisions about individual psychologists are the purview of the regulatory and credentialing bodies.
3. This document outlines criteria for the designation of programs offering education and training in the **proficiency** of psychopharmacology and should not be confused with criteria for postdoctoral residency training in **traditional substantive areas** (clinical, counseling or school psychology) or postdoctoral residency training programs in **specialties** (e.g., clinical neuropsychology, forensic psychology).

## Criteria and Standards

**To qualify as an ASPPB/National Register Designated Postdoctoral Program in Psychopharmacology, programs must apply for designation and be determined to meet the following criteria:**

### A. Program Characteristics

1. The program is based in or affiliated with a university/professional school that is regionally accredited in the US or in Canada is a provincially or territorially chartered university or is offered by another appropriately accredited provider of instruction. Examples of the latter are hospitals which are JCAHO accredited or schools which hold specialized accreditation status by a US Department of Education recognized accreditor such as nursing, pharmacy, etc.
1. The program awards a postdoctoral master's degree or certificate in psychopharmacology upon completion of the didactic and/or experiential components. This credential is reflected on the official transcript showing the sequence of education and training, grades earned in coursework, and satisfactory completion of practica, as applicable.
  - a. Academic credit is awarded on the basis of 15 contact hours per 1 semester hour course. In a quarter system, a minimum of 45 contact hours would equate to 5-quarter hours. A program may also indicate the number of contact hours completed in each content area.
  - b. Practica sites and dates are listed on the transcript.
2. The program is a postdoctoral program which means that Level Two and Level Three education and training are taken postdoctorally and following formal admission to the program.
  - a. None of the courses in the doctoral psychology program substitute for Level Two or three course requirements in the postdoctoral psychopharmacology program and vice versa.
  - b. No trainees engage in psychopharmacology practica training required for Level Three until they are formally admitted to the postdoctoral psychopharmacology program, indicating that they have met the requirements in A-8 below.
3. There is an identifiable faculty sufficient in size and breadth to carry out its education and training responsibilities.
  - a. Faculty members demonstrate substantial competence and have recognized credentials appropriate to the role/contribution within the program. Indicators of competence include appropriate degree, peer-reviewed publications, academic or employment positions, licensure, and other credentials.
  - b. The program director is a doctoral psychologist, appropriately credentialed to practice psychology and primarily responsible for the training program.
    - i. It is recommended that the program director have completed a sequence of education and training in psychopharmacology.
4. The program has an administrative structure that systematically organizes, coordinates, controls, and directs the education and training. The program publishes on its web site and/or in dated university or program catalogs its admission and program requirements, its policy for transferring credit for previous education or waiving program requirements, and the expected level of performance to

satisfy program requirements. This criterion is consistent with the principles of informed consent, with the program requirements and submission of publicly available documentation for review by outside bodies such as the ASPPB/National Register Designation Project.

5. The program has an identifiable body of trainees who are enrolled in the program. The program distinguishes in official records among trainees matriculated in the program, trainees from other healthcare professions with prescribing authority, and special trainees who take individual courses. Psychologist trainees matriculating in the program form a majority of the individuals enrolled in each course.
6. The program has documentation on file that trainees obtained adequate and appropriate practica, properly supervised, which include settings that provide the range of training experiences consistent with the program's objectives and consistent with each trainee's demonstrated competence areas.
  - a. By a range of training experiences, this criterion addresses different sites: outpatient settings such as community health centers, independent or group medical practices, community mental health centers, hospital outpatient facilities; as well as inpatient settings such as acute treatment facilities, mental health and substance abuse facilities, rehabilitation centers, residential treatment centers, nursing homes, or children's hospitals.
  - b. The program demonstrates its recognition of the importance of cultural and individual differences and diversity in accordance with APA/CPA Ethical Standards in the selection of faculty and supervisors and in didactic aspects of the education of psychopharmacologists.
  - c. The supervisor is responsible for developing the practicum training plan with the trainee, with input from the program training director, consistent with the requirement for diversity of the patient population and trainee's intended practice area. Any limitations in prior competency areas should be specified (such as only adults or only children/adolescents) in the plan. When the practicum has been satisfactorily completed, this plan is signed by the supervisor and trainee and sent to the program director for inclusion in the trainee's portfolio.
7. The program admits trainees who:
  - a. Are currently licensed/certified/registered psychologists at the independent level based upon a doctoral degree in psychology.
    - i. Trainees hold a Ph.D., Psy.D., or Ed.D. from an approved program in psychology and are licensed in the state/province/territory where services are provided.
  - b. Are currently qualified as a Health Service Provider in Psychology<sup>1</sup>
    - i. Credentialed by the National Register of Health Service Providers in Psychology or the Canadian Register of Health Service Providers in Psychology; or
    - ii. Designated as a Health Service Provider in the applicable states<sup>2</sup>; or
    - iii. Credentials satisfy either of the following conditions:
      1. Doctoral degree in psychology meeting ASPPB/National Register Designation Criteria, one year of internship meeting APA, CPA, APPIC, or National Register criteria and one year of postdoctoral supervised experience in health service meeting APA, APPIC, ASPPB, or National Register criteria; or
      2. Doctoral degree in psychology granted prior to 1980 followed by uninterrupted licensure to practice psychology at the independent level.
  - c. Possess sufficient knowledge of human biology, anatomy, physiology, biochemistry, neuroanatomy and psychopharmacology to ensure an adequate foundation for successful completion of the postdoctoral program.
    - i. If the trainee did not complete the level one foundation courses in the doctoral psychology program necessary for admission to the program, this sequence can be met by successful completion of coursework taken at a US regionally accredited or

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<sup>1</sup> A "Health Service Provider in Psychology" is a psychologist currently and actively licensed/certified/registered at the independent practice level, who is trained and experienced in the delivery of direct, preventive, assessment and therapeutic intervention services to individuals whose growth, adjustment or functioning is impaired or who otherwise seek services.

<sup>2</sup> As of April, 2005, IA, IN, KY, MA, MO, NC, OK, TN and TX

Canadian chartered institution of higher learning prior to formal admission; or by demonstration of competency in requisite areas through a process established by the program applying for designation.

- ii. This competency may also be met by virtue of being licensed to prescribe as another health care professional.

## **B. Didactic Instruction**

1. The program of study is an organized sequence of education, incorporating periodic evaluation of trainee mastery, and integrated with clinical practical training associated with the didactic coursework.
  - a. Education follows a defined sequence that is organized, builds upon prior didactic instruction, cumulative, graded in complexity, and designed to prepare trainees for further organized education and training.
  - b. Trainees receive systematic written feedback on the extent to which they are meeting these performance requirements and expectations.
2. The program requires a minimum of 350 contact hours of didactic instruction.
3. The program requires the trainee to demonstrate competence. This typically will be met through substantial instruction in each of these foundational areas: Programs instituting different combinations, different labels, or increased hours are in keeping with the intent of this criterion.
  - a. Neurosciences (75 contact hours)
    - i. Includes neuroanatomy, neurophysiology and neurochemistry.
  - b. Pharmacology and Psychopharmacology (130 contact hours)
    - i. Includes pharmacology, clinical pharmacology, psychopharmacology, developmental psychopharmacology, and chemical dependency.
  - c. Pathophysiology (60 contact hours)
    - i. Includes normal human anatomy and physiological processes, common pathological states, cardiovascular, renal, hepatic, gastrointestinal, neural and endocrine functions, bioavailability and biodisposition of drugs, variability in drug bioavailability and disposition based upon ethnic and cultural differences, variability in response due to age, gender, disability, and ethnic differences, medical conditions affecting biodisposition, side effects, including contraindications.
  - d. Physical and Laboratory Assessment (45 contact hours)
    - i. Includes familiarity with medical charts, physical exams, laboratory and radiological examinations.
  - e. Pharmacotherapeutics (25 contact hours)
    - i. Includes pharmacotherapeutic interactions, psychotherapy/pharmacotherapy interactions, drug interactions, compliance maintenance programs, computer-based aids to practice, and pharmacoepidemiology.
  - f. Professional, legal, ethical and interprofessional issues relevant to the practice of psychology involving psychopharmacology (15 contact hours)
    - i. The education in ethics and legal issues is built upon but does not substitute for the requirement in the doctoral degree for instruction in ethics and professional conduct.
    - ii. Trainees adhere to ethical and professional conduct provisions and comply with all applicable state, provincial and territorial laws and regulations with regard to the practice of psychology.

## **C. Clinical Practica**, as required for Level Three, meet the following criteria:

1. The program makes available public documentation of the requirements for clinical practica. The program attests to the documentation in each trainee's file that substantiates completion of the clinical practica requirement.
2. Clinical practica build upon didactic instruction, and include appropriate and up-to-date didactic instruction as needed.
  - a. The program defines foundation coursework needed prior to placement in practica, if any practica are begun prior to the conclusion of the didactic instruction.

- b. Trainees participate in seminars and colloquia and other activities as are available.
  3. Practica may be fulfilled through a concentrated full time experience or through periodic part time clinical experience. Trainees receive, at a minimum, the greater of 1 hour per week or 1 hour for every 10 patients of individual supervision at each training site. Additional supervision is provided as needed.
    - a. Supervisors assume responsibility for pharmacologic care provided to patients by the trainee. Trainees assume direct clinical responsibility for any non-psychopharmacological treatment they provide.
    - b. A licensed healthcare provider with prescriptive authority experienced in the area of practice being supervised provides supervision. Supervisors include health professionals licensed to prescribe such as psychologists, nurse practitioners, clinical nurse specialists, psychopharmacologists, physicians and other healthcare providers who have demonstrated psychopharmacological expertise. Multiple supervisors may be necessary to meet the need for supervisory expertise.
    - c. The definition of supervision includes face-to-face supervision, direct service provision supervision, supervision of case conferences, teleconferences, and video-teleconferences, and chart review.
  4. Clinical practica include contact with a minimum of 100 patients seen for pharmacotherapy evaluation. Patients are selected so that there is an opportunity to build on existing competency areas and include a range of ages, gender, ethnicity and diagnoses. Standards for contact:
    - a. Patients are informed of the trainee status of the psychologist (psychologist under supervision to acquire psychopharmacology skills);
    - b. Decisions include whether to use pharmacotherapy as a component of treatment, to modify or discontinue an existing medication regimen, or to replace medications with a psychosocial intervention;
    - c. Trainees are involved in the evaluation of the need for pharmacotherapy and follow, whenever practicable, such patients from initial presentation to stabilization of medication regimen or termination of treatment;
    - d. Trainees are exposed to patients across all phases of treatments, including acute intervention, maintenance and continuation;
    - e. Trainees are exposed to a full range of conditions for which psychotropic medications may be prescribed, and to concomitant medical conditions typical in the populations with these conditions; and
    - f. Trainees gain an understanding of the effects of varying states of health and disease on the use of psychotropic agents and potential drug interactions.
  5. Clinical practica are completed within no more than 24 months subsequent to the completion of the Level Two didactic instruction.
    - a. Practica may be integrated with the educational program and/or may occur at the completion of the coursework, or any combination thereof.
  6. Clinical practica supervisors are responsible for attesting to the trainees' readiness to prescribe based upon demonstrated competence and adherence to appropriate ethical standards, as well as applicable legal and professional conduct statutes/rules/regulations.
    - a. Supervisors properly document the settings, patient populations, recommended prescriptions, and didactic instruction for the trainees and bank the information with the trainee's program for future access.
    - b. If the documentation process is separately regulated by a trainee's state or province, the required format is followed.
    - c. The trainee is responsible for obtaining the information needed so that the supervisor can assist the trainee in complying with jurisdictional standards.
    - d. In order to protect trainees, trainees are evaluated every three months or at the end of the training period, whichever is shorter, or more often as needed for training goals to be met. Trainees submit these written evaluations to the program director. Trainees also provide feedback to the program director on each supervisor and practicum placement.
  7. Programs require the completion of the practica hours prior to the awarding of the master's degree or the certificate.

#### **D. Program Self-Assessment and Quality Enhancement**

1. Graduates of the ASPPB/National Register Designated Postdoctoral Programs in Psychopharmacology at either level are evaluated systematically and independently of the education and training program on instruments developed in accordance with the national standards of test development and administration.
  - a. Trainees take either the PEP<sup>3</sup> or an equivalent national examination that meets national standards for test development and reflects up-to-date content in the area of psychopharmacology. Examination follows completion of the trainee's didactic instruction in the program or within six months of completion of practica.
  - b. The examination is developed by a professional examination service/testing agency in accordance with the national standards of test development and is secure;
  - c. The examination is periodically updated to reflect changing knowledge and clinical practice so that the examination remains valid and defensible for use in licensure and credentialing.
  - d. Programs utilize data on graduates' performance on the national examination to improve didactic instruction and practicum placement and indicate how that information has affected the education and training process at the time of review for and renewal of designation.

#### **E. Renewal of Designation**

1. Designated programs submit an annual report to and are re-reviewed every 4 years by the ASPPB/National Register Designation Project or anytime the program requests review. Forms request information on any material changes made with regard to curriculum, faculty, trainees, practica locations and supervision, and quality assurance mechanisms.
  - a. A decision not to admit a class of trainees for more than 1 year is reported by the program immediately to the ASPPB/National Register Designation Project.
  - b. Failure to admit a class of trainees for 3 years in succession is a basis for placing the program's designation on inactive status.

Note: **Level Two:** Programs seeking Level Two designation are required to demonstrate that they meet Criteria A, B, & D and comply with Criterion E except for the 100 patient practica, as described in Criteria A 7 and C, can be satisfied at a later date.

**Level Three:** Programs seeking Level Three designation are required to demonstrate that they meet Criteria A-D and comply with E. Graduates of Level Three meet all requirements.

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<sup>3</sup> Psychopharmacology Examination for Psychologists. APA Practice Organization College of Professional Psychology. Information available at <http://www.apa.org/college/>