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Designated Postdoctoral Programs in Clinical Psychopharmacology

Criteria and Standards

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

A. Program Characteristics

1. The program is based in or affiliated with a university that is regionally accredited in the US or is a provincially or territorially chartered Canadian university or in the US the program is established primarily for the purpose of education and training of psychologists in clinical psychopharmacology.
2. The program awards a postdoctoral Master's degree, Advanced Certificate or Certificate of Completion in Clinical Psychopharmacology upon completion of the didactic and experiential components of the program and is reflected upon an official transcript showing the sequence of education and training, grades earned in coursework, and satisfactory completion of practica.
 - a. If academic credit is awarded, it is 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. For a program awarding a Certificate of Completion, where no academic credit is awarded, the number of contact hours completed in each content area is reflected on the transcript.
 - b. Practica sites and dates are listed on the transcript.
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 clinical 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 for the degree or certificate 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 includes 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 clinical 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 Psychology¹
 - 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 states² ; 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 program.
 - i. This can be met by successful completion of a planned sequence of coursework taken in these foundation areas at a regionally accredited or chartered institution of higher learning prior to admission; or while enrolled in the clinical psychopharmacology program or by demonstration of competency in requisite areas through a process established by the program. This competency may also be met by virtue of being licensed to prescribe as another health care professional.
 - ii. For trainees who are completing their doctoral degree in psychology at the same time that they are taking coursework in the clinical psychopharmacology program:
 1. They are identified as non-matriculated trainees until they have met the admission requirements for the master's degree or advanced certificate in clinical psychopharmacology;
 2. None of the courses in the clinical psychopharmacology program substitute for the course requirements of the doctoral program and vice versa; and
 3. No such trainees engage in practicum training until they meet the requirements for admission to and matriculation in the clinical psychopharmacology program.

B. Didactic Instruction

1. The program of study is an organized sequence of educational didactic instruction, incorporating periodic evaluation of student mastery, and integrated with clinical practical training.
 - a. Education follows a defined sequence that is organized, builds upon prior didactic instruction, cumulative, graded in complexity, and designed to prepare students 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. 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 is defined as including the following elements:

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, clinical psychopharmacologists, physicians and other healthcare providers who have demonstrated clinical 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 clinical psychopharmacology skills);
 - b. Decisions include whether to use pharmacology 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 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, the advanced certificate or the certificate of completion.

D. Program Self-Assessment and Quality Enhancement

1. Graduates of the ASPPB/National Register Designated Postdoctoral Programs in Clinical Psychopharmacology 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. Graduates take either the PEP³ 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.

2. 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. 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.

¹ 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.

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

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