Dear all,

I and Division 32 (Humanistic) of the APA have now officially posted the below at the Commission on Accreditation’s Implementing Regulations (Phase II) website. I urge all to strongly consider a post either similar to ours or as your conscience dictates. The challenges to APA approval of humanistic and psychodynamic clinical graduate training are of great import to our field—as currently close to 80% of faculty at APA approved sites are Cognitive-Behavioral, and though CBT (Cognitive-behavioral therapy) is a valuable modality in our therapeutic "toolbox" that fact proportionally speaking does not nearly match the science that upholds humanistic-relational principles of practice as core to therapeutic effectiveness. See below and if you act, please do so by Oct. 15. (PS: It is also important to note that we are making some gains in this effort, which is encouraging, as you'll see below).

With appreciation for your consideration, Kirk Schneider, President, Division 32

INSTRUCTIONS FOR POSTING:

Go directly via http://apps.apa.org/accredcomment/ - once the comment system shows, choose the “select” link in the lower right hand portion of the table to select the IRs that are currently available). Once accessed, the revisions may be seen, others comments read and further comments submitted.

Here's what D 32 Posted Today on Phase II IR's:

Division 32 acknowledges and appreciates CoA’s responsiveness to multiple comments about the proposed initial IRs, specifically, the (1) inclusion of evidence-based therapy relationships, (2) clarification that students must be exposed to a broad array of theoretical systems, and (3) greater attention to qualitative research methodologies. These improvements indicate a receptivity to multiple ways of conceptualizing and conducting psychological services but, in our view, there is more that needs to be both clarified and addressed. See revisions in capital letters and bold within brackets (except for references and portion on qualitative methodology which are in bold only):

1. **VII. PSYCHOTHERAPY PROCESSES [DELETEIntervention]**

This competency is required at the doctoral and internship level. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in evidence-based [PSYCHOTHERAPY PROCESSES] [DELETEInterventions] consistent with the scope of Health Service Psychology. The current scientific literature on [PSYCHOTHERAPY PROCESSES] [DELETEInterventions] [EMPHASIZES] [DELETEIncludes] evidence-based therapeutic relationships [AND INCLUDES] [DELETEas well as] an array of evidence-based [TECHNIQUES] [DELETEInterventions] as appropriate to the given therapist-client context, and may derive from a variety of theoretical orientations. [REASONABLE EFFORTS SHOULD BE MADE TO MATCH THE PROPORTION OF TIME,
FACULTY EXPERTISE, AND COURSES DEVOTED TO THESE AFOREMENTIONED PSYCHOTHERAPY PROCESSES TO THE SCIENTIFIC LITERATURE THAT SUPPORTS THEM]*

*For overviews see:


With regard to training in methodologies, please clarify in the IRs that SOME training in qualitative research methodologies is REQUIRED. Like others (e.g., John Norcross, Div 29), we found the current wording problematic. Although we still have concerns about the COA favoring quantitative methodologies (particularly in light of the recognition of qualitative research by the Division of Quantitative and Qualitative Methods [Div. 5]), it would at least help to state clearly that students attending APA-accredited HSP programs will receive some training in qualitative methods.

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