



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

August 14, 2020

David A. Lewis, M.D.  
President  
Western Psychiatric Institute & Clinic  
3811 O'Hara Street  
Pittsburgh, PA 15213

Dear President Lewis,

At its meeting on July 15-19, 2020 the Commission on Accreditation (CoA) conducted a review of the psychology internship program at Western Psychiatric Institute & Clinic. This review included consideration of the program's most recent self-study report, the preliminary review ("admin review"), the program's response to preliminary review, the report of the team that visited the program on November 14-15, 2019, and the program's response to the site visit report.

I am pleased to inform you that the CoA voted to reaffirm accreditation of the program, with its next site visit scheduled to be held in **2029**. This decision is based on the CoA's professional judgement that the program has demonstrated that it adheres to the *Standards of Accreditation in Health Service Psychology* (SoA). The current record indicates that a full review of the program is warranted within 10 years of the last site visit, including interim reporting, to ensure continued adherence to the Standards. The program will be listed among accredited programs in health service psychology on the accreditation web pages. The Commission encourages you to share information about your program's accredited status with agencies and others of the public as appropriate.

Dr. Edelyn Verona recused and therefore did not participate in the discussion and vote on your program.

The Commission recognizes the quality of training provided by the program and deems it in substantial compliance with the *Standards of Accreditation*. The Western Psychiatric Institute & Clinic program aims align with the overall mission of the institution. The program offers one-year of full-time training that is sequential, cumulative and graded in complexity. The program engages in some ongoing self-assessment and quality improvement efforts, which includes collecting distal outcome data from former interns. There are a sufficient number of appropriately qualified interns to allow for meaningful peer interaction, support, and socialization. The staff are sufficient in number, qualifications, and availability to function as role models for the interns and to facilitate the program's training aims. The program is in good standing with the payment of fees necessary to maintain its accreditation status and maintains timely communication with the CoA.

Accreditation is a process that encourages improvement through continuous self-study and review. The CoA has identified items that represent areas that require additional attention. Please navigate to the Standards tab in the CoA Portal to respond to this feedback.

## **Standard I: Institutional and Program Context**

### **I.B.2**

It is unclear how the administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources, per Standard I.B.2. The uncertainty of the administrative structure is highlighted in the account of the site visitors, that stated: “While it is clear from all accounts that the Program is securely embedded in the Institution and is strongly supported by the Chair of Psychiatry (David Lewis, MD), the internship leadership had some difficulty articulating the exact positionality of the Program in the overall Institutional structure” (site visit report [SVR], Standard I.B.2). As there is no further explanation from the program, it is unclear how the program fits administratively within the institution. By **June 1, 2021**, the program is asked to provide a clear explanation of how the program fits administratively within the institution in a manner that allows it sufficient control and coordination of its operations to facilitate achievement of the program’s training aims consistent with Standard I.B.2.

## **Standard II: Aims, Training, Competencies, and Outcomes**

### **II.A.1-2**

It is unclear how the program’s minimum level of achievement (MLA) demonstrates readiness for independent, entry-level practice upon program completion, consistent with IR C-8 I. In response to the preliminary review, the program revised its MLA to a “3 ‘demonstrates acceptable competence with potential for further progress’” (R-PR, Standard II.A.1-2). In the professional judgement of the Commission, the definition of “demonstrates acceptable competence with potential for further progress” is not sufficient to demonstrate competence has been attained at a level sufficient for entry to practice. Therefore, the program is asked to explain how its MLA demonstrates trainees are ready for independent, entry-level practice upon program completion, consistent with IR C-8 I, by **June 1, 2021**.

In the revised Table 2, the profession-wide competencies (PWCs) of ethical and legal standards and individual and cultural diversity list minimum level of achievements that also include “active participation in” (Appendix II.A.1-2.1.2, Standard II.A.1-2). Completion of and/or participation in activities alone do not represent an adequate reflection of competency attainment. Therefore, the program is asked to only list MLAs that demonstrate appropriate evaluation of competence in its next self-study.

### **II.B.1**

The program aims appear to be referred to as the program “goals” in its narrative response. While these appear to fulfill the expectations of Standard II.B.1, the terminology of program goals is from the former *Guidelines & Principles for Accreditation* (G&P). The program is asked to use language consistent with SoA, rather than G&P terminology, when describing its aims. The

Commission will be looking to ensure that the program addressed this issue at the time of its next self-study.

#### **II.D.1.a**

The proximal data provided do not align with all nine profession-wide competencies (PWCs). The program explains that interns were evaluated on six training areas prior to its revision to a SoA compliant training model in January of 2019 (self-study [SS], Standard II.D.1.a). The data reflecting this change to align with the PWCs, however, have not been provided. By **June 1, 2021**, the program is asked to provide proximal data aligned with the nine PWCs for the 2019-2020 cohort that demonstrate all interns have successfully attained the MLA, consistent with IR C-16 I. The program is advised to consult with the Office of Program Consultation and Accreditation about the manner of presentation of these data to ensure that it is compliant with IR C-16 I.

### **Standard III: Interns**

#### **III.A.2**

While the program describes its efforts to recruit diverse interns, it did not demonstrate that the program examines the effectiveness of these efforts and takes steps needed to revise/enhance its strategies. By **June 1, 2021**, the program is asked to discuss how it evaluates the effectiveness of its efforts to recruit diverse interns, as well as any steps needed to revise/enhance its strategies, consistent with IR C-19 I.

### **Standard IV: Supervisor/Faculty/Staff Leadership**

#### **IV.B.**

The program-level systematic, coherent and long-term efforts to recruit and retain diverse faculty remain unclear. The program's response to the preliminary review articulated efforts but these appear to be largely directed at the recruitment and retention of diverse trainees and other efforts do not appear to have been implemented yet. For instance, the program stated that it "plan[s] to increase [its] efforts to systematically seek out and cultivate specific rotation opportunities and supervisory staff who represent a range of diverse backgrounds," but it is not clear if specific efforts have been implemented (PR-R, Standard IV.B). Therefore, it is unclear if the program has implemented any program-level, long-term, and systematic efforts to both recruit and retain staff from diverse backgrounds, consistent with IR C-19 I. By **June 1, 2021**, the program is asked to clarify its multiple systematic, coherent, and long-term efforts to 1) recruit, and 2) retain diverse staff and whether or not these efforts are currently being implemented.

Moreover, the program has not described how it examines the effectiveness of its efforts to recruit and retain diverse faculty and steps needed to revise/enhance its strategies. By **June 1, 2021**, the program is asked to describe how it examines the effectiveness of its efforts to 1) recruit, and 2) retain diverse faculty, consistent with IR C-19 I.

## **Standard V: Communication Practices**

### **V.A.1**

During preliminary review, the program was requested to provide contact information for the CoA on its webpage (preliminary review [PR], Standard V.A.1). Although the program updated its website to provide a link to the CoA's website, it does not include the contact information as required in IR C-23 I. The program is asked to update its website to provide the address and the direct telephone number for the APA Office of Program Consultation and Accreditation when citing the program's accreditation status, consistent with IR C-23 I, by **June 1, 2021**.

The program is reminded that consistent with IR C-27 I, the program must provide information in its public materials regarding trainee admissions, support, and outcome data. Please note that the program's public information will be reviewed on or after September 1 of each year to ensure that this disclosure data has been updated and is in compliance with the IR.

---

The program's response to all Reporting Requirements must be submitted in the online CoA Portal. Please navigate to the "Follow-Up" tab to respond by the designated due date.

All Implementing Regulations are available on the accreditation website ([www.accreditation.apa.org](http://www.accreditation.apa.org)). The website also provides important updates and policy changes related to the accreditation process. As an accredited program, we encourage you to periodically visit the website to remain current on all new accreditation policies. The Commission on Accreditation would also like to remind you that all accredited programs must inform the accrediting body in a timely manner of changes that could alter the program's quality (see Implementing Regulation C-24 I: Notification of Changes to Accredited Programs). Such updates should be submitted via the CoA Portal under the "Substantive Change" tab.

In closing, on behalf of the Commission on Accreditation, I extend congratulations to the training staff and interns of the program for their achievements. The Commission also expresses its appreciation for your personal commitment, and the corresponding support of your administration, to develop and maintain the best possible quality of graduate education and training in psychology. If the Office of Program Consultation and Accreditation may be of service at any time on administrative matters of accreditation, please call upon us.

Sincerely,



Jacqueline Remondet Wall, Ph.D.  
Director, Office of Program Consultation and Accreditation

cc: Michele D. Levine, Ph.D., Internship Director  
Tina Goldstein, Ph.D., Co-Director

### **C-24 I. Notification of Changes to Accredited Programs**

(formerly C-19; Commission on Accreditation, February 2005; revised October 2006, November 2015)

In accordance with Standard V.B.2 of the *Standards of Accreditation* (SoA) and Section 8.7 I of the *Accreditation Operating Procedures* (AOP), all accredited programs, whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in policies/procedures, administrative structure, staff resources, supervision resources, area of emphases, or tracks/rotations. This includes new, additional, or eliminated rotation experiences or training sites. For example, consortium programs must inform the CoA of any substantial changes in structure, design or training sites. It also includes requests for changes in accreditation status (e.g., request to transition from inactive back to active status prior to recruitment).

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. In the case of a substantive change (such as a change in consortium membership or major change in training focus), the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.

The only exception to the policy of informing the Commission *in advance* is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above.

Consultation on program changes is available from the Office of Program Consultation and Accreditation.