

National Institute of Behavioral Health Quality

Accreditation Criteria: Standards and Guidelines

DOCTORAL PROGRAMS

A doctoral level program in psychology or other behavioral health profession is a degree that is designed to prepare providers to function in an era of the integration of behavioral and primary care. Necessarily, graduates are trained to function in healthcare settings ranging from co-location with primary care physicians (PCPs) in the primary care setting to hospital practice (acute and chronic), as well as emergent care and emergency room practices. Coursework comprising doctoral level programs must reflect a true behavioral healthcare perspective and does not require courses that do not directly contribute to the understanding and practice of integrated behavioral health. Faculty in doctoral level training programs are licensed professionals in their fields who demonstrate a commitment to practice as well as possessing good teaching skills.

Need.

While the traditional solo practice of psychotherapy as a system apart from mainstream healthcare is declining, the delivery of behavioral care within healthcare is accelerating. A number of large delivery systems now have Behavioral Care Providers (BCPs) co-located with Primary Care Providers (PCPs) (e.g., U.S. Air Force, Cherokee Health System, Kaiser Permanente, a number of Army, Navy, V.A. and TriCare facilities, as well as other delivery systems within the private sector), education and training for these integrated systems is lagging. The need has been largely dependent on in-service training, which is costly, lengthy and highly variable. Therefore, doctoral level programs need to address the issue of training behavioral care providers as opposed to training professionals who provide psychotherapy services, only.

Objectives.

The following objectives are accomplished in a doctoral level degree program:

- Programs train providers who are skilled in practice within healthcare settings, concentrating on the presenting problem rather than life change, and able to function in roles such as consultation with physicians and other healthcare providers, as well as conducting the hallway handoff.
- Graduates must possess the skills demonstrating that they are intelligent consumers of science, able to inject practice considerations and perspectives within psychological, mental health and other healthcare research in general, and delivery systems in particular.
- Graduates must demonstrate a basic, conversant understanding of the physical sciences and of the major physical diseases, both acute and chronic, that most engage our current health system.

- Graduates must be conversant in medical terminology, and have an understanding of laboratory and other commonly used test findings within healthcare system.
- Graduates must demonstrate a working knowledge of physiology, neuroanatomy, neurology, neuroscience, psychopharmacology, clinical medicine, and related issues in healthcare.
- Programs must offer healthcare economics and mental healthcare entrepreneurial courses to prepare the graduates to evaluate and design mental healthcare delivery systems, with knowledge of the importance of ongoing quality improvement.
- Graduates must be facile in the provision and practice of a wide-range of evidence-based behavioral interventions, including the hallway hand-off, and to be able to provide assessment and evaluation as may be appropriate or useful.

Practicum.

Programs must provide students with a practicum several hours each week throughout the program, rotating through a variety of healthcare settings, such as: primary care, emergent care, emergency rooms, hospital settings, long term care facilities, etc. These extensive and intensive practica, when coupled with a student's master's level practice prior to entering the program, render an internship unnecessary.

Sequence.

A doctoral level training program shall be the equivalent of two years of doctoral studies with at least 52 to 56 graduate units. This may be conducted in four semesters, or three semesters and a two-session summer session (18 months). Programs must be based on a cohort model with all students moving in unison. Cohort training programs allow students and faculty to develop team building and the necessary skills of working collaboratively that is reflective of a behavioral health setting.

Culminating Project.

Programs should require all students, in the final semester, to present a practical paper, such as outcomes, quality improvement, or a pilot program, with each to be completed in conjunction with a practicum placement. The goal of this requirement is to graduate skilled practitioners who are intelligent consumers of science, as contrasted with the well-known "scientist-practitioner model," so this culminating project substitutes for the dissertation.

Faculty.

Ideally the program will have the minimum number of Core Faculty required by regional accreditation, usually just three for a professional program. This permits the majority of courses to be taught by part time (contract) faculty who are recognized experts, and are making their livelihoods in the particular subject being taught. This augments the program's emphasis on training practitioners, markedly increases the range and depth of expertise accorded the student, and has positive budget implications.

Public Policy Perspective.

Mental health delivery today is composed of a number of separate and competing professions, each with its own training programs, licensure or certification, and guild associations. The majority of these professions are on a master's level, each producing practitioners without regard to the total picture, and with consequent internecine warfare the all too frequent result. These master's level practitioners are ill-prepared for the era of integrated behavioral primary care and forthcoming national health reform in which behavioral care will be required to function as an integral part of the healthcare system. To function in the healthcare system the doctoral degree is pro forma, which is why nursing schools have upgraded the nurse practitioner masters degree to that of a doctorate.

By accepting master's level providers who have been in practice for several years, training programs will consolidate a number of competing master's degree providers into a new profession for the new era. It also has the advantage of graduating doctoral providers who are already licensed in one field as they prepare to qualify for licensure at the doctoral level.

Provisional and Full Accreditation.

The NIBHQ accredits the professional (practice) aspects of a program, and is in addition to the College and University Regional Accreditation that colleges and universities already possess. A training program that has been created in a regionally accredited college or university is eligible to apply, and upon approval of its curriculum and structure, will qualify for NIBHQ Provisional Accreditation. A fully functioning program is eligible to apply for, and receive NIBHQ Full Accreditation. Once fully accredited, a program is subject to periodic review whenever it undergoes substantive changes, or on a regular time schedule of every ten years, or as otherwise determined by the NIBHQ.