

**This comment is from the Society of Clinical Psychology's (APA Division 12) Section on Assessment Psychology and are a consensus statement on the first set of Section C Implementing Regulations for the Standards of Accreditation for Health Service Psychology, Master's Degree Programs.**

The proposed Implementing Regulations (IRs) concerning aspects of a program's curriculum or training relevant to acquisition and demonstration of the Assessment Profession-Wide Competencies (PWCs) are practically identical for Master's and Doctoral accreditation. There is a crucial need for explicit differentiation between these education levels in the practice of psychological assessment. Below, several specific issues related to the IRs are highlighted.

One fundamental perspective of the Section of Assessment Psychology about the proposed regulations of standards is that the length and breadth of training (e.g., *doctoral-level training typically spans 5 years+ in comparison to 2-to-3-year master's programs*) produces a distinct difference in the possible scope of assessment training. Thus, we believe that the IRs should reflect a clear and distinct differentiation in the scope of Master's level assessment practice. As written, the IRs lack clearly defined aims pertaining to assessment and do not provide a differentiation between doctoral and master's trained assessment psychologists. Without a clear and specific scope of training/practice, the IRs fail to safeguard against Master's programs creating aims that cannot be fulfilled based on the 2-3 years of training available at the Master's level, especially in light of the need for programs to adequately train students in other areas of psychology. Moreover, if comparable training is not provided to all Master's students, the consistency of training becomes questionable and undermines the practice of psychological assessment both for Master's level providers, and for psychological practice more broadly. It is our belief that the IRs should offer guidance to programs on how they might select and specify training and competence goals across a circumscribed and specific set of tests and/or measures (i.e., administration, scoring, and interpretation), which should be consistent with more limited training. As currently described, the level-appropriate training and level-appropriate expectations for Master's degree programs are not clearly specified in C-8 M. In turn, program-specified training sequences will become problematic when settings require application of a broader scope of practice and/or greater complexity of work than is provided by Master's level training. In these cases, it would become inevitable that situations would emerge wherein Master's-level practitioners are expected to practice beyond their training and competence. Thus, we propose that rather than attempting to match the breadth and depth of assessment training possible in doctoral programs, Master's-level students are instructed in the foundations of assessment and then in a single domain of assessment (e.g., personality and psychopathology, intelligence and achievement) that is consistent with program type (e.g., clinical, counseling, school).

Additionally, Master's level programs must train students in the integrative practice of psychological assessment, which relies on the incorporation of material from various subdisciplines of psychology (e.g., psychopathology, cognition, learning, development, and multicultural courses), as well as specialized courses specific to psychological assessment. Such efforts allow for holistic evaluation of case conceptualization materials such that individual characteristics are fully and appropriately synthesized into diagnostic and treatment formulations. Relatedly, specific training for psychological testing will require specialized training in (a) formulation and selection of tests to address unique referral question need, (b) scale and instrument psychometric utility, (c) diagnostic and clinical interviewing skills, and (e)

theoretical integration of assessment data from multiple tests. We propose that specific competency domains of assessment be represented within the IRs.

Inherent to the issues above is the belief that Master's-level programs cannot provide the complete training necessary for Master's practitioners to independently practice psychological assessment. We view the assumption that more limited training will offer equal coverage in scope and outcome to be unfounded. These summative concerns should be clearly reflected in the PWCs and IRs. The IRs should also specify that programs detail how they are appropriately training students to conduct psychological assessments and not simply state that they are training students to conduct psychological testing, as this is not specific enough to ensure evidence-based assessment practice. Important within this training regiment is that applied practicum or internship experience for testing is a precursor to establishing and demonstrating competence. Similarly, close supervision in not only test administration but also case formulation and data integration are necessary to develop the higher-order conceptual skills required of effective psychological assessment. IR C-8M #VI Assessment states that trainees should "*have the skills required to engage in assessment methods designed to ascertain psychological concerns and functional behaviors.*" There is no empirical data to suggest that educational and training opportunities (such as those of a Masters' program rather than lengthier doctoral programs) will, or can be, adequately developed within the limited timeline of Master's training. Until such a time as data demonstrates equivalence across training, expected and prescribed competency levels (and associated IRs) should be restricted such that clinicians are not engaging in high stakes testing practice or a level of psychological assessment beyond the scope of their training and broadly demonstrated competence.