



## Consortium of Combined-Integrated (C-I) Doctoral Programs in Psychology

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**DATE:** October 8, 2004

**TO:** The Committee on Accreditation of the American Psychological Association

**FROM:** The Consortium of Combined-Integrated Doctoral Programs in Psychology (CCIDPIP)

**RE:** Response to the Proposed “Changes to Accreditation Guidelines and Principles”

### I. Introduction

On behalf of the Board and membership of the Consortium of Combined-Integrated Doctoral Programs in Psychology (CCIDPIP), we are submitting our response to the September 20, 2004 “Proposed Changes to the Accreditation Guidelines & Principles” (see <http://www.apa.org/ed/accreditation/elimination.html>). At the outset, we would like to express our appreciation to Drs. Ted Packard, (Chair, Committee on Accreditation), Roger Peterson (CoA member), and Susan Zlotlow (Director, Office of Program Consultation and Accreditation) for meeting with CCIDPIP at our annual meeting in Hawaii (2004). We welcomed the opportunity to hear in person the rationale for these proposed changes, and were pleased that we could begin the process of dialogue regarding the combined-integrated model of doctoral training in professional psychology.

We also wish to emphasize that we are in substantial agreement with a number of elements in this proposal. For example, we agree that the concept of “emerging substantive areas” has not been well defined historically, and that this concept has “defied adequate definition or implementation.” We also concur that the substitution of “traditional” for “substantive” as the modifier of “clinical,” “counseling,” and “school” psychology programs is both semantically appealing and historically grounded. In principle, we likewise recognize the potential utility of an additional category (e.g., “professional”), since “new and innovative models of doctoral education” should ideally have a home within the broader system and structure of accreditation.

Finally, it would be helpful to clarify what is and is not meant by the phrase, “broad and general” in respect to doctoral education and training in professional psychology.

*However, we cannot accept the proposal in its current form, mainly because it explicitly recommends “removing the option of ‘combined’ programs from the Guidelines & Principles.”* We believe that such an action could—if eventually approved by the Board of Educational Affairs and enacted by APA's Council of Representatives—profoundly and negatively impact our program type, professional identity, and organizational standing. Given the nature and depth of our apprehension about this proposal, we were therefore heartened to hear from Drs. Packard, Peterson, and Zlotlow during our meeting in Hawaii that further dialogue with CoA would be possible, and that an attempt would be made to represent and give voice to our concerns in the months to come. To facilitate that process, and because the CoA has recently expressed “confusion” regarding the combined model, we would like to share some relevant background and context prior to enumerating our specific concerns.

## **II. The Combined-Integrated (C-I) Model: Background and Context**

The American Psychological Association’s Council of Representatives created the “combined” category of doctoral training in professional psychology in 1974 (see Beutler & Fisher, 1994; Beutler, Givner, Mowder, Fisher, & Reeve, 2004; Shealy, Cobb, Crowley, Nelson, & Peterson, 2004). Council created this category in order to address the desire of some doctoral programs in professional psychology to educate and train across two or more of the recognized practice areas of clinical, counseling, and school psychology. Although the number of these programs has continued to grow over the years, it wasn’t until 2002 at APA’s annual meeting in Chicago that representatives from all of these programs met together at the same time. Among other decisions at that meeting, these programs agreed to come together as a “consortium,” approved a preliminary set of bylaws, and agreed to hold a national *Consensus Conference on Combined and Integrated Doctoral Training in Psychology* (see [www.jmu.edu/ccidpip](http://www.jmu.edu/ccidpip); <http://www.apa.org/monitor/julaug03/combined.html>). A subsequent request for support of such a conference was presented to the Board of Education Affairs by Dr. Nadine Kaslow and was strongly supported, both on conceptual grounds and financially. In addition to APA’s Education Directorate and other sponsoring organizations (e.g., APAGS, APPIC, Division 29), the *Consensus Conference*—which occurred May 2-4, 2003, at James Madison University in Virginia—was attended by a wide range of invited organizations and participants from across the profession and field. These organizations and participants were as follows:

### Consensus Conference Participants: Combined Doctoral Program Training/Program Directors

Susan Crowley, Ph.D.	Utah State University
Michael Furlong, Ph.D.	University of California Santa Barbara
Abraham Givner, Ph.D.	Yeshiva University
Nancy Link, Ph.D.	University of Toronto

Barbara Mowder, Ph.D.	Pace University
Barbara Okun, Ph.D.	Northeastern University
Jim Sampson, Ph.D.	Florida State University
Mitchell Schare, Ph.D.	Hofstra University
Craig Shealy, Ph.D.	James Madison University
Martin Volker, Ph.D.	University of Buffalo

Consensus Conference Participants:  
Invited Speakers and Consultants

Mardi Allen, Ph.D.	Association of State and Provincial Psychology Boards
Virginia Andreoli-Mathie, Ph.D.	Past President, Division 2
Cynthia Belar, Ph.D.	Executive Director, Education Directorate
Larry Beutler, Ph.D.	Past President, Division 12
Jessica Blom-Hoffman, Ph.D.	Combined Doctoral Program, Northeastern University
Harrison Braxton	Combined Doctoral Program Student, James Madison University
Rodney Goodyear, Ph.D.	Council of Counseling Psychology Training Programs
Judy Hall, Ph.D.	Director, National Register of Health Service Providers in Psychology
Scotty Hargrove, Ph.D.	Chair, Committee on Accreditation
Gregg Henriques, Ph.D.	Core Faculty Member, JMU Combined Doctoral Program
Howard Kassinove, Ph.D.	Department Chair, Hofstra University
Chris Loftis, M.S.	Chair, American Psychological Association of Graduate Students
Ann Loper, Ph.D.	Association of Directors of Psychology Training Clinics

Paul Nelson, Ph.D.	Deputy Executive Director and Director of Graduate Education and Training Programs, Education Directorate
John Norcross, Ph.D.	Past-President, Division 29
Ron Reeve, Ph.D.	Department Head, Curry School of Education, University of Virginia
Emil Rodolfa, Ph.D.	Chair, Association of Psychology Postdoctoral and Internship Centers
Juan Jose Sanchez Sosa, Ph.D.	President, Division of Clinical and Community Psychology in the International Association of Applied Psychology
Robert Sternberg, Ph.D.	President, American Psychological Association
Anne Stewart, Ph.D.	Combined Doctoral Program, James Madison University
William Strein, Ed.D.	Chair-Elect, Council of Directors of School Psychology Programs
LaPearl Logan Winfrey, Ph.D.	President, National Council of Schools and Programs of Professional Psychology

Among other outcomes, *Consensus Conference* participants agreed to change the name of “combined” programs to “combined-integrated,” and approved the following mission statement:

*Combined-Integrated doctoral training programs in psychology produce general practice, primary care, and health service psychologists who are competent to function in a variety of professional and academic settings and roles; these programs achieve this goal by intentionally combining and/or integrating education and training across two or more of the recognized practice areas.*

In addition, participants also developed the following 18 principles of C-I education and training:

1. C-I programs provide a unique educational and training model that affords students a wide breadth of training, increases their flexibility and marketability, and optimally prepares them to function as psychologists in a wide variety of professional and academic roles and settings.
2. C-I programs achieve their unique curriculum in large part by intentionally exposing students to the following:
  - a) two or more psychological practice areas, which are woven throughout the curriculum;

- b) multiple theoretical orientations;
  - c) the wide parameters of practice, including a variety of problems addressed, settings, and populations across the life span.
  - d) population presentations that exist along the functional/adaptive continuum.
3. C-I programs provide an educational environment that facilitates effective intra- and inter-professional communication, training, and scholarship in a manner that is respectful, collaborative, and informed.
4. C-I programs are committed to developing clear and specific competencies for their programs and students. In that regard, the conclusions of the *Competencies 2002 Conference* (see [www.appic.org](http://www.appic.org)) including, but not limited to, the Competencies Cube provide a useful framework for guiding program development and modification (e.g., in the context of the *Comprehensive Principles for Health Services Specialization in Professional Psychology*; see [www.apa.org](http://www.apa.org)).
5. C-I programs are structured to support prominent student representation, are sensitive to the implications of training requirements for students, and are aware of the interface between training and regulatory/licensing bodies that students will ultimately encounter in their professional development and careers.
6. C-I program faculty accept the responsibility for training students to at least an entry-level of competence for a particular area of practice and assume the authority to evaluate student competencies in the relevant practice areas.
7. C-I program faculty seek to protect the integrity and welfare of their programs, the profession, and the public and therefore accept responsibility, insofar as possible, for the timely identification and remediation of student problems as well as any subsequent program actions vis-à-vis the ultimate status of all students in their programs.
8. C-I program faculty accept the responsibility for the relative imbalance of power between faculty and trainees that is inherent in doctoral level training, and subsequently expect training faculty to behave in an appropriate, responsible, and ethical manner, and to exhibit a level of self-awareness that equals or exceeds that required of students.
9. C-I program administrators and faculty demonstrate that they are supportive of the combined-integrated model of education and training, and recognize that aspects of the single practice model (e.g., training processes and cultures) must be modified somewhat in order to create the unique learning environment provided by C-I programs.

10. C-I programs actively work to engender a climate of diversity, and endorse relevant professional and ethical guidelines (e.g., see the 2002 *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, at [www.apa.org](http://www.apa.org)).
11. C-I programs are committed to teaching an ethic of social responsibility as well as the capacity to respond effectively to evident social and psychological needs within the larger community.
12. C-I programs are sensitive to and aware of issues pertaining to the field of psychology at a global level and strive to establish productive relationships and alliances with international psychological training associations, models, and programs.
13. C-I programs endorse the basic knowledge areas identified by the Committee on Accreditation's Guidelines and Principles including, but not limited to, exposing students to the scientific foundations necessary for informed and competent practice.
14. C-I programs support evidence-based practice that is ecologically valid and relevant for practitioners and scientists alike.
15. C-I programs support the highest standards of quality assurance, and design programs to be simultaneously efficient and rigorous.
16. C-I programs engage in the assessment of outcomes relevant to their programs, use such data to inform program development, and disseminate results as appropriate.
17. C-I programs are actively self-reflective vis-à-vis their model and approach to education and training.
18. C-I programs endorse a commitment from faculty and trainees to continue their professional development throughout their careers.

In addition to the July/August 2003 issue of the APA's Monitor on Psychology (see <http://www.apa.org/monitor/julaug03/combined.html>) and a two-hour invited symposium at the 2004 meeting of the American Psychological Association in Hawaii, the *Consensus Conference* and C-I model are featured in 15 articles in two successive special issues of the *Journal of Clinical Psychology* (2004, Volume 60, Issues 9-10; see <http://www3.interscience.wiley.com/cgi-bin/jissue/109593657>; <http://www3.interscience.wiley.com/cgi-bin/jissue/109609687>). Developed by 50 contributors from across the field, as a collective, these articles both define the nature and scope of the C-I model and illustrate the broader implications and potential applications of this innovative and integrative approach to education and training in professional psychology. As suggested by Drs. Packard, Peterson, and Zlotlow at our meeting in Hawaii,

CCIDPIP is in the process of forwarding this special series to the members of the Committee on Accreditation as well as the Board of Educational Affairs (BEA), Council of Chairs of Training Councils (CCTC), and BEA's Advisory Council on Accreditation among other relevant individuals and groups.

### **III. Concerns Regarding CoA's Proposal**

In the context of the above background and context, we would now like to address our concerns about the September 20, 2004 proposal directly. In particular, we would like to focus on the following language from this proposal:

...the proposed changes would eliminate the current 'combined' option and allow the 10 programs currently so accredited to transition into the new 'professional' category and thus develop and advertise training models that more clearly represent their unique individual programs.

We have nine concerns about such a recommendation—at the levels of process and content—that we would like to emphasize.

**First, the Council of Higher Education Accreditation (which accredits CoA) emphasizes the importance of consulting with appropriate constituencies “when exploring a proposed change in scope of accreditation activity.” We were not consulted at any point regarding this provision of CoA’s proposal, which calls for the elimination of our 30 year-old category of training from the scope of accreditation.**

The Board of Educational Affairs (BEA) and Council of Chairs of Training Councils (CCTC), among other professional bodies, have officially recognized the Consortium of Combined-Integrated Doctoral Programs in Psychology (CCIDPIP). However, our organization was neither consulted about this proposal during its development nor notified in advance of its initial dissemination to the education and training community in Hawaii. From our experience, therefore, it appears that there is a very compelling reason for the CHEA to propose including the following language in its Recognition of Accrediting Organizations Policy and Procedures: “The accrediting organization has had consultation with appropriate constituencies when exploring a proposed change in scope of accreditation activity” (see <http://www.chea.org/recognition/CHEARecognitionPolicyDraft One.pdf>, p. 5). In short, the proposal to eliminate the combined category of training from scope should not have been explored, developed, or disseminated prior to consultation with the established organization and programs that would be most directly affected by such a change.

**Second, although we are one of the four categories of doctoral programs that CoA formally accredits (clinical, counseling, school, and combined), we are the only such category that does not have representation on CoA.**

As our situation (and arguably, that of our colleagues in the “emerging substantive areas”) illustrates, the principle of representation is integral to the integrity and legitimacy of any

accrediting organization. Consistent with this stance, the CoA's Guidelines and Principles states the following (see <http://www.apa.org/ed/G&P2.pdf>, pp. 2-3):

Inasmuch as postsecondary accreditation pertains to educational institutions and programs, it is essential that graduate educators have a major voice in formulating policies and implementing the process of accreditation for professional education and training. At the same time, there must be appropriate balance of representation from practitioners of the profession, as well as representation of the general public's interest by persons outside the professional discipline who have an informed, broad-gauged community perspective about matters of higher education. These are fundamental principles pertaining to the composition of accrediting bodies in the professions, and it is upon these that the structure of the Committee on Accreditation is based. One additional principle is that appointments to the Committee shall reflect the individual and cultural diversity within our society among psychologists and the breadth of psychology as a discipline.

There shall be no fewer than 21 persons appointed to the Committee on Accreditation. To achieve appropriate balance between academic institutions and programs, practitioners of the profession, and the public's served by accreditation, appointments to the Committee on Accreditation shall represent in addition the following domains of perspective and responsibility with regard to professional education and training in psychology, each of which is essential to the balance of viewpoints expected in accredited bodies and their activities...

We heartily endorse the letter, spirit, and intent of such language. In particular, we are acutely aware of the crucial need for programs that are accredited by CoA, and who train from a particular perspective, to have a "...voice in formulating policies and implementing the process of accreditation for professional education and training." Likewise, we wholly support the "fundamental principle" that the "composition" and "structure" of CoA must be reflective of and responsive to the "individual and cultural diversity within our society among psychologists and the breadth of psychology as a discipline." We agree that such representation is indeed "essential to the balance of viewpoints expected in accrediting bodies and their activities."

As such, in 2003, CCIDPIP submitted two written official requests to the Board of Educational Affairs and Committee on Accreditation regarding 1) our legitimate need for representation under Domain II of the Guidelines and Principles (dated 2/19/03) and 2) a change to the name of our program type from "combined" to "combined-integrated" (dated 9/4/03). We have not received a response to either of these requests. As one of the four doctoral program categories—clinical, counseling, school, and combined—that is officially recognized and accredited by the CoA, it is imperative that we also have representation on the CoA, for seven primary reasons: 1) APA's Council of Representatives established and approved the "combined" program category in 1974; 2) our omission from Domain II of the G & P is an artifact of our lack of organizational standing historically, rather than a result of deliberate exclusion by CoA or BEA; 3) the G & P is clear that representation by accredited programs is at the very core of the legitimacy, integrity, and fairness of accreditation review processes; 4) our programs have long struggled with CoA's stated "confusion" about our program type, as we are reviewed by individuals who may have



little or no awareness of, this category of training; 5) as do clinical, counseling, and school programs, combined programs pay substantial annual and accreditation review fees to the CoA, but have no corresponding representation; 6) without representation on CoA, proposals such as this latest one from CoA are not subject to processes of scrutiny by designated representatives from our program category; 7) as benefits the other program categories in the context of Domain II in the G & P (e.g., clinical, counseling, professional, school), formal representation on CoA would facilitate essential two-way communication between the CoA and designated representatives from our organization.

**Third, we were created by the APA's Council of Representatives 30 years ago and are *not* an "emerging substantive area."**

Currently, there are combined programs that have been fully and continuously accredited by CoA for nearly 30 years. It is difficult to understand, therefore, why the combined category is targeted for elimination in a document that is designed to deal with the issue of "emerging substantive areas." The combined model is no more or less of an "emerging substantive area" than are the "traditional practice areas" of clinical, counseling, and school psychology, particularly since we are in fact inextricably linked to and derivative of the combination and/or integration of these traditional practice areas. In short, the proposal to eliminate our program category—or any of the other categories—should not have been included in a document that is designed to address the issue of “emerging substantive areas.”

**Fourth, the recommended process for converting the “combined” option to “professional” does not guarantee the continued existence of our training category, professional identity, or organizational standing, and may cause serious and undesirable consequences for C-I programs that extend far beyond the purview of CoA or APA.**

The current proposal would “allow” the 10 current combined programs to “transition into the new ‘professional’ category.” However, there is no provision in the proposal for continued and explicit reference to the “combined” model under scope of the G & P. In many ways, this provision is most troubling to us, as it creates the distinct possibility that the “combined-integrated” or C-I term—that has now been explicated by representatives from across the profession, and carries substantial meaning for faculty, students, and graduates from such programs (see Beutler et al., 2004; Braxton et al., 2004)—would disappear altogether from the G & P. From our perspective, such a proposal is analogous to the contention that since it is increasingly difficult to differentiate between clinical and counseling psychology (cf., see Cobb et al., 2004)—and because clinical psychology programs vastly outnumber counseling psychology programs—that we should simply “remove the option” of counseling psychology, and “allow” extant counseling psychology programs to “transition” to clinical psychology programs. Obviously, such a proposal would rightly be resisted by the faculty and students who identify with counseling psychology programs, not to mention the attendant professional organizations (e.g., Division 17; the Council of Counseling Psychology Training Programs). Given that we have just organized in the past two years, held a national conference on our model in the past year, presented two APA symposia, and published 15 scholarly articles which cite the C-I model throughout, we simply cannot accept the elimination of our program name or category.

At another level, the deletion of our category could have potentially serious and undesirable consequences that extend far beyond the purview of CoA or APA. For example, because all of the programs currently accredited as “combined” have long had school psychology as a component, such programs may be accountable not only to state licensing boards, but also to state departments of education as well as the National Association of School Psychologists (NASP). That is because the latter entities require specific curricular and practica experiences in order for the graduates of our programs to be eligible for certification or licensure as school psychologists. If C-I programs are compelled to transition under a “professional” category, and the name and category of our program type are not preserved under scope in the G & P (e.g., C-I Program in Counseling and School Psychology), the consequences for the status of our programs vis-à-vis these regulatory systems and organizations could be profound.

Along similar lines, it is unclear what the “professional” category does and does not convey to our profession, regulators, and the public, and whether or not such a designation would be congruent with our historically grounded and recently affirmed traditions of education and training. From our perspective, to be a Combined-Integrated program signifies not only our abiding commitment to the CoA’s G & P, it also connotes a particular philosophical stance (e.g., via assessment, consultation, intervention, and supervision) that is core to our professional identity (cf. Beutler & Fisher, 1994; Shealy et al., 2004). Likewise, for our host universities, and the stakeholders who are deeply committed to this category of training (e.g., provosts, deans, department heads, training directors, faculty, students, graduates), changing or renaming our category of training is no small issue, as we would be forced to contend with the consequences. Such consequences would include, but are by no means limited to, the requirement to notify our respective state higher education systems about this “new” status, which would put us in the untenable position of having to explain what this “professional” category—a category that has *not* yet been defined, and was *not* of our choosing—does and does not mean. In some cases, the combined category is actually written into extant regulatory language, which would also have to be modified if a change to our designation occurred (see Burgess et al., 2004). For these reasons alone, “transitioning” us “into” a new professional category would certainly be resisted by university administrators and program faculty alike, many of whom have devoted substantial effort and resources over many years to this generalist and integrative model of education and training (e.g., see Brown et al., 2004).

Finally, at a larger level, it should be emphasized that our program type has never really had the chance to achieve its potential. Without any representation under Domain II of the G & P, and with no clear consensus prior to 2003 on what our program model actually was, it is quite remarkable that we have grown at all, much less to the degree we have. And in fact, the historical record regarding “combined” programs indicates that many fine programs at highly regarded universities have come and gone over the years, mainly because there was neither the organizational infrastructure to bring us all together and advocate on our behalf, nor an established scholarly base to describe who we are and why we do what we do. Both of these crucial needs have now been addressed. At this point, therefore, we need time to disseminate the nature, scope, implications, and applications of this 30-year old model to the larger profession, so that its potential can be understood and realized over time.

**Fifth, as noted above, representatives from across the profession attended the 2003 Consensus Conference, and the results of our collective efforts are just now being disseminated (e.g., through 15 articles in the *Journal of Clinical Psychology*); it is therefore unclear as to why the CoA has proposed eliminating our program category at this time.**

As the above information about the *Consensus Conference* and C-I model indicates, a wide and representative group of participants from across the education and training community in professional psychology has reviewed the "combined" model and concluded it should not only be retained, but offers a conceptually appealing and empirically grounded solution to many of the more vexing challenges that confront the profession of psychology (e.g., see Beutler et al., 2004; Blom-Hoffman et al., 2004; Braxton et al., 2004; Crowley & Peterson, 2004; Shealy et al., 2004). This conference was 1) approved by the Board of Educational Affairs, 2) sponsored by the Education Directorate among other organizations within professional psychology, 3) joined by leading representatives from across the education and training community, and 4) disseminated widely (e.g., via the *APA Monitor*, APA symposia, CCTC listserv). It is therefore unclear as to why the CoA is proposing to eliminate our category at this time, just as we are distributing the published results of our conference to the larger profession and field.

**Sixth, in explicating what was meant by "combined-integrated" education and training, we adhered to the procedure that is explicitly sanctioned by the CoA's Guidelines and Principles.**

The Guidelines and Principles of the CoA's own Operating Procedures describe how a model of training can be explicated within professional psychology. Specifically,

*The program's philosophy or model of training may be one identified through a national conference of psychologists, from which guidelines for professional education and training have been approved by conference delegates (see <http://www.apa.org/ed/G&P2.pdf>, footnote 3, p. 9).*

As the above background and context illustrate, this very method was used to explicate the C-I program philosophy and model. Given the demonstrable compliance with this methodology, and the fact that we were not in fact required—from a procedural standpoint—to conduct such a conference (since APA's Council of Representatives established us in the first place), it is difficult to understand why the CoA has proposed eliminating the combined category, when it has been explicated according to the methodology that CoA has developed.

**Seventh, to be "integrated" in the C-I sense, philosophical and theoretical "integration" is necessary but not sufficient.**

If it is the case that many of the "traditional" programs of clinical, counseling, and school are already "integrated" (as was stated during our meeting with CoA representatives in Hawaii), then wouldn't all such programs be more accurately described as combined-integrated? Based upon our review of these issues (e.g., see Cobb et al., 2004), we suspect not, at least at present. Becoming a "combined-integrated" program requires much more than a philosophical or theoretical commitment to the ideal of "integration," broadly defined. Rather, as envisioned by

the Council of Representatives, actualized by “combined” programs for the past 30 years, and affirmed by the 2003 *Consensus Conference*, a “combined-integrated” program deliberately exposes its students to “two or more psychological practice areas, which are woven throughout the curriculum.” Only if a traditional clinical, counseling, or school psychology program has committed to this integrative principle—and the many others that are central to this model—can that program accurately be described as “integrative” in the C-I sense (see Beutler et al., 2004; Crowley & Peterson, 2004; Shealy et al., 2004).

**Eighth, before deciding whether accreditation categories should be added or deleted, it is essential to resolve fundamental issues of competence, sequence, and specialization.**

Although the current memo pledges “refining and elaborating the definition of ‘broad and general’ preparation,” it ultimately seems premature to propose eliminating or adding additional categories before such explication has occurred. That is because the “professional” category does not address the issue of how “broad and general” training under it will or will not differ from the “broad and general” training required of accredited clinical, counseling, school, and combined programs. Nor does it address the fact that “specialization,” if and when it occurs, must be secondary or in addition to education and training that is of necessity, “broad and general.” How will the professional category resolve these issues of education and training sequence? Won’t all programs still have to provide broad and general training before specialization occurs? For example, can a forensic or neuropsychology program be accredited if it doesn’t first ensure that its students have acquired and demonstrated competence across these “broad and general” areas of psychology? These crucial issues of competence, sequence, and specialization were considered at both *Competencies 2002* and the *Consensus Conference* (see [www.appic.org](http://www.appic.org); Cobb et al., 2004). However, unless and until these issues are addressed in the context of the G & P, it is unclear what advantages there are for C-I or other programs to “transition into the new professional category” at this point in time.

**Ninth and finally, it is unclear what accreditation problems the elimination of the “combined” category will actually solve, since we will continue to educate and train from this perspective.**

What is most unclear to us is why the creation of a new category is predicated on the elimination of one that already exists? Why not simply add a “professional” category if that would meet the needs of the professional programs and schools and/or other emerging areas? Why is it necessary to eliminate our category in the process of creating a new one, particularly since our model exemplifies the “broad and general” training that the G & P endorses? As our mission statement declares, we educate and train “general practice, health service, and primary care psychologists” from a combined and/or integrative perspective. This fundamental reality of our model—which has been accepted by CoA for 30 years—isn’t going to change as a result of eliminating the “combined” label or subsuming us under a new professional category.

On the one hand, we can appreciate that the professional schools might benefit from the addition of a new “professional” category, since they would now have an actual designation that corresponds to their overarching program identity. There is also some logic to the idea that all education and training programs in clinical, counseling, school, and combined are in fact

"professional" (a more nuanced version of this very argument was made by many contributors in the special series on the *Consensus Conference* and C-I model). Provided that our program name and category are explicitly included within the scope of the G & P, we are open to considering the possibility of "moving" under such a category as *the* integrative and generalist model that defines "broad and general" professional education and training in the most basic sense. On the other hand, as with many of our colleagues from the traditional and "emerging" practice areas, a number of our programs object on philosophical or other grounds to the "professional" label as an umbrella term, in part because it does not sufficiently explicate or connote the scientific goals or emphases of our programs.

#### IV. Conclusion

In conclusion, if the CoA wishes to establish a professional category, we have no problem with that action. Certainly, we are deeply sympathetic to the legitimate desire of *all* relevant groups—emerging and otherwise—to have representation and voice on CoA. If a new "professional" category can credibly facilitate such means and ends, we would strongly support such a step. As things stand, however, the creation of this new category—should it occur—is and should be a matter that is separate from the proposed elimination of our category of training, mainly because there is no guarantee in the current proposal that our program name and type would be preserved under scope in the G & P, if we were to transition into the professional category.

Ultimately, given all that we have done to explicate the nature, scope, and implications of the combined-integrated model of doctoral education and training—and in the context of the nine concerns that are described above—we simply cannot accept the recommendation to eliminate the "combined" category. Although we are very open to considering different ways in which the C-I model might be described and contextualized within the G & P, and are certainly supportive of efforts to address and resolve a number of interrelated issues pertaining to accreditation in general, *we wish to underscore the following threefold position, as it is fundamental for us and key to the collaborative resolution of these issues over time:*

- 1) *the "combined" category should be retained under scope in the Committee on Accreditation's Guidelines & Principles (G & P);*
- 2) *CCIDPIP should be granted representation under Domain II of the G & P (as requested in our February 19, 2003 letter to BEA and CoA); and*
- 3) *the name of this program category should be changed from "combined" to "combined-integrated" (as requested in our September 4, 2003 letter to BEA and CoA).*

In the final analysis, we see no compelling rationale for eliminating the "combined" category from the scope of accreditation. Instead, on behalf of all C-I students, graduates, faculty, administrators, and programs—and the many leaders and organizations from across our field who have strongly supported us and our efforts—we simply ask that our legitimate and long-

standing right to have representation and voice on the Committee on Accreditation be recognized, so that we may join the important dialogue about the future of our profession as full and equal members of the larger education and training community.

Sincerely,

*CCIDPIP Board*

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