

Program

Doctorate in Psychology

Department

Psychology

College

Arts & Sciences

Year

Academic Year 2014

Program Directors:

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The doctoral program in Psychology provides intensive training in broad psychological theory and research as well as more specialized training in emphasis areas that include (but are not limited to) cognition, action and perception; neuropsychology; health psychology; and community psychology. All of our graduates earn a doctorate in Psychology, although some enter the program to study Clinical Psychology while others study Experimental Psychology.

The Clinical Training Program has been continuously accredited by the American Psychological Association (APA)¹ since 1948 and is due for a re-accreditation review in 2015. **It is our understanding that because this program holds accreditation from a nationally recognized agency, we are not required to complete a new Program Assessment Plan for Clinical.** Attached please find the sections of our most recent self-study for APA that correspond to the current requirements for the UC Program Assessment.

The Experimental and Clinical portions of the Psychology doctoral program are structured almost identically in terms of program goals, course requirements, research-related competencies that we expect our students to acquire, and processes for the measurement of outcomes. Moreover, because the clinical program as described fully encompasses the professional and research training goals and assessment approach for Experimental students, we request that the attached self-study be approved also in lieu of our Program Assessment Plan for Experimental, with the extremely modest modifications described below.

The only substantive difference between the Clinical and Experimental training is that students in the Clinical Training Program are required to take courses and gain skills in mental health service provision in addition to completing the general program requirements. The following notes relate to the minor changes to the program assessment already approved by APA that would be required in order for us to apply this same plan to our experimental program. (The page numbers below refer to the self-study, and the corresponding sections of the self-study are highlighted in yellow to facilitate your review):

1. Note that the original self-study includes a discussion of the close integration of the clinical and experimental training programs (p. 5).
2. The Experimental Program focuses entirely on research rather than the integration of research and clinical practice (p. 8ff).

¹ APA provides the following information about its recognition as an accrediting agency on their website: "The APA Commission on Accreditation (APA-CoA) is recognized by both the secretary of the U.S. Department of Education and the Council for Higher Education Accreditation, as the national accrediting authority for professional education and training in psychology. Accordingly, APA-CoA's accreditation policies, procedures and guidelines are intended to be consistent with national recognized purposes and values of accreditation, as articulated by governmental and nongovernmental groups with an interest in accreditation."

3. For experimental students, the objectives and competencies related to our professional competency goal do not include clinical activities or measurement instruments related to clinical activities (p. 11ff).
4. The goal related to developing clinical skills (p. 2) is not relevant for the experimental program.
5. Students in the experimental program are not required to have extensive knowledge of diversity in order to meet their research training requirements (p. 14ff).
6. Experimental students are required to complete coursework in only 3 of the following 4 curricular areas: biological aspects of behavior; cognitive and affective aspects of behavior; social aspects of behavior; history and philosophy (p. 16-17). They are not required to complete the coursework highlighted in yellow on pp. 17-21. The practicum experience on pp. 21ff does not apply.
7. Evaluation processes that are listed in the self-study as being conducted by the Clinical Faculty on pp. 37ff would instead be conducted by the Experimental faculty, led by the Director of Experimental Training (Dr. Shockley).



APA ACCREDITATION

SELF-STUDY REPORT

University of Cincinnati Doctoral Program

Clinical Psychology

Fall 2009

This completed checklist should be included with each copy of the self-study.

Summary Check Sheet for Documents and Appendices		
√ Done	Task	Page #(s)
√	Transmittal page signed by all parties	3-4
√	All pages consecutively numbered including appendices	
√	Table 1	Tables p 1
√	Table 2	Tables pp 2-6
√	Table 3	Tables pp 7-17
√	Table 4	Tables pp 18-20
√	Table 5	Tables pp 21-26
√	Table 6	Tables pp 27-31
√	Table 7	Tables p 32
√	Table 8	Tables pp 33-38
√	Table 9	Tables pp 39-43
√	Table 10	Tables p 44
√	Abbreviated Curriculum Vitae for all faculty identified in Table 3	Appendix D Appendix E Appendix F
√	Student Handbook	Appendix A Pages A-2 ff
√	Program brochure/web pages	Appendix A Page A-1
√	Student Selection Policies	p. 27; Appendix A p. A-4
√	Academic Preparation Requirements	p. 27; Appendix A p. A-4
√	Student Support Services	p. 29
√	Program Due Process Policy	Appendix A/A-19; Link on A-1 for Student Code of Conduct
√	Program Grievance Policy	A-1 Link for Student Code of Conduct A-1 Link for Graduate Student Grievance Procedures A-19 ff
√	Policies required by the program's institution	Appendix A Page A-1
N/A	Consortium Agreement signed by all members, if applicable	
√	Sample Student Evaluation Forms	Appendix H
√	Sample program outcome evaluation surveys with aggregate data	Appendix J
√	Syllabi for all required courses AND any that may be used to meet the requirements of Domain B.3, organized by course #.	Appendix G
√	Minimum Requirements for Successful Completion of the Doctoral Program	p. 22
N/A	Correspondence with the CoA	

Transmittal Pages

Doctoral Programs: Self-Study Report for 2010

Note: Please include all required signatures

- Currently Accredited** (3 copies) Date Submitted: October 1, 2009
OR
 Applicant (4 copies)

Institution/Program Name: University of Cincinnati / Doctoral Training Program in Clinical Psychology

Location (City/State): Cincinnati, OH

Department Name: Psychology

Identify the traditional substantive area:

- Clinical Counseling School Combined (list areas):

Degree Offered: PhD PsyD

Is the doctoral program part of a consortium? No Yes

If Yes, list all consortium affiliates:

Is the program seeking concurrent accreditation with the Canadian Psychological Association?

- No Yes

The program is invoking Footnote 4:¹ No Yes

Name of Regional Accrediting Body: Higher Learning Commission of North Central Association of Colleges and Schools

Current Regional Accreditation Status: Accredited

Date of last site visit: **5/20/2003** Total number of students in program this year: **45**

PROGRAM CONTACT INFORMATION: The following information will be used to update our database. The individuals listed will receive copies of important program correspondence (i.e., site visit reports, decision letters). Please add the contact information for any other individuals who should receive such correspondence (i.e., co-directors, accreditation coordinator, Provost, etc). Signatures indicate that the self-study has been approved for submission and serve as an invitation to conduct a site visit to the program.

¹ See Footnote 4 under Domain D regarding policies of religiously-affiliated institutions.

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(Signature)

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(Signature or that of designee*)

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*If signed by designee, provide the full name of that individual in addition to the name of the person for whom he/she signed. § **Note that Gregory H. Williams, J.D., Ph.D. will become President of the University of Cincinnati on November 1, 2009.**

DOMAIN A: ELIGIBILITY

A1. Program Goals. Please refer to the Transmittal Page and Table 1.

A2. Accreditation. The University of Cincinnati is classified as a Research Extensive University by the Carnegie Commission and is accredited by the Higher Learning Commission of North Central Association of Colleges and Schools as a degree-granting institution at the baccalaureate, associate, master's and doctoral levels.

A3. Integration with institution. The Doctoral Training Program in Clinical Psychology is located in the Department of Psychology within the University of Cincinnati's McMicken College of Arts and Sciences. The Department offers training to both undergraduate and graduate students, and our doctoral students have the opportunity to work with undergraduates as instructors or teaching assistants and as supervisors of their work as research assistants. Our doctoral program in Psychology is one of 82 Ph.D. and 140 master's degree programs currently offered at the University. In addition to support that comes directly from the Department of Psychology and from our extensive collaborations with other clinical and research training sites (see Table 2), the program and our students receive additional financial and resource support from the Dean's Office in the McMicken College of Arts and Sciences as well as the Graduate School and the Research Office at the University of Cincinnati. Doctoral training is, therefore, an integral part of the University mission, and our doctoral program is closely tied to the research and undergraduate teaching missions of the Department, the College, and the University. (Links to the University's mission statement and strategic plan can be found on page A-1 in Appendix A.)

The Department of Psychology is under the direction of the Department Head (Dr. Steven Howe), who is appointed by the Dean of the McMicken College of Arts and Sciences. The Department comprises two divisions: Psychology (in which the Doctoral Training Program in Clinical Psychology is located) and Organization Leadership. Organization Leadership is a well-established program within the University that was integrated into the Department of Psychology effective July 2009. This division offers a baccalaureate program as well as a master's degree program, and certain departmental faculty (e.g., the Department Head) and staff dedicate time to both divisions within the Department. Doctoral students are permitted to take elective courses that relate to organizational leadership if they have a special interest in this area; otherwise, however, the Doctoral Training Program in Clinical Psychology has a curriculum, structure, faculty, and admissions procedure that are almost entirely separate from those of the Master's program in Organizational Leadership. Therefore, the remainder of this document will focus exclusively on the Psychology division of the Department.

The Psychology administrative structure also includes a Director of Undergraduate Studies, Director of Experimental Training (who oversees our doctoral program in experimental psychology) and the Director of Clinical Training (DCT). Together, the Directors of Experimental and Clinical Training serve in the role that the University administration refers to as Director of Graduate Studies. Thus, there is close integration between the administrative oversight of the Clinical Training Program and the larger doctoral program in Psychology, which facilitates communication with the students and assures that clinical training needs are incorporated into departmental policy decisions. In addition, the Director of Clinical Training (DCT) serves on the departmental Executive Committee that is responsible for generating proposals to the faculty for major departmental initiatives, budgetary allocations, policies and procedures, hiring and future

planning. She is, therefore, well informed of broader departmental activities and also has a prominent role in general departmental administration. The DCT is assisted by a Graduate Secretary for duties such as internship placement that are exclusive to the Clinical Training Program as well as those such as advancement to candidacy and graduation that are common to both clinical and experimental training.

As of Autumn 2009, there are 73 students currently active in the Psychology doctoral program. This number includes 45 clinical students; the remaining 28 students are enrolled in our experimental doctoral program. This number is easily sufficient to afford students the opportunity for strong and diverse peer interactions, support, and socialization. *In the remainder of this document, "students" refers only to those students in the Clinical Training Program unless otherwise specified.* The Clinical Training Program is housed primarily in Dyer Hall as of the time of this report; however, our Department is in the midst of a transition to Edwards One, where we will have a far superior quality of space for the students and the faculty. (Note that all contact telephone numbers, fax numbers, and U.S. mail information that appear in this document will remain the same during and after our move.) The Edwards One facilities are described in more detail in Domain C.

A4. Program length and residency requirements. Students in our Clinical Training Program are required to complete both a master's degree and a doctorate. According to University guidelines, the master's degree requires the completion of 45 quarter credits and a thesis. We do not admit students who are seeking a terminal master's degree, but occasionally students are counseled out of our program after having completed only the master's or choose to leave at that point for personal reasons. Students who enter with a master's degree from another institution and who have conducted an empirical thesis project already do not have to repeat the thesis requirement and may also qualify for exemption from required courses that are similar in depth and content to those in our curriculum. (These exemptions are at the discretion of the individual faculty members who teach the required courses.) After students complete the master's degree, their training committees make recommendations to the Clinical Faculty as to whether they have shown sufficient promise of excellence to warrant continuation in the doctoral program.

Minimum Graduate School requirements for the doctorate include a total of 135 graduate quarter credit hours. A minimum of 45 credit hours, excluding research credits, must be completed at UC. Our program meets the APA standards that students complete a minimum of three years of full-time graduate study, at least two of which are at the degree-granting institution. Prior to achieving doctoral candidacy, students must also pass a written Major Qualifying Examination (written MQE) and an oral examination focused on a clinical case (Clinical MQE), which is also described in a written document that integrates theoretical and applied components of the case. A clinical internship is required for the completion of the doctorate.

We have made several changes to our curriculum and procedures based on our ongoing evaluation of factors that affect time to degree and quality of education. A decade ago, it was the agreement of the faculty based on previous discussion and data collection that the time to degree completion was strongly affected by the large number of required courses; the sometimes poor fit between students' individual interests and faculty research, which had the effect of increasing the amount of time required to complete thesis and dissertation work; and the problem of students leaving for internship and then not completing the dissertation. Beginning with the class admitted in Autumn 1997, we implemented our current mentor model (described in more detail in Domains B and 3C2), to ensure that students work in active

research laboratories in their area of interest beginning at matriculation into the program. In September 1999, we revised the curriculum to allow students to complete at least the vast majority of their requirements in the first two years of study, therefore increasing the amount of time available for research in subsequent years. In 2002, the Clinical Faculty endorsed a policy that strongly encourages students to complete their dissertations and, if possible, dissertation defenses, prior to leaving for internship, a step that has reduced the number of students who have completed all program requirements except the dissertation. Specifically, in order to be approved to apply for internship, students must by the beginning of the academic year in which they plan to apply either have their dissertation data in hand or provide a realistic timeline approved by their mentor that demonstrates the feasibility of completing the dissertation prior to the start of internship. Together these steps are reflected in the small number of students enrolled in the program who are beyond Year 7 in their training, and the average time to degree of 6 years. Beginning in September 2008, we refined the curriculum once again, in order to 1) present the coursework in an order that enhanced graduated knowledge of the material; 2) include required coursework in areas that have become critical to competence in the field (e.g., psychopharmacology); 3) formally integrate into our requirements the emphasis area offerings (e.g., neuropsychology, health) that have had a longstanding and integral role in our training program. This updated curriculum is described in greater detail in the Student Handbook (Appendix A), in Domain B, and in Appendix B.

It is feasible for students entering the program with a B.A. under the current system to complete their degrees in 5 years, including the internship year, and our goal is to graduate the vast majority of our students after 6 years of training. More detailed information about our current students' progress towards their degrees is provided in Table 10.

A5. Brief overview of cultural and individual diversity. The University of Cincinnati does not discriminate on the basis of sex, race, color, religion, national origin, disability, age, or sexual orientation in its educational programs, activities, admission, or employment policies as required by Title IX of the Education Amendment of 1972, Title VI and VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973, Executive Order 11246 and all its amendments, Americans with Disabilities Act, Governor's Executive Order 83-64 and Ohio Revised Code 4112.02. In addition, the faculty strive to be respectful of all aspects of diversity, to work actively to increase the diversity of our faculty and student body, and to incorporate diversity training into our curriculum, clinical experiences and research programs, as detailed in Domain D.

A6. See table that follows.

Item	Appendices	Page #(s)
Student selection	A	A-4 ff and Domain C.2
Academic preparation and admission requirements	A	A-4 ff
Administrative and financial assistance	A A	A-24 ff See link on page A-1 for Graduate School Handbook; then go to pp 26-28
Student performance evaluation, feedback, advisement, retention	A	A-10
Minimal levels of acceptable achievement	A	A-9 ff
Student termination	A	A-19 A-23 Link on A-1 for Student Code of Conduct; click on Misconduct
Due process	A	A-19 Link on A-1 for Student Code of Conduct
Grievance policies for students and faculty	A	A-1 Link for Student Code of Conduct A-1 Link for Graduate Student Grievance Procedures A-19 ff A-1 has link to the University's policies against discrimination and harassment

No Domain A issues were noted in the last annual review.

Domain B: Program Philosophy, Objectives, and Curriculum Plan

B1a. Philosophy of Training. Our philosophy of training highlights the integration of science and practice embodied in the scientist-practitioner model, as first articulated in the “Boulder Conference” (Raimy, 1950) and later expanded in the report of the National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology (Belar & Perry, 1990). It is our goal to immerse our students in the philosophy that excellence in clinical care is dependent on empirical study; theoretical knowledge; and an awareness of and ability to conceptualize and critically evaluate the relevant research data on assessment, diagnosis and treatment outcome. Similarly, we strive to teach our students that the quality of their psychological research and critical thinking skills is both integral to patient care and is enhanced by a refined clinical understanding of the individuals who participate in their studies.

We recognize that not all of our program graduates will go on to both conduct active research programs and provide direct clinical service. It is our belief, however, that the empirical emphasis and critical thinking skills that we teach in our training program are integral to the contributions that our graduates have made and will continue to make in a wide variety of professional domains and that our program philosophy also prepares our graduates to be competent and successful in a range of vocational settings. This preparation for career-long development is consistent with the goals of scientist-practitioner training that are articulated in the Belar and Perry (1990) report, which states "...The model entails development of interlocking skills to foster a career-long process of psychological investigation, assessment and intervention. The scientist-practitioner model contributes to and is essential for the ever changing discipline of psychology...Both the knowledge base in psychology and the practice problems addressed by the scientist-practitioner are constantly evolving and changing. Therefore, the scientist practitioner is able to extend simultaneously the boundaries and applications of scientific knowledge, and to adapt to the changing needs of professional practice. Training in research prepares the scientist-practitioner for distinguishing fact from opinion in applications of the science of behavior and for innovation in existing theory and techniques" (p.7) Further, we strive to train professionals who have the lifelong goal of attending to and constantly expanding their understanding of the impact of diversity and individual differences on all aspects of professional psychology and who appreciate the developmental, cultural and environmental contributors to behavior, cognition, and emotion.

B1b. Training sequential, cumulative and graded in complexity. Our program's broad training goals are to ensure that, by the end of their clinical internship, our students have attained core fundamental knowledge in general psychology and clinical psychology and demonstrate entry-level skills in assessment, intervention, research and professional development (i.e., that they are performing at the expected level for a young professional entering a first postdoctoral position in each of these domains). These skills are introduced in an integrated program of coursework, research activities, and clinical practice that begin early in the first year of training and that build through the student's time in the program in terms of increased challenge and independence.

An important feature of our program is that students are admitted under a mentor model of training, in which each individual student is matched prior to admission with a faculty member who has an active research program and interests that are similar to those expressed by the student. Together with his or her mentor and two other faculty who form the training committee, the student proposes during the first quarter of graduate study an integrated plan to meet program requirements as well as his or her identified research and professional development goals. Through this close interaction with the mentor, we offer our students not only a strong knowledge base and solid clinical experience, but also a clear plan as to their research goals that begins at entry into the program, guidance about long-term planning, a model of how to integrate research and practice, and a bridge to facilitate their becoming junior colleagues in the field. It is common, for example, for our students to use their mentors for assistance in integrating their placement experiences with theoretical material from their coursework. Sample training plans are included in Appendix C. These plans are reviewed and approved by the Director of Clinical Training. It is our experience that the training plans, which are reviewed and potentially updated annually, provide us with a yardstick against which to measure the rate and quality of their advancement through the program and also assist our students in planning appropriately for timely completion of the program.

The students are able to spend considerable time with their classmates as they together complete the required series of coursework; in addition, they benefit from close individual work with the mentor and from collaborative work with other students in the mentor's laboratory. We encourage individuality of training by incorporating into the training plan coursework that is specific to a given student's interests and background (often offered in different departments at the University) and by encouraging active participation in the rich variety of relevant colloquia, discussion groups, and case conferences that are available at the University of Cincinnati. Our faculty have active collaborations with a number of academic departments, including for example Neurology, Neurosurgery, Psychiatry, and Pediatrics, which create opportunities for our students to participate in these multidisciplinary areas of study. We have required coursework in diversity, but more importantly we ensure that diversity training is infused into each of our broad training objectives and, as mentors, model for our students the importance of incorporating an appreciation of diversity into all admissions and hiring decisions as well as our research and clinical work.

In terms of the gradation of training, our students spend their first two years taking extensive coursework in general psychology, statistics and research methods, and general clinical topics. In addition, in the winter of the first year of study, they begin clinical work. The first year students conduct psychotherapy with one client (although they can be assigned a new client if the original person terminates before the end of the spring), with live supervision from behind one-way glass and additional supervision immediately following the therapy session. See the syllabus for Psychology 888 in Appendix G for further information about the specific knowledge areas and skills that we expect students to develop during this introductory experience. Each supervisor will typically have two students to supervise, allowing for extensive feedback about each case and also an opportunity to learn from each other's cases. In the second year, students spend 10 hours per week on-site or at a community-based practicum setting, where they are closely supervised and continue to have relatively simple cases, yet see multiple clients each week and gain the new perspective of having a second clinical supervisor. Beginning in year 3, the students are matched to 20-hour per week, full year training experiences in one of a variety of settings in which we have collaborators. (See Table 2.) They have the opportunity to balance therapy and assessment experience, work with inpatient and outpatient populations of a variety of ages and presenting problems, and receive both general clinical experience and training that is aligned with their designated emphasis area.

In our 2008 curriculum revision, we have strived to present the required coursework in an order that will best interleave with the progression in their clinical work. For example, Ethics is covered in the Autumn of the first year as it will impact all professional experience; Introduction to Psychotherapy is taught in the Autumn, so that students have exposure to theories of psychotherapy before they begin to see clients in the Winter; Psychopathology is taught in the Winter, so that the students are developing skills in differential diagnosis as they are working with their clinical supervisors to begin seeing clients; Diversity is not taught intensively until the second year, when the students will have greater clinical experience to draw on in learning and discussing the theoretical topics in the course.

Within the larger context of providing broad training in general clinical psychology, we offer our students the opportunity to also participate in Health, Neuropsychology, and Human Factors emphasis areas, as well as to incorporate coursework in Child Clinical and Organization Leadership (the latter is described above in Domain A). Only a very small minority of the clinical students elect to pursue Human Factors training, and so that emphasis area is not discussed further in this text. Because both Health Psychology and Neuropsychology are recognized as areas of specialty training by the APA, we have ensured that the opportunities available to our

Health and Neuropsychology students meet current national training guidelines for the work that is expected at the predoctoral level for individuals who will go on to choose these emerging areas of specialization in their postdoctoral training. For example, the didactic and practicum offerings in our Neuropsychology emphasis area is in keeping with the 1997 Houston Conference Guidelines for training in clinical neuropsychology.

Our doctoral training program in clinical psychology is distinct from other programs at the University of Cincinnati in its emphasis on scientist-practitioner training and focus on psychological theory. The graduate program that is closest in training to ours is the Counselor Education program within the College of Education, Criminal Justice, and Human Services. In contrast to our program, however, the majority of the Counseling students are working towards a terminal master's degree, their training strongly emphasizes counseling skills, and program graduates are not eligible for licensure in Ohio as Psychologists. Thus, the Clinical Training Program serves a unique function within the University.

References

Belar, C.D. & Perry, N.W. (Eds.) (1990) Proceedings of the National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology Sarasota, FL: Professional Resource Press.

Raimy, V.C. (1950). Training in clinical psychology. New York: Prentice-Hall.

B2. Objectives and Competencies. See table below.

The achievement levels that are described below are the minimums for successful achievement. It is our aim for each our students to perform well above the threshold levels on each of these indices of ability. Nevertheless, the areas of competency map well onto our goals to train outstanding scientist-practitioners who are competent professionals, clinicians, and scientists, and who have the foundational skills in each of these areas to compete for a broad variety of positions after graduation.

Goal #1: Produce graduates who perform in a professional manner and demonstrate appropriate work-related personal competencies

Objectives for Goal #1:

- A. Students will have or develop effective work habits
 - B. Students will have or develop the ability to respond constructively to feedback
 - C. Students will demonstrate a strong understanding of legal and ethical principles
-

Competencies Expected for these Objectives:

- A.1. Students will complete program requirements in a timely fashion, including both assignments for courses and major milestones such as qualifying examinations
 - A.2. Students will complete clinical reports, paperwork and scheduling within the timeframe that is required at practicum sites where they are placed
 - B. Students will be open to constructive feedback about their performances in all domains of training and will be able to integrate suggestions based on feedback that they receive into their subsequent performances
 - C.1. Students will be able to articulate legal and ethical aspects of each of their domains of professional performance (research, clinical work, coursework, teaching)
 - C.2. Students will abide by the law and by the Ethical Principles for psychologists in all of their professional activities
-

Appendix & Page Number for Evaluation Tools Used for each Competency (if applicable):

A.2. B. and C.2.: Placement rating forms (Appendix H, Page H-2)

<i>Competency</i>	<i>Methods of Measurement</i>	<i>Minimum Thresholds for Achievement</i>
A.1.	Negative indicators are the need for extensions on major program deadlines such as thesis proposals (see p. A-27 of the Handbook, Appendix A) and course grades.	Students who require more than two extensions of major program milestones during the course of the program or who have Incomplete grades that are not successfully remediated are put on probation (unless there are extenuating circumstances). <i>For all sections of this table that involve comments about probation, note that students who are unable to meet the terms of their probation may be terminated from the program.</i>
A.2.	Placement rating forms	Ratings of at least Average on items related to these competencies. The presence of multiple lower ratings, particularly if there is other evidence of inability to complete work in a timely manner or if there is no improvement once remedial plan is implemented, will result in probation.
A.3.	Annual evaluations from mentor, placement ratings forms, evaluations of teaching and teaching assistantships	Students will demonstrate integrity in following through with research, clinical, and teaching commitments.
B.	Placement rating forms, annual evaluation letters from mentors and from teaching supervisors	Ratings of at least Average on items related to these competencies by clinical supervisors and ability to work with mentor to improve performance with feedback. The presence of multiple lower ratings, particularly if there is other evidence of resistance to feedback and if there is no improvement once a remedial plan is implemented, will result in probation.
C.1.	Performance in Clinical Ethics course	Grade of B- or better. <i>For all sections of this table that relate to course grade cutoffs, grades below a B- will result in course needing to be retaken; grade of F will result in probation.</i>
C.2.	Placement rating forms, teaching/TA evaluation letters, annual evaluation letters from mentors, reports of classroom instructors	Ratings of at least Average on items related to these competencies by clinical supervisors. Substantiated reports of serious ethical breaches (e.g., plagiarism) from any of these sources will result in probation or, if the situation is particularly grave, in dismissal.

Goal #2: Produce graduates who are competent entry level clinicians

Objectives for Goal #2:

- A. Students will develop entry level competence in interviewing and diagnostic formulations
 - B. Students will develop entry level competence in psychotherapy skills
 - C. Students will develop entry level competence in assessment skills
 - D. Students will be able to integrate science and practice
 - E. Students will consider diversity and individual differences in all of their clinical activities
-

Competencies Expected for these Objectives:

- A.1. Students will demonstrate a knowledge of DSM diagnosis
 - A.2. Students will conduct an intake interview effectively
 - A.3. Students will establish adequate rapport
 - A.4. Students will conduct an adequate safety assessment
 - A.5. Students will conduct an adequate mental status examination
 - A.6. Students will formulate a reasoned preliminary case conceptualization based on data from an interview
 - B.1. Students will demonstrate reflective listening
 - B.2. Students will maintain appropriate boundaries
 - B.3. Students will use a theoretical orientation to guide treatment.
 - B.4. Students will formulate and write a treatment plan and evaluate treatment effectiveness
 - B.5. Students will write effective treatment notes
 - B.6. Students will demonstrate effective timing of interventions
 - B.7. Students will conduct effective crisis intervention
 - B.8. Students will terminate treatment effectively
 - C.1. Students will make reasoned selections of assessment measures
 - C.2. Students will administer and interpret intelligence tests effectively
 - C.3. Students will administer and interpret personality tests effectively
 - C.4. Students will conceptualize test results adequately
 - C.5. Students will give test feedback to examinees effectively
 - C.6. Students will be able to write integrated assessment reports (interview+multiple tests)
 - D.1. Students will demonstrate an ability to draw on the empirical literature in their assessments and interventions
 - E.1. Students will be effective in working with individuals of different races, ethnicities, religious groups, genders and sexual orientations
 - E.2. Students will incorporate a consideration of cultural and individual differences into their case conceptualizations
-

Appendix & Page Number for Evaluation Tools Used for each Competency (if applicable):
 Placement rating forms (Appendix H)

<i>Competency</i>	<i>Methods of Measurement</i>	<i>Minimum Thresholds for Achievement</i>
A.1., C.2., C.3.	Performance in Psychopathology, IQ Assessment	Grade of B- or above
All Goal 2 competencies	Placement rating forms	Ratings of at least Average on items related to these competencies. The presence of

		multiple lower ratings, particularly if there is other evidence of difficulty in this competency or if there is no improvement once remedial plan is implemented, will result in probation.
A.1., B.3., C.1., C.2., C.3., C.4., D.1., E.2.	Clinical Major Qualifying Examination (Note: students will present a therapy <i>or</i> an assessment case for their MQE; thus, only A.1., D.1. and E.2. will be evaluated in <i>every</i> MQE)	Passing overall performance as judged by a panel of three faculty members. A failing performance will require the exam to be retaken. Deficiencies that are not at the level of a failure will be monitored in subsequent clinical work, including a remedial plan if necessary.

Goal #3: Produce graduates with entry level research skills.

Objectives for Goal #3:

- A. Students will develop entry-level skills in statistics and research design
- B. Students will be able to conduct empirical research studies
- C. Students will be able to disseminate their research findings
- D. Students will be able to compete for research funding
- E. Students will consider diversity and individual differences in all of their research activities

Competencies Expected for these Objectives:

- A.1. Students will demonstrate adequate knowledge of research design and methods, psychometric theory, and modern univariate and multivariate statistical techniques.
- A.2. Students will critically evaluate the empirical literature
- B.1. Students will demonstrate adequate knowledge of research ethics and institutional review board procedures
- B.2. Students will generate appropriate research aims and empirically testable hypotheses
- B.3. Students will implement research protocols successfully, including data collection, data management, and attention to institutional review board requirements
- B.4. Students will conceptualize research findings appropriately
- C.1. Students will make accurate and clear presentations of research findings orally and in writing (e.g., manuscript or poster presentation)
- D.1. Students will demonstrate the ability to write a research proposal
- D.2. Students will demonstrate the ability to identify appropriate funding sources
- E. Students will incorporate their knowledge of diversity and individual differences into their research design, implementation, and interpretations

Appendix & Page Number for Evaluation Tools Used for each Competency (if applicable):
Thesis and dissertation defense evaluation form (Appendix H)

<i>Competency</i>	<i>Methods of Measurement</i>	<i>Minimum Thresholds for Achievement</i>
A.1 through B.2., B.4., C.1., D.1.,	Coursework in statistics, research methods; professional	Grade of B- or better

D.2., E	development sequence (ethics, proposal writing, presentations)	
All of the above competencies	Thesis and dissertation requirements; work with mentor in research laboratory	Overall passing performance as judged by faculty committee

B3. Core content areas. The course syllabi appear in Appendix G, and information about course requirements is provided also in the departmental Handbook in Appendix A. *It is important to highlight for the Commission one aspect of our current curriculum.* As discussed in Domain A, we modified our curriculum in 2008 to be responsive to concerns that the previous format was not optimal for all of our students' training needs. We deliberated during our planning in 2007 about whether it was wise to embark on a curriculum revision prior to the current accreditation review but decided to proceed because we did not want to delay our programmatic enhancements and course staffing changes for what would effectively be at least two years (the 2008 and 2009 academic years). Because some courses are only required for students who entered the program in 2008 and later, and because some are scheduled to be taught in rotation (every other or in a few cases every third year), not all of the new offerings have yet been held, meaning that we are unable to provide a few of the syllabi at this time. A larger number will be available at the time of the site visit. In order to help the Commission to judge the impact of these to-be-offered classes, we have provided a detailed listing of all required coursework in Appendix B, with the courses that have not yet been taught written in boldface. We indicate also where changes have been made from the curriculum that was in place at the time of the last accreditation review.

Policies regarding exemptions from required courses are discussed in section A4 and in the department Handbook (Appendix A). Our approach has been to exempt students who enter with a master's degree from coursework that appears similar to our own based on an examination of the master's level syllabus and discussion of course requirements. It has recently come to our attention, however, that while most students entering with the master's are indeed qualified to exempt classes, we may inadvertently be missing an important opportunity to evaluate students' true skill and knowledge levels through these foundational classes. While we do not want to require people with a strong mastery of certain subject matter to take a course that will be repetitive to them, we would like to develop a somewhat more rigorous procedure to make decisions about course exemptions. This topic is on the agenda for a fall Clinical Faculty Meeting, and we will have a revised plan to discuss with the site visitors.

Elaborate in as much detail as necessary to specifically address in the table below how your program provides coverage of curriculum areas B.3.a-e:

Curriculum Area:

Biological aspects of behavior

Required Academic/Training Activity

Required coursework includes readings, discussion and writing assignments that focus on foundational biological mechanisms that underlie behavior; psychopharmacologic effects on behavior; biological theories of mental illness; examining brain function from a neuroscience perspective.

How competence is assessed

Performance in Biological Bases (PSYC 731), 815 (Assessment), Cognition (735), and Psychopharmacology (893)

Curriculum Area:

Cognitive aspects of behavior

Required Academic/Training Activity

Required coursework includes readings, class presentations, discussion and writing assignments about cognitive theory and cognitive neuroscience; the diagnosis of neuropsychiatric disorders that present with primary deficits in cognitive functioning; assessment of individuals with developmental or acquired disorders affecting cognition; developmental aspects of cognition; historical trends and debates in cognition and neuroscience.

How competence is assessed

Performance in Cognition (735), Psychopathology (806), IQ Assessment (815), Developmental (722), History and Philosophy (733)

Curriculum Area:

Affective aspects of behavior

Required Academic/Training Activity

Required coursework includes readings, discussion and presentations about biological contributors to affective functioning; affective cognition; diagnostic features of treatment of affective disorders; psychopharmacology of affective disorders.

How competence is assessed

Performance in Cognition (735), Psychopathology (806), Interventions (881); IQ Assessment (815), Interventions (881), Measurement of Psychopathology (860); Psychopharmacology (893)

Curriculum Area:

Social aspects of behavior

Required Academic/Training Activity

Required coursework includes presentations, discussion, group exercises and written work on contemporary developments in social psychology; social behavior; views of the self; social psychology models of discrimination and prejudice; lifespan social development

How competence is assessed

Performance in Social and Personality (721); Development (722)

Curriculum Area:

History and systems of psychology

Required Academic/Training Activity

Required coursework includes readings, discussion, and written assignments covering the origins and development of contemporary theories and systems of psychology; how contemporary psychology is influenced by earlier theories of behavior and cognition; historical overview of theories of psychopathology and a history of science perspective on the evolution of classification systems for abnormal behavior.

How competence is assessed

Performance in History and Philosophy (733) and Psychopathology (731)

Curriculum Area:

Psychological measurement

Required Academic/Training Activity

Required coursework includes coverage of classic psychological measurement theory; measurement of specific aspects of cognition, personality and psychopathology. Applied work during clinical practica requires students to accurately understand the psychometric properties of test measures and to interpret them with consideration of these properties; thesis and dissertation research requires psychological measurement considerations; the Clinical MQE includes a written document and oral examination that almost always involve studying and articulating issues related to psychological measurement.

How competence is assessed

Performance in Methods and Measurement (750), Measurement of Psychopathology (860), IQ Assessment (815). Evaluation of the ability to selection appropriate test instruments for the thesis and dissertation; discuss psychometric qualities of instruments that were used for the Clinical MQE case; accurately critique the scientific literature in research projects and in the written MQE. Evaluation of the ability to apply psychological measurement principles to work during clinical placements.

Curriculum Area:

Research methodology

Required Academic/Training Activity

Required coursework includes readings and written assignments about research methods; exploration of the impact of research methods on statistical results; research methods in treatment research and the design of studies evaluating empirically supported treatments; critiques of the methods used in studies of cognition and neuroscience; historical trends in research methodology; research ethics

How competence is assessed

Performance in Methods and Measurement (750), Inferential Statistics (715), Modeling Experimental and Observational Data (716), advanced coursework in methods or statistics (e.g., 780 and 781), Ethics and Professional Issues (830). Evaluation of the ability to design an effective thesis and dissertation project. Evaluation of the ability to accurately critique the scientific literature for research projects and for the written MQE.

Curriculum Area:

Techniques of data analysis

Required Academic/Training Activity

Required coursework includes readings and didactic instruction in descriptive and inferential statistics; multivariate analysis and advanced statistical techniques; statistical analysis of research databases; oral and written presentation of the results; projects that require an understanding of current debates in statistics.

How competence is assessed

Performance in Inferential Statistics (715), Modeling Experimental and Observational Data (716), advanced coursework in methods or statistics (e.g., 780 and 781). Evaluation of the ability to conduct appropriate statistical analyses for the thesis and dissertation and to discuss the results accurately.

Curriculum Area:

Individual differences in behavior

Required Academic/Training Activity

Coursework requires an understanding of lifespan development; familiarity with neuropsychiatric disorders that create disability by affecting affective, cognitive or motor functioning; effect of race, ethnicity, gender, culture, SES and other demographic features on test performance, clinical presentation, and best clinical practices; understanding the contribution of individual difference to statistical test results and to methodology; contributions of social context to the expression of individual differences. Clinical placements require students to apply this information by conducting assessment and therapy appropriately with diverse populations.

How competence is assessed

Performance in Diversity (838), Introduction to Psychotherapy (854), Interventions in Clinical Psychology (881), all statistics and research methods courses; Social and Personality (721); Developmental (722); Biological Bases (731); Psychopathology (806), IQ Assessment (815); Clinical Practicum (888) in year 1 and subsequent clinical placements.

Curriculum Area:

Human development

Required Academic/Training Activity

Coursework requires readings about current topics in lifespan development; cognitive and affective changes with development; social development; the impact of individual differences and other aspects of diversity on development; developmental disorders; cognitive changes associated with aging; historical trends in the study of human development

How competence is assessed

Performance in Development (722), Diversity (838), Psychopathology (806); History and Philosophy (733)

Curriculum Area:

Dysfunctional behavior or psychopathology

Required Academic/Training Activity

Required coursework includes readings and discussions on theories of psychopathology; differential diagnosis; personality assessment; intellectual and other developmental disabilities; clinical interventions with individuals who experience dysfunctional behavior; impact of diversity on symptom presentation; ethical principles for working with behaviorally disordered clients. Students apply this knowledge in working with clients who have various forms of

psychopathology.

How competence is assessed

Performance in Psychopathology (806), IQ Assessment (815); Measurement of Psychopathology (860); Intro to Psychotherapy (854); Interventions (881); Clinical Practicum (888); Ethics (830). Evaluation of performance related to psychopathology on clinical placements.

Curriculum Area:

Professional standards and ethics

Required Academic/Training Activity

Students are required to complete readings and write papers on research and clinical ethics; discuss ethical and legal standards as they apply to seeing clients; ethical principles that relate to assessment and to therapy; ethical work with members of underrepresented groups. All students are required to complete extensive online training mandated by our IRB about research ethics and human subjects protection. Clinical placements require students to practice professional standards and ethics.

How competence is assessed

Performance in Ethics (830), Clinical Practicum (888), IQ Assessment (806), Introduction to Psychotherapy (854), Diversity (838); Evaluation of performance on placement

Curriculum Area:

Theories and methods of assessment and diagnosis

Required Academic/Training Activity

Students are required to complete courses that include readings, discussions, and report writing about assessment methods and diagnosis; theories of assessment; historical approaches to assessment; working with diverse populations. In their clinical work, they are required to apply differential diagnostic skills, to complete test administration, and to write clinical reports.

How competence is assessed

Performance in IQ Assessment (815), Psychopathology (806), Clinical Practicum (888), Evaluation of performance on placement (Appendix H)

Curriculum Area:

Theories and methods of effective intervention

Required Academic/Training Activity

Students have required didactic training and written assignments about theories of effective intervention; diversity considerations in selecting effecting interventions; empirically supported treatments; methodological issues related to judging the efficacy of interventions. In their supervised clinical activities, they must learn how to apply empirically supported treatments; draw on a theoretical orientation to guide treatment; understand specific therapeutic techniques that are consistent with a given theoretical orientation; and be able to evaluate treatment efficacy.

How competence is assessed

Performance in Introduction to Psychotherapy (854); Interventions (881); Methodology and Research Design (750); Diversity (838); Clinical Practicum (888); performance on placement (Appendix H)

Curriculum Area:**Theories and methods of consultation****Required Academic/Training Activity**

All students are required to complete class readings and discussions about theories of consultation, methods used in effective consultation, and ways to avoid the pitfalls that sometimes occur in the context of consultation. At a minimum of once each academic year, the clinical case conference that first and second year students are required to attend focuses on issues related to consultation. Nearly all of our students complete at least one clinical training experience that requires them to perform supervised work as a consultant to other professionals or other agencies.

How competence is assessed

Performance in Interventions (881); participation in Case Conference (870); evaluation of performance during clinical practica.

Curriculum Area:**Theories and methods of supervision****Required Academic/Training Activity**

All students are required to complete class readings and discussion of theories and methods of supervision. In addition, theories of supervision is a required topic to be covered by our faculty who supervise the first year practicum experience. At a minimum of once each academic year, the clinical case conference that first and second year students are required to attend focuses on issues related to supervision. Few of our students serve as umbrella supervisors for less advanced peers, and so we admittedly do not have the opportunity to offer applied training in supervision to everyone in the program. We have been actively working, however, to integrate information about theories and methods of supervision into our clinical training; an example is that we have arranged to have a speaker present a 3-hour workshop to all of our clinical faculty and students on this topic.

How competence is assessed

Performance in Interventions (881); active participation in didactics about supervision during Clinical Practicum (888), Case Conference (870) and departmental continuing education programs on this topic

Curriculum Area:**Theories and methods of evaluating the efficacy of interventions****Required Academic/Training Activity**

All students are required to take statistical and research methods coursework that serves as a foundation for critically evaluating the literature on the efficacy of interventions. Their Interventions course is focused on empirically supported treatments. On the level of individual clients, all students have the opportunity in their clinical work to identify whether or not a planned treatment has been effective.

How competence is assessed

Performance in Interventions (881), Descriptive Statistics (714), Inferential statistics (715), Modeling Experimental and Observational data (716), Methods and Measurement (750). Performance in this domain on practica.

Curriculum Area:

Issues of cultural and individual diversity that are relevant to all of the above

Required Academic/Training Activity

All students are required to take Diversity (838), and cultural issues are infused as well into the majority of our other courses. Please see the above sections for information about how cultural and individual diversity are taken into account.

How competence is assessed

Performance in Diversity (838) and on diversity-related aspects of all other courses and clinical experiences in the training program.

Curriculum Area:

Attitudes essential for lifelong learning, scholarly inquiry, and professional problem-solving

Required Academic/Training Activity

Our students are taught about the ethical imperative to stay current in their **knowledge of assessment instruments, and empirically supported treatments**, and new trends in the field. In all of their courses, they are required to become familiar with the scientific literature and methods of gathering and critically evaluating new information. They are all in coursework that teaches grant writing, proposal writing, and presentations of scientific work; therefore, they are all taught foundational skills that are needed to conduct and evaluate research, to communicate research findings, and to continue to learn about diverse groups, and to gain the information that is needed to problem-solve effectively.

How competence is assessed

Performance in Ethics (830), Psychopathology (806), IQ Assessment (815), Measurement of Psychopathology (860), Interventions (881), statistics (714, 715, 716), Methods (750), Diversity (838)

B4. Practicum experience. For information about the number and sequencing of placement settings and our relationships with those agencies, please see Table 2, Domain B1b, and Domain C4f. Each of our placement supervisors is a licensed clinical psychologist or board-certified psychiatrist, and each has a strong commitment to training. We work only with placement supervisors and agencies that offer students extensive and high quality supervision, assign them only cases that are within their ability levels, and maintain appropriate workload levels. We expect our placement supervisors to apply empirically supported treatments, well validated and current assessment methods, and superb ethical standards. As described above in B.3., there is a close integration between the foundational knowledge that students gain in their coursework and the clinical applications that they practice in their placements. By the end of their fourth or fifth year of training, our students have all accumulated practicum experience that is more than sufficient in terms of 1) the number of direct contact and support hours needed to apply for internship, 2) the opportunity to work in multiple different professional settings, with individuals who present with a diversity of backgrounds and concerns, and 3) the completion of an appropriate balance of practicum hours in the emphasis area and general clinical training. The most compelling justification for our current practicum offerings is that our students are typically quite successful in applying for internships and later postdoctoral fellowships and jobs. As is seen in Table 4c, only three of our students have failed to match for internship over the past six years; all of these individuals matched successfully on their second attempt. Two of

these students, against the recommendations of the DCT and their mentors, applied only to highly restrictive geographic areas, in one case applying to only a single internship. The third student had excellent skills and training, and we remain perplexed about why she did not match initially. In the exceptionally competitive internship climate of the past two years, we have been able to match 100% of our applicants, and last year each of our students received his or her first choice internship.

To outline the sequence of training, in the first year, students are supervised by our faculty in our departmental clinic. In the second year, they are allowed to select from among a group of high quality 10-hour per week practica that have been made available by our colleagues in various locations in the community and within our department. It is the responsibility of the DCT to ensure that a sufficient number of these practicum slots are available for our students, and for many years there have been far more opportunities for the students than there have been students to fill the slots. The DCT or other members of the clinical faculty meet with these agencies at least annually to keep abreast of current information about the site. We will not place our students at sites about which we have concerns in terms of the quality of supervision or other aspects of the training experience. For example, we chose not to send a student this year to an agency that experienced major administrative changes last year, with the effect that multiple excellent supervisors found other employment and left our students without continuity of supervision. In the third year and beyond, students are matched to 20-hour per week placements by the DCT. These matches take into account the students' interests and rankings of placement sites that they are interested in, rankings of the students by the placement supervisors, and the training needs of the students. We have never in the last two decades been unable to provide placements for each of our students, and in fact we typically have more slots than we need.

The exception is that a small number of students, who were having other academic difficulties also, have failed to match because they were not ranked as suitable by any of the agencies. In each case, this failure to match was consistent with more widespread and longstanding concern about the students' abilities to meet the minimal standards of competence outlined in B2, and they were each counseled out of the program before completion.

Practicum experiences are integrated into the total individualized training for students in that they allow students to translate their classroom knowledge into applied clinical work; students are assigned to placements that provide a balanced range of opportunities that meet the students' training needs. For example, students who are studying neuropsychology can expect to be assigned to one year-long neuropsychology placement and one year-long therapy placement. In addition, the program provides students the opportunity to share their clinical experiences with their peers and to get feedback from faculty in the program about the cases they are seeing at outside agencies. An example of such a course would be Neuropsychology Case Conference (920), in which students give case presentations based on work that they have done in their placements.

We are asked to comment on the minimal levels of achievement required to complete our program in Domain B.2. While this section outlines the most likely consequences of failure to meet individual minimal competencies, we do make decisions on the consequences of reduced levels of achievement based in part on the student's level of training and the severity of the infraction. For example, a single serious ethical breach would be grounds for strong disciplinary action at any level of training, even if there were no previous problems in meeting expectations for competencies. A failure to demonstrate Average performance in one domain early in training might result only in a warning to remediate this area of training (with a remedial plan put in place by the DCT, in consultation with the mentor); however, reduced performance in multiple

domains or continued inability to meet minimal standards despite efforts at remediation, would be seen as a more serious concern. As discussed above, we do have a history of counseling students out of study in our program if it is the judgment of the clinical faculty that they will not be able to develop their skills to a level that will be sufficient for internship and professional practice. Fortunately this does not happen often, but we feel it is our obligation to the public, to our collaborators and also in the best interests of the students involved to be straightforward in discussing their deficiencies and in guiding them towards appropriate career paths if all remediation efforts have failed.

At the time of our last accreditation review, CoA requested that we attend further to ensuring that all students are exposed to information about consultation and supervision. Please refer to the above table in Domain B3 and to Domain F for information about how we responded to this concern. We provided information on our progress in addressing this issue in our 2004 annual report. No further Domain B concerns have been raised since that time.

Domain C: Program Resources

C1. Clinical core faculty. The Core Clinical faculty in the Psychology Department is composed of faculty whose primary appointments are in our department or who have joint appointments with at least half of their time dedicated to our program and who are committed to planning and overseeing the Clinical Training Program as demonstrated by substantive roles in program administration, teaching, mentoring, research supervision, clinical supervision, and/or participation on student committees (i.e., training, thesis, qualifying examination and dissertation committees). The current 12 members of the core clinical faculty are the governing body of the clinical program, chaired by the DCT. (An additional clinical faculty member will begin her appointment in January 2010.) A faculty member is not required to be a licensed clinical psychologist to be a member of the clinical program; however, all but one of the clinical faculty members are licensed as psychologists, and the remaining individual is expected to be licensed imminently. Core faculty must hold a doctorate in Clinical Psychology or have equivalent formal training and experience, and they must dedicate at least 50% of their time to the doctoral training program. The following is a brief list of the core Clinical Faculty, giving their departmental rank, joint appointments and areas of specialization. In cases where joint appointments exist, the department that holds the budget line for the faculty member's position is listed first.

- Kathleen Burlew, Ph.D. Professor of Psychology, specializes in the prevention and treatment of substance use problems, especially in ethnic minority populations.
- Christine A. Hovanitz, Ph.D., Professor of Psychology, specializes in adult health psychology, applied psychophysiology, stress, and personality.
- Farrah Jacquez, Ph.D., Assistant Professor of Psychology, specializes in pediatric health psychology, health promotion, and community-based interventions to minimize health disparities in children and families in underserved communities.
- Laura Nabors, Ph.D., ABPP, Associate Professor of Psychology, specializes in clinical child psychology and pediatric health, and community and school based interventions.
- Alison McLeish, Ph.D., Assistant Professor of Psychology, specializes in adult health psychology and the interactions between anxiety symptoms and chronic health problems (e.g., asthma, cigarette smoking).

- Krista Lisdahl Medina, Ph.D. Assistant Professor of Psychology, specializes in neuropsychology, neuroscience of addiction and drug use, adolescent brain development, and neuroimaging.
- Monica Mitchell, Ph.D., Associate Professor of Pediatrics and Psychology, specializes in pediatric health psychology, adherence, sickle cell disease, and community interventions to improve behavioral and health outcomes in at-risk youth. (Note that Dr. Mitchell has a half-time appointment in our department, and all of her time in Psychology is dedicated to the Clinical Training Program.)
- Bridgette Peteet, Ph.D., Field Service Assistant Professor of Psychology, specializes in health psychology, social behavior and intervention research in ethnic minority populations.
- Bruce K. Schefft, Ph.D., Professor of Psychology and Neurology, specializes in adult neuropsychology and epilepsy.
- Paula K. Shear, Ph.D., Professor of Psychology and Psychiatry, specializes in neuropsychology, serious mental illness, and neuroimaging and also serves as Director of Clinical Training.
- Robert M. Stutz, Ph.D., Professor of Psychology, specializes in adult assessment and vocational rehabilitation.
- Giao Q. Tran, Ph.D., Associate Professor of Psychology and Psychiatry, specializes in adult health psychology and addictive behavior.

The abbreviated vitae for the core clinical faculty appear in Appendix D.

Clinical faculty changes since the previous accreditation review. Since our 2003 site visit, there have been multiple changes in the composition of the clinical faculty. Drs. Karen Edwards, Edward Klein, William Meyers and A. Evangeline Norton have now retired. Dr. Kevin Corcoran, our former Department Head, left the University of Cincinnati to serve as Dean of the College of Arts and Sciences at Northern Kentucky University. In addition, three faculty members who had primary appointments in other departments and joint appointments in Psychology (Drs. Robert Noll, M. Douglas Ris, and Kathryn Vannatta) left Cincinnati to pursue positions at other universities.

Since 2007, we have been delighted to welcome five new members to the Clinical Faculty, including three who are ethnic minority psychologists, and a sixth faculty member will be joining us in January 2010. All of these individuals are outstanding scientist-practitioners who serve as strong role models for our doctoral students. Particularly in the current economic climate, we are grateful for the superb support that we have received from the Dean and the Provost in allowing us to make these hires. It is worth noting that, despite our gratitude for the contributions to the clinical program made by our colleagues who are no longer with us on the clinical faculty, many of them were no longer active researchers, clinical supervisors, or graduate level instructors at the time that they left the department. Thus, while our absolute number of clinical faculty members may have declined slightly since the last accreditation review, we have gained individuals who will be actively involved on all of these levels of clinical faculty activity, and we anticipate an increase rather than a decrease in our ability to serve our students.

Dr. Farrah Jacquez joined our faculty in 2008 as a tenure-track Assistant Professor. She is a pediatric psychologist whose research interests are in health promotion and intervention for children and families in underserved communities. Dr. Jacquez's current work focuses on using community-based participatory research methods to address health disparities in children. She

is actively involved in the University's Action Research Center and the Greater Cincinnati Latino Health Collaborative. *Dr. Alison McLeish* joined the Department in 2008 as a tenure-track Assistant Professor. She is an adult health psychologist interested in identifying and evaluating malleable risk factors, particularly anxiety-related cognitive risk factors, which play a role in difficult-to-treat chronic health problems. Her current research focuses on understanding the role of affect regulation in the development, maintenance, and treatment of asthma; exploring the role of emotional vulnerability in smoking onset, maintenance, and cessation among smokers with asthma; and examining genetic factors that may be related to the association between anxiety and asthma. *Dr. Krista Medina* was hired in 2007 as a tenure-track Assistant Professor. She was recently reappointed by the Provost and the Board of Trustees, with strongly favorable performance reviews. Dr. Medina is a neuropsychologist who uses cognitive tasks as well as structural and functional brain imaging to study adolescent brain development, the neuroscience of addiction, and substance use disorders. She has already been successful in securing federal funding for her work. *Dr. Monica Mitchell* has participated for several years as a research mentor for our students, and in 2008 she joined the program more formally when she was given a half-time appointment in our department as an Associate Professor. She also holds a primary appointment in the Department of Pediatrics at Cincinnati Children's Hospital and has an appointment at the Child Policy Center. Dr. Mitchell is the principal investigator on two NIH-funded studies to assess and promote adherence and quality of life in children with sickle cell disease and their parents/caregivers. Dr. Mitchell is the co-director of INNOVATIONS in Community Research and Program Evaluation, a program that consults with schools and other non-profit community agencies to improve behavioral and health outcomes in at-risk youth. Dr. Mitchell is a Co-Director of the Community Engagement Core of the University's Clinical and Translational Science Award (CTSA), and she serves on the APA Committee for Children, Youth and Families. *Dr. Bridgette Peteet* was hired in 2008 as a Field Service Assistant Professor; it is the Department's goal to convert her appointment to the tenure track when we are given permission to open an appropriate line. Her research interests are in the area of minority achievement and career trajectories, with an emphasis on outcomes such as academic and career stress. She is an integral member of the clinical faculty, participating in program administration, chairing the department's Diversity Committee (described in Domain D), and providing classroom instruction, research advising, and clinical supervision for our doctoral students. Dr. Sarah Whitton will be joining the faculty in January 2010 as a tenure track Assistant Professor. Dr. Whitton is currently a Research Assistant Professor of Psychology in the Center for Anxiety and Related Disorders at Boston University. She is expert in the treatment of anxiety and mood disorders, and her research centers on the relationship between family of origin or marital issues and risk for the later development of mood disturbance.

Other Departmental and Institutional Faculty. In addition to the core clinical faculty, there are currently many other departmental faculty in Psychology who actively contribute to the clinical training program and who are listed in Table 3. These faculty teach many of the required departmental courses for all graduate students as well as elective courses in which clinical graduate students commonly enroll. Several of these faculty act as research mentors to clinical students. (We should note that the few clinical students with primary mentors who are not clinical psychologists are also assigned co-mentors from the Clinical Faculty, to ensure that they receive sufficient guidance about their clinical training and career development as a clinical psychologist.) The Department of Psychology has a long tradition of collaboration with other academic and medical units at the University of Cincinnati; thus, we have 9 faculty whose primary appointments are in other departments within the university and who have joint

appointments in Psychology. Those joint faculty members who contribute directly to the clinical program are also listed in Table 3 as Associated Faculty. We consider this type of collaboration to be one of our program's great strengths, because it offers our students the opportunity to train in a wide variety of academic and clinical venues, which also reflect the likely employment settings of many of our graduates. Our experimental and joint faculty serve frequently on thesis, comprehensive examination, and dissertation committees.

We are privileged to have just hired four outstanding new members of the experimental faculty who began their positions in September 2009. Please refer to Appendix E for the Abbreviated CV's of new faculty *Drs. Sheila Fleming, Jay Holden, Rachel Kallen and Michael Richardson*. Together with the new clinical faculty hires, these appointments demonstrate a tremendous allocation of resources to our department by the higher administration, which is possible only because of the programmatic success and promise of our faculty and students.

C1a. How faculty function as a unit. The core Clinical Faculty operate as a committee of the whole, chaired by the DCT, for purposes of decision-making about issues that affect the clinical program. Student representatives participate in discussions but do not vote and are excused from the room during work on matters that involve confidential information about individual students. Clinical Faculty meetings are held monthly, for 1.5 hours; additional meetings are scheduled as necessary.

C1b. Adequate number of faculty. The number of faculty needed to staff the program depends of course on the number of students in the program. We have 7 new clinical students who matriculated in September 2009 and a total of 45 students active in the doctoral program as of Autumn 2009. We feel that the number of core Clinical Faculty, together with the Associated Faculty and Other Contributors, are clearly sufficient to support classes of this size. Furthermore, this size allows us to provide full financial support for a minimum of four years for all of our students and to provide excellent advising and research mentoring.

C1c, d, & e. Faculty perspectives, competence and modeling. The core Clinical Faculty represents a broad range of theoretical perspectives, most prominently cognitive behavioral, family systems, and perspectives drawn from motivational interviewing. Thus, the faculty model for our students multiple ways to appropriately apply empirically supported treatments in a variety of patient populations.

As described above in C1 and evident from the CV's in Appendices D-F, the faculty have a broad range of clinical and research interests, including neuropsychology, substance abuse, psychological trauma, chronic illness, serious mental illness, gender and multicultural issues, treatment outcome and others. We believe that the diversity of research interests and theoretical orientations is a strength of our program, fostering a respect for divergent viewpoints. In addition, the faculty's interests correspond closely to the emphasis areas for which we recruit students and in which we offer training: adult and child neuropsychology and health psychology. As indicated in the faculty vitae, the majority of the core clinical faculty are active in scholarly pursuits, having published in leading professional journals, presented at major conferences, and/or received grants to support scholarly activities. Many of the faculty who conduct research examine areas that are directly related to clinical practice, and the majority of the core clinical faculty are involved in some type of professional service delivery, thus strengthening our modeling of scientist-practitioner activities. Several of our faculty are on the editorial boards of journals, and many are active in state or national professional organizations or serve on the boards of directors of community mental health agencies. Thus, the faculty make active

contributions to the field through teaching, scholarship, clinical practice and professional service, and they are well prepared to be role models and mentors to the students. The strongest evidence that our students receive high quality mentoring is that they generally complete the program in a timely fashion (Table 10), are actively involved in scholarship during their training (Table 4a and Appendix J), are successful in competing for internships (Table 4c), and obtain excellent postdoctoral training positions and employment (Table 9).

In addition to the core faculty, our students have the opportunity to learn from skilled researchers and clinicians within our department and at community agencies with which we collaborate. Associated faculty are members of our department who hold tenure-track or field service appointments and have a strong empirical knowledge base as well as research and/or clinical expertise, or faculty members from other departments within the University who work extensively with our students as research or clinical advisors. Each of these individuals contributes either to the students' generalist knowledge (through research supervision, participation on committees, or classroom teaching) and/or to the development of their clinical skills through clinical supervision. All Associated and Other Contributing faculty are required to hold doctoral degrees in psychology or advanced degrees in affiliated fields (e.g., M.D.), and anyone conducting clinical supervision is required to adhere to training goals as outlined in Domain B, to provide appropriate supervisory experiences, and to provide regular written and verbal feedback to students about their performances.

C2. Identifiable body of students sufficient in number, appropriate to program goals, appropriate intended career paths. See Tables 4-7. The clinical program seeks to admit students who have demonstrated through distinguished undergraduate academic performance, GRE scores, and prior research and clinical experience the potential to develop into excellent scientist-practitioners. We seek in particular students who demonstrate a strong interest in both scientific inquiry and clinical practice, in keeping with our training objectives. We seek diversity with respect to race, ethnicity, gender and sexual orientation (as described in more detail in Domain D). The number of students that we admit is dependent on the faculty and financial resources available in a given year, although the current student body of 45 is clearly sufficient for socialization and diversity of class membership.

Our admissions process takes into account both basic proficiencies necessary for program success and the presence of specific research interests that will ensure that the applicant is well matched to a faculty mentor who can guide him or her through the doctoral program and into a successful professional career. In the fall, the departmental Executive Committee selects which faculty will be mentors of students in the next incoming class, based on the faculty mentor's research activities and written plan for projects that the new student would work on, the number of students already in the faculty member's lab and their progress through the program, seniority of the faculty member (with untenured faculty receiving priority in recruitment), and funding considerations.

Each application is first screened by the department as a whole, to evaluate whether the admissions standards articulated in the student handbook (Appendix A) are met and whether there are any substantial concerns raised by the applicant's training, experience, personal statement or letters of recommendation. Individuals who are clearly deficient in their preparation or whose goals do not match well to the program's goals and objectives (e.g., applicants who want to study issues or populations that do not correspond to the expertise of our faculty, or applicants who are not interested in research training) are eliminated from further consideration at this time. The Admission Committee ranks the remaining applications and selects a pool of candidates that are highly qualified and that include individuals of diverse backgrounds and with

interests in each of the program's emphasis areas. (This process is accomplished by ranking all candidates and then setting the cut point for selection of the final group at a level that will result in the inclusion of a diverse group of applicants. We do not, however, include unqualified applicants simply to modify the composition of our final applicant pool.) The identified mentors then review the applications in this group and interview those candidates who they feel will be appropriate matches for their research laboratories. The mentors make final decisions about which applicants will receive offers of admission. Therefore, the admissions process allows us to select individuals who are highly qualified academically, demonstrate strong interpersonal and communication skills in the interview, and who also have interests that are matched well to our program objectives and to the expertise of the faculty who will be accepting new students in a given year.

C3a. Financial support. University guidelines preclude our making promises of ongoing support beyond the current year unless students are receiving specialized fellowships. Nevertheless, in more than 45 years we have been able to offer all clinical students financial support through the first four years of study, and are most often able to accommodate students in the fifth year also.

The Graduate School, the Office of the Dean, and the Department fund assistantships and scholarships each year that provide tuition and fee waivers as well as stipends. While the majority of our incoming students are supported through these teaching assistantships, some receive funding as research assistants on their mentors' grants. Any graduate student who is an employee of the University is eligible for an award that pays for the cost of health insurance in the Winter and Spring quarters. Summer assistantships are also available through the Department in exchange for teaching obligations. In addition to these standard assistantships, students with outstanding credentials may be nominated for specialized scholarships and fellowships. We have had excellent success in securing these types of support for our students. For example, this year we were granted approval (through a competitive application process) to offer two Yates Fellowships to outstanding minority candidates and two Choose Ohio First scholarships to students residing in Ohio and pursuing advanced education in the State. Other students have received Distinguished Dissertation Fellowships through the Research Office or supplementary fellowships funded by departmental funds. Summer support is also available through the University Research Council (URC) summer research grants or other sources. Our students have been very successful in obtaining these competitive grants; our Department is typically among the top in the University in terms of the number of URC grants awarded.

Third and fourth year clinical students (and typically fifth year students if they require funding) are supported by clinical placements, with tuition and fee waivers provided. These placements may be under the direct control of the Department or closely affiliated University organizations (e.g., Behavioral Neuropsychology Clinic; Counseling Center), or they may be at external agencies with which we maintain close ties. The majority of the students derive their pay directly from the placement agencies, although the Department does, when resources allow, provide supplements for stipends that are lower than the norm or as seed money to facilitate the development of new placements that are particularly promising. The Department helps to defray travel costs for groups of students attending a research conference (e.g., providing a van for groups of students to attend a meeting or providing partial travel reimbursement), and the University Graduate Student Association has funds that students can apply for to offset travel costs for professional meetings (up to \$500 per student per year). Several small grants are available through the Department to help pay expenses associated with thesis and dissertation research, dependent on the financial situation in any given

academic year. In addition, for the past four years the Department has reimbursed each student for the cost (up to \$50) of joining a professional organization, in order to encourage them to be professionally active.

C3b. Clerical and technical support. The Department of Psychology has two secretaries and a business administrator, as well as several student assistants from the University's work study program (who perform reception duties and minor clerical work). One of the secretaries provides primary secretarial support to the DCT for work related to the Clinical Training Program, as well as extensive support to the students around issues of payroll, registration, filing for graduation, identification of program resources, and maintenance of student records. The McMicken College of Arts and Sciences provides technical support for the Department computers.

C3c. Training materials and equipment. The required training materials and equipment are supplied by the Department, with the exception of textbooks. A portion of the funds that the Department receives from the University's Information Technology and Institutional Equipment funds are used to upgrade and maintain the computer laboratory that graduate students use in their statistical training, and to purchase psychological testing materials and audiovisual equipment used in training graduate students.

C3d. Physical facilities. The Department is currently in the midst of moving from Dyer Hall to portions of the first, fourth, fifth and sixth floors of Edwards One. (Most of the space will be contiguous; the first floor space was requested specifically because some of the experimental faculty have equipment that is sensitive to building sway and needs to be on the ground level.) It is anticipated that this move will be completed by the time of the site visit, although certain renovations to the new space will likely still be underway. Edwards One offers greatly improved quality of physical facilities in terms of appearance and functionality. Clinical graduate students will have office space in their faculty mentors' laboratories, as well as a computer laboratory, lounge area, and shared kitchen space. Clinic space is already available in Edwards that is equipped with video cameras, TV monitors and computers that will allow for direct supervision. The department will also have designated seminar and conference rooms in the new building. Ample parking is available.

C3e. Student support services. There are a wide variety of support services available to facilitate our students' progress through the program. Financial aid is available to those who qualify. Students are able to obtain health insurance through the University, with the cost partially waived as long as they meet certain requirements, and they can receive medical and mental health services on campus. In addition, students who are current employees of the University as research or teaching assistants are eligible for free counseling through the employee assistance program. Also in the domain of health and wellness, students are able to use the extensive athletic facilities at no cost. Students are also eligible to buy a bus pass for a nominal fee that allows them to ride on any Cincinnati Metro bus route at no additional cost, and there is a free shuttle that connects the West Campus (where the Department of Psychology is located) to the nearby College of Medicine and the Cincinnati Children's Hospital Medical Center. The University has a superlative library system that is available to students on campus and at remote locations, and there are student computer laboratories throughout the campus that can be used at no cost. For those with disabilities, the University has an outstanding Disability Services office that has provided exceptionally good services to our students with

special physical needs. In terms of professional development, the Graduate School runs workshops for all graduate students that address issues such as teaching skills, preparation for faculty careers, and professional ethics; the library runs an educational series that is open to students at no cost, with workshops on conducting literature searches as well as the use of major software packages. The students are made aware of these opportunities during our orientation program; in the case of financial aid, information is available on our C-20 table and on the University website. In addition, we make recommendations about support services (e.g., counseling) to students who require these resources as their training progresses.

C3f. Access to and control over practicum sites. The clinical program has cultivated strong relationships with a wide range of placement sites in the area, intended to permit flexibility in matching training experiences with individual students' plans of study. (See Table 2 for a list of placement sites that have been active in the past 7 years.) Placement sites pay stipends to third and fourth year students. Supervision at placement sites must be provided by a licensed clinical psychologist or board certified psychiatrist, and the sites are reviewed regularly by members of the Clinical Faculty. Additionally, students are in contact with their mentors and the DCT about the placements and fill out placement site evaluations. In the unusual situations in which we have become aware of problems at these agencies (e.g., too little supervision, workload exceeding what was agreed on, clients too complex for the student's level of training), the DCT has immediately contacted the agency to attempt an informal resolution of the difficulties, which has typically been successful. In rare cases when we have been unable to assure that our students were receiving appropriate clinical experiences or supervision, we have pulled them out of the agencies and assigned them to alternate clinical experiences. From time to time sites are dropped or added to the list, depending on the training opportunities available and our assessment of the suitability of the agency as a clinical training site. We hold an annual Placement Fair, to which we invite all of the students seeking placements and representatives from each of the agencies, to exchange information, allow the students to distribute their CVs to agencies in which they are interested, and also to serve as an additional forum for us to stay in touch with the placement sites. With three other psychology doctoral programs in the same metropolitan area, there is naturally some competition among area students for clinical placements; however, we consistently get feedback from the agencies that they seek out our students because of the high quality of their training and performance. Typically, we have more paid placements available for our students than we are able to fill, and typically we are able to provide placements for all of our fifth year students who want further clinical experience.

At the time of the last site visit, the vast majority of our students' clinical training was supervised by faculty outside of the doctoral program. We have made an intentional effort to provide a larger proportion of the training internally because 1) we want to be able to ensure strong supervision, 2) it is important for us to see our students' clinical skills first hand; and 3) because it is important to be realistic about economic constraints at certain of these agencies. For example, we now provide all of the students' first year clinical training in our own clinic, supervised by core Clinical Faculty, and we offer multiple practicum opportunities that are supervised by Core and Associated faculty. We continue to maintain strong ties with the community agencies that provide our students with outstanding clinical experiences after they have developed their basic clinical skills through internal training opportunities.

C4. Consortium arrangements. The University of Cincinnati's program is not part of a consortium.

No Domain C issues have been noted by the Commission on Accreditation.

Domain D: Cultural and Individual Differences and Diversity

D1. Diversity of students and training opportunities. It is our tenet that recruitment and retention of diverse faculty and students are best accomplished by fostering an atmosphere in which individual differences are valued and discussed openly, and by actively seeking to enhance minority education, training, and professional development. Therefore, this section will first describe some of the larger diversity-related activities in the Department that have involved large groups of faculty and students and that help to define our community culture, and it will then turn to efforts that are specific to faculty or student recruitment and retention.

In 2008, our Department established a Diversity Committee, which is chaired by Dr. Bridgette Peteet and includes faculty members as well as graduate students. This group has thus far competed successfully for two diversity-related grants, one funded by the Office of the Provost and the other by the University of Cincinnati Diversity Council, and has held a department retreat focused on diversity issues.

The first grant was to fund the Ethnic Minority Enrichment in Research and Graduate Education (EMERGE) program, which was successfully implemented in Summer 2009. EMERGE was created out of our goals to 1) establish a national reputation in diversity training for our program; 2) improve education of ethnically diverse students in the field; 3) enhance the attractiveness of our program to ethnically diverse faculty; 4) establish collaborative training opportunities with colleges that have high proportions of ethnic minority students; and 5) increase the (currently somewhat limited) pool of highly qualified minority applicants to our doctoral program. This award was used to bring a group of 10 ethnic minority college students who were interested in pursuing doctoral education in psychology (5 from outside institutions across the country and 5 from the University of Cincinnati) to campus for an intensive week of instruction that included discussion of graduate school application strategies, one-on-one mentoring with a faculty member about career goals and graduate school planning, assistance with the preparation of a professional CV and personal statement, GRE preparation, completion of a research project that culminated in a poster presentation session, and mock interviews. Room, board and travel was fully funded for all EMERGE participants. A large number of our faculty, community collaborators, and students participated in the EMERGE program as mentors, speakers, research supervisors, and coordinators. The participants gave overwhelmingly positive evaluations of the program outcomes, stating that they had learned a great deal about what they needed to accomplish in their remaining time in college in order to compete successfully for graduate school, felt more prepared for graduate school applications than when they had entered the program, and were highly likely to apply to the doctoral program at the University of Cincinnati. In January 2010, we will have data about how many of the EMERGE participants chose to apply to our program specifically and to graduate programs in general, and in April 2010 we will know how many were successful in attaining offers to graduate school. We will also be tracking whether we receive an increased number of applications from colleges and universities that sent students to EMERGE. We are currently investigating funding sources that will allow us to continue the EMERGE program in future years.

The second grant will fund an upcoming symposium focused on recruitment and retention of ethnic minority faculty. A panel of experts in diversity education representing the National Science Foundation, American Psychological Association, doctoral training and medical center faculty, and Historically Black Colleges will come to Cincinnati this academic year to help us to

evaluate diversity issues and initiatives within our Department, discuss recommendations with our faculty and students, and help us to formulate an action plan for excellence in minority faculty recruitment. Depending on the timing of our upcoming site visit, we may have a work product from this symposium to share with the site visitors.

Each year, the Department holds a full-day faculty retreat (which includes also selected graduate and undergraduate student representatives). For Autumn 2009, the Diversity Committee organized the retreat, which was dedicated to issues surrounding diversity. Specifically, the day was used to brainstorm about ways to refine our integration of diversity themes into the departmental strategic plan; discuss local and federal resource and funding opportunities for training of ethnic minority students; discuss recruitment and retention of ethnic minority students and faculty; review University policies and procedures with regard to discrimination and harassment; and complete group exercises about the ethical and professional issues relevant to various workplace scenarios involving gender, sexual orientation and ethnic minority status.

In April 2008, our Department together with the College of Education, Human Services, and Criminal Justice hosted the full-day Inez Beverly Prosser Memorial Symposium on Black Women in Psychology. Inez Prosser, Ed.D. was a graduate of the University of Cincinnati and the first African American woman to earn a doctorate in psychology. The purposes of the symposium were to celebrate the 75th anniversary of Prosser's degree; to provide a forum for critical discourse concerning contributions of women of color to the discipline of psychology; and to reflect on the role of various institutions in advancing graduate training opportunities in psychology for women of color. Presenters and attendees of the conference included members of our current faculty and student body, former faculty and students, professionals from across the country, and members of the Beverly and Prosser families.

Another example of our continuing efforts to educate faculty and students about issues related to diversity was the half-day Safe Zone training session that was conducted in 2008. A large number of faculty and students chose to participate in this training, which focused on University resources for GLBTQ students and on ways to foster acceptance and communicate effectively with students who express questions or concerns about issues related to sexual orientation.

We are fortunate to also have a small departmental endowment, created by a former faculty member who passed away a number of years ago, to promote the professional development of African American graduate students in psychology. Each year, the department can use the interest on these funds to support student activities. During the past few years, we have funded multiple African American students to present at conferences. Students have used the funds to acquire additional statistical training at the University of Michigan and to attend an annual Black Graduate Students in Psychology Conference, a meeting that has been hosted by Michigan, Purdue, Howard, and New York University in previous years.

We believe that the above examples of diversity-related initiatives in the Department demonstrate a strong commitment to understanding and honoring individual differences that provides the foundation for effective efforts to recruit and retain a diverse faculty and student body.

It is a high priority within the Department and University to attract and retain diverse faculty, as illustrated by the fact that our most recent five clinical hires include one Hispanic and two African American faculty members. When we conduct job searches, we of course consider the ethnic, racial and personal backgrounds of the applicants and make every effort to balance the composition of our faculty with each new hire. It has been our experience, however, that simply posting a job ad and reviewing the applications that are submitted spontaneously will not

always result in a diverse applicant pool. Therefore, we have been making concerted efforts to solicit applications from highly qualified candidates from underrepresented groups. (This process will be a focus of the Diversity Committee in the coming year and a topic of discussion also in the upcoming diversity symposium.) We are grateful to our Dean and Provost, who have strongly supported “opportunistic” hires of individuals who will contribute to the diversity of the University faculty; for example, they greatly facilitated our recent hire of Dr. Mitchell, who is a highly accomplished African American clinical researcher who now holds a half-time faculty appointment in our Department. One struggle that we have in recruiting diverse faculty is that in certain of our areas of emphasis (particularly neuropsychology and human factors within the experimental program), there does not currently exist a deep pool of qualified ethnic minority applicants. Therefore, we aim to focus on identifying excellent minority candidates and working within the university to develop targeted hiring plans; in addition, however, we hope through programs such as EMERGE and through our work with ethnic minority professional associations, to mentor students and young professionals in order to develop future job candidates.

In terms of faculty retention, each of our new faculty in the Department are assigned (with input from the new faculty member) a senior member of the faculty as a mentor for purposes of orientation and for planning of activities related to promotion and tenure. Thus, our faculty who are members of diverse groups all have a colleague with whom to consult about professional development, in addition to extensive career guidance from the Department Head. We believe that we are also reaching a “critical mass” of ethnically diverse faculty members that will facilitate retention by providing colleagues from underrepresented groups.

Table 4 describes the race and gender composition of graduate students in the clinical psychology program over the past five years. The majority of our students are female and White. We are confident, however, that the targeted efforts described above through the EMERGE program and the departmental undergraduate organizations (Psi Chi, Psychology Club, and Network of Undergraduate African-American Majors in Psychology) as well as the increased numbers of ethnic minority individuals on our faculty we will continue to increase the pool of qualified ethnic minority student applicants. We are also in contact with individuals who advise minority candidates about graduate programs as a source of qualified applicants; for example, Dr. Kathy Burlew, who has worked tirelessly to train talented minority psychologists, has spent considerable time visiting Historically Black Colleges to inform them about our program. Dr. Shear collaborates with the organizers of a national mentoring programming for ethnic minority students and professionals in neuropsychology. Through our Admissions Committee, we are also working also to ensure that we have adequate numbers of ethnic minority and male candidates in our clinical program. (Procedures are described in Domain C.)

In terms of retention, we have had excellent success in graduating students who are members of ethnic minority groups. Only one minority student in the last 10 years has left the program prior to graduation, which related in this case to inadequate preparation for graduate school. We attribute this excellent retention rate to the strong work of our faculty mentors. Nevertheless, we will of course continue to evaluate factors that may inhibit the maximal progress of our minority students.

Turning to other aspects of diversity, we have worked hard to accommodate the individual needs of our students. For example, we have provided additional mentoring to several students who are first generation college graduates, and we are considering more structured ways to reach out to these individuals. We have a current student with a severe visual impairment who has needed multiple accommodations, and the DCT has worked closely with the student, Disability Services and clinical supervisors in order to facilitate his successful

completion of program milestones. It is our goal to provide resources to ensure the success of each individual student and faculty member within our program.

D2. Education about diversity. Diversity education is expected to be an integral part of all academic, research and clinical training of clinical graduate students. In terms of formal coursework, all students are required to take a clinical core course in Diversity (838); the syllabus for this course appears in Appendix G.

In addition to this required course, we have agreed as a faculty over a large number of discussions that it is an important priority of our program to infuse diversity training throughout our students' learning experiences. For example, in the Adult IQ Assessment course the class reads about and discusses the effects of cultural, gender and age diversity on assessment, including issues of test construction, normative samples, cultural bias of items, test interpretation, and case law (see syllabus for Psychology 815 in Appendix G). There is also an emphasis on understanding the ways that cognitive group differences often attributed to race may in part reflect underlying experiential differences such as educational opportunities and socioeconomic status. The students are assigned readings on diversity issues, and this topic is integrated into case interpretation throughout the course. There is also direct discussion of the influence of culture and belief systems on diagnostic formulations in the Psychopathology course, and an incorporation of issues of gender and culture during case discussions in this course. Students complete mock intake reports, which provide the opportunity to discuss the interactions between diagnosis and various aspects of diversity. For example, in discussing schizophrenia, the class considered how the clinical presentation might be different in men and women and how given symptoms may result in varying diagnoses across ethnic groups. In our methodological and statistical coursework, students are taught the methodological difficulties inherent in sampling without a consideration of cultural differences, and the weaknesses of statistical analyses that artificially combine discrete populations into a single sample. In our grant writing class, we teach the students that granting agencies require a sophisticated understanding of diversity in research design and interpretation. Thus, we strive to integrate critical thinking about the impact of diversity throughout both the more empirical and the more applied and theoretical aspects of their coursework.

Turning to clinical work, all clinical practica regularly address individual differences and the contributions of various aspects of diversity to case presentation, conceptualization, assessment and treatment. Knowledge about diversity is one of the required areas to be addressed beginning in first year clinical training (see syllabus for Psychology 888 in Appendix G). Diversity is discussed routinely in our case conferences (see syllabus for 870 in Appendix G), and certain of our placement agencies (e.g., Student Counseling Center) incorporate formal didactics on issues of diversity into their supervision. On the required oral examination for the Clinical MQE, students are asked to address diversity as it relates to the conceptualization and treatment plan for their case. Competency is evaluated through mastery of formal coursework related to diversity, placement evaluations (which have questions specific to work with diverse groups), and performance on the Clinical MQE. To provide an example, because it was the judgment of a student's Clinical MQE evaluation committee that this individual did not show sufficient knowledge of diversity, this topic was made a focus of the Written MQE, with additional assigned readings and an essay related to assessment and treatment of diverse populations. Only after successful completion of this written examination was this student advanced to candidacy for the doctorate.

No Domain D issues have been noted by the Committee on Accreditation. Links to the University's discrimination and harassment policies are in Appendix A on page A-1.

Domain E: Student-Faculty Relations

E1. Student rights. We treat all students and colleagues respectfully, assist them in mediating disputes that arise using the highest possible ethical standards, and ensure that they are aware of their rights to alternative methods of resolution should more informal approaches not be successful. The Department of Psychology Graduate Handbook is in Appendix A. This document specifies the rules and guidelines for students to remain in good standing and the conditions under which they might be dismissed from the program. Grievance procedures are outlined in the University of Cincinnati Grievance Procedures Manual (Appendix A). The Student Code of Conduct is included in Appendix A because it also has information relevant to students' rights and grievance procedures. Students are made aware of these procedures and documents during their orientation to the program.

Documents in Appendix A related to student rights:

Department of Psychology Graduate Student Handbook	pp. 8-19
University of Cincinnati Grievance Procedures Manual	All pages
Student Code of Conduct	All pages

E2. Faculty accessibility and role modeling. Members of the Psychology faculty have offices in Dyer Hall or Edwards One (with the whole department to be in Edwards shortly), as well as laboratory space that allows faculty to interact with students in an informal manner. Faculty members schedule regular meetings with students and are available by appointment. As noted earlier, the program has a strong mentor model. In the first quarter of their first year, students, their research mentors and two other selected faculty collaborate to develop a training proposal. Students have close contact with their research mentors as they work in the mentor's laboratory and also have identified other faculty to approach with issues or questions because of the broader nature of the training committee. Furthermore, students' teaching, research and clinical activities are closely supervised by faculty. (Some students work with their mentors in all three of these domains, while others are supervised by a variety of different faculty, with the mentor assisting them to synthesize their learning in these various activities.) Students assigned to teaching responsibilities have a faculty member to oversee and discuss their work. Students and faculty attend overlapping case conferences, workshops, grand rounds and colloquia together, and they frequently serve together as co-authors on manuscripts and presentations at professional meetings, offering an opportunity to integrate theory, critical evaluation of research methodology and implications for clinical practice.

Because students are involved with faculty in a variety of professional activities, they have the opportunity to see and discuss how faculty participate in different aspects of the academic and professional community. Furthermore, a large number of our faculty are active in local, national and international organizations, and students are often afforded the opportunity not only to observe their mentors participating in these activities but also to play an integral role in these organizations. In addition, students serve as members of a number of committees within and outside the Department, including serving as representatives to the Clinical Faculty (as nonvoting members), to the orientation and interview day planning committees, to the Diversity Committee, and to the Search Committee for Department Head (2004).

In addition to these shared professional committees, there are a number of occasions throughout the year for faculty and students to socialize more informally.

E3. Respect for cultural and individual diversity. Our faculty model respect for diversity in a variety of ways: in their formal and informal interactions with students, in the design and conduct of courses, the design and implementation of their research, the recruitment of students and faculty, and their involvement in local and national organizations and initiatives that foster diversity within the field. We strive to be inclusive in our everyday decision-making, for example ensuring that when colloquium schedules are developed they include both male and female presenters and those of ethnic minority background, or choosing diverse groups of participants for committee service or as student representatives. As discussed in Domain D, the Department has engaged in multiple large-scale initiatives over the past few years that are focused on issues of diversity. In addition, given that people of good intention often fall short of ideal behavior, the Dean, Department Head and DCT are all open to discussing challenging diversity issues with the individuals involved. If reasonable efforts at informal resolution fail, they will initiate more formal disciplinary proceedings according to the Student Code of Conduct if there is concern about a student's behavior (see Appendix A) or according to the Faculty AAUP Contract if there is concern about a faculty member's behavior (see Appendix A).

E4. Notification of policies, procedures and evaluation. Entering graduate students in our Department (both Clinical and Experimental) are required to attend a two-day departmental orientation in which they are provided with information about the program and University. We intentionally hold a unified orientation program for all of our doctoral students, to inculcate them into a culture in which there is an expectation of an extensive interchange between students and faculty in the clinical and experimental training programs. They are each given a copy of the departmental graduate student Handbook, which provides explicit statements of degree requirements and of criteria for determining whether a graduate student is making satisfactory progress in the program. The handbook also addresses conditions under which students would be considered for termination from the program, and the procedures for termination (Appendix A).

The orientation provides extensive coverage of the policies, procedures and items of information about the Department and the University. For example, the orientation schedule for 2009 called for introductory remarks by the Department Head; information about funding and general program requirements by the Directors of Clinical and Experimental Training; a description of the Clinical Training Program requirements and expectations by the DCT (for clinical students only); a discussion of APA Ethical Principles, the University guidelines regarding harassment and discrimination, grievance procedures, the Family Educational Rights and Protection Act (FERPA), and the role of the ombuds office; expectations about professional behavior and teaching assistant duties; research policies at the University, including IRB requirements; resources for students at the University; a panel discussion with students in the program; an opportunity to have more advanced students guide our incoming class through registering for Autumn Quarter classes and getting identification cards; and a social gathering. Thus, our orientation provides students with basic program information as well as the opportunity to socialize with their peers, more advanced students, and faculty. A copy of the binder that students receive at orientation can be made available for the site visitors.

All students receive written feedback on their performance in the program in the Summer following each academic year. (We choose to do this in the summer months to ensure that all students have completed their clinical practica from the previous academic year and that, therefore, we have access to all applicable written records.) This letter reflects the impressions of the mentor as well as all faculty who have served in a supervisory or teaching capacity for that student. (Information for this letter is drawn from biannual written evaluations from clinical

practicum sites, written evaluations from supervisors of TA or independent teaching assignments, written evaluations of performance during thesis and dissertation defenses, a current CV and transcript, and an annual discussion amongst the faculty about the progress of each student.) A major component of the letter is the degree to which the student has followed his or her proposed training plan. The letter is given to the DCT to review and place in the student's permanent file. By vote of the Clinical Faculty, in the event that mentors fail to turn in written annual evaluations of their students and to meet with them to review the evaluations, they will not be eligible to recruit a new student in the following year. If concerns are raised about a student's performance (either in terms of academic aptitude, work habits, interpersonal concerns or failure to make adequate progress on degree requirements), the letter also details a remedial plan to which the student will need to adhere.

If there are substantial concerns about a students' progress in earlier quarters of the year that are not ameliorated by discussions with the mentor, the DCT may participate in making recommendations for remediation before the difficulties become more pronounced. If more serious problems exist that suggest a need for probation within the program, the DCT works with both the mentor/training committee and the student to outline a clear plan as to how the student can return to good standing in the program, a timeline by which specific events are to occur in order for the probation to be terminated (as discussed in the Student Handbook, Appendix A), and a date on which the student's standing will be re-evaluated. Once a student has met all the terms of his or her probation, a letter will be placed in the file by the DCT documenting the student's return to good standing.

Sections of the Appendices related to documentation of student progress:

Student Handbook	Appendix A pp. A-9 ff
Graduate Handbook	Appendix A see link on p. A-1
Sample training plans	Appendix C
Placement agreement form	Appendix H pp. H-8 ff
Evaluation of placement performance	Appendix H pp. H-2 ff

Our annual evaluation letters contain protected and identifiable information and thus cannot be included in this document. Sample letters will, however, be available to the site visitors.

E5. Student complaints or grievances and records management. We are not aware of any formal student complaints or grievances against the program or individuals associated with the program since the last accreditation visit. We are prepared to keep a log of complaints and grievances should they occur, per Implementing Regulation C-12, and to maintain original records of all such events throughout the accreditation period.

No Domain E issues have been noted by the Commission on Accreditation.

Domain F: Program Self-Assessment and Quality Enhancement

F1a. Effectiveness in achieving program goals and objectives. We present data in Appendix J to demonstrate excellent effectiveness in 1) meeting our overall program goals articulated in Domain B and 2) ensuring that each individual student's success in attaining each competency is tracked and that any performances that fall below minimally acceptable thresholds for competency are handled in a systematic fashion. (We have presented individual

students' performances in great detail in order to be responsive to the suggestion following our last accreditation review that we had not documented sufficiently each student's attainment of the core competencies.) In order to make the correspondence between Domains B and F completely clear, the data are arranged in outline form, showing each of the program goals, objectives and competencies in the order in which they are presented in Domain B, interleaved with the appropriate outcome data. Please refer to Appendix J / pages J-2 ff for detailed data on proximal outcomes and pages J-11 ff for distal outcomes. The proximal outcome data are drawn from: student transcripts, annual evaluations from mentors (which include a current CV), ratings of students' placement performances, performance on the qualifying examinations (Clinical MQE and Written MQE), and ratings of the quality of thesis and dissertation defenses. Sample ratings forms that were used to collect certain of these data appear in Appendix H. The distal outcome data are drawn from: our annual tracking of graduates' employment and licensure status for purposes of C-20 reporting and our own internal program evaluation (solicited electronically), information available in the public domain from agencies of employment or licensing boards, and a survey that our department conducted in 2007 of individuals who graduated in the years 2000 through 2006 that asked about professional roles and employment related to our aims as well as opinions about the quality of the doctoral program. The survey that was administered as well as a complete summary of the resulting data are presented in Appendix J. We typically conduct large-scale surveys of our program graduates approximately every 3 years; we plan to repeat this type of data collection again in early 2010. It is our experience that conducting more frequent surveys is not particularly helpful because 1) we do not want to burden our graduates or lead them to be less responsive to our requests for data and 2) the sample of graduates who are eligible to participate does not change very dramatically in a single year.

While it was not appropriate for students to assist in compiling data based on their peers' grades in class or ratings of other academic requirements, the DCT did work with students in summarizing information from more public data such as CVs for the present report, and the overall proximal and distal outcomes are shared with students. Students have always participated in designing and interpreting the results of our surveys of program graduates. We also have student representatives to the Clinical Faculty who help to refine our goals and objectives and our data collection strategies.

The outcome data that we collect are vital to our ability to meet our objectives. We are highly invested in the achievements of our current students and always learn from examining their performances. For example, through our data collection we may decide 1) that refinements need to be made to our aims and goals (e.g., we will be discussing this year whether we want to have more extensive goals for competency in diversity, which would lead us also to modify certain aspects of our data collection); 2) that we should provide resources for our students to achieve at a more ambitious level in certain domains (e.g., the present data serve as a reminder that while our students have been highly successful in attaining local and regional research grants and awards, we would like to encourage them to apply more frequently for federal funding); or 3) that we need to modify our data collection procedures to maximize our self-assessment processes (e.g., the data in this self-study have demonstrated that, while we are doing a reasonable job of teaching certain important competencies, such as diversity, supervision and consultation, our assessment tools at present provide more information about *lack* of an observed difficulty in these domains than they do about the *presence and quality* of learning).

F1b. Effectiveness in the process of graduate education and professional training

In addition to determining the degree of our success in meeting program goals and objectives, we are dedicated to ensuring that the program runs as smoothly as possible for the benefit of our students and faculty and that the entire departmental community is able to participate and contribute to the enhanced quality of the training program. We regularly collect qualitative data from our students about their satisfaction with the program and suggestions for change. Course evaluations are collected each academic quarter for each class that was taught. Both students and faculty are asked each year to rate the department leadership (Department Head, Director of Clinical Training, Director of Experimental Training, and Director of Undergraduate Studies) and the staff in their job performance. Every year or two, the students are asked to participate in a "gallery walk" that lets them record and discuss their impressions of the program strengths and weaknesses and to communicate suggestions to the department faculty. The gallery walk is conducted by graduate students (to give them leadership experience and also to allow the students to feel that they can make comments without faculty present). The structure for the gallery walk is designed by the student leaders together with the Department Head and Program Directors. The survey of program graduates in Appendix J also had a component that solicited qualitative comments about strengths of the doctoral program and areas for improvement. Each time we conduct these evaluations, we learn that the vast majority of our students are happy with their experiences in the program and with most of their coursework and interactions with faculty. Each time too, we gain valuable suggestions about aspects of the curriculum, aspects of the mechanics by which students progress through the program, or the student-faculty dynamics that would benefit from modification. The qualitative data that have been collected from each of these sources is quite extensive and difficult to summarize concisely in the present document. The site visitors are welcome to review the available data.

F1c. Procedures to maintain current achievements or to make program changes as necessary. It is our belief that the keys to maintaining and enhancing our achievements are to 1) continue to make the recruitment of high quality students a priority; 2) take every opportunity to increase the diversity within our department; 3) support our current mentor model of training, which has led to excellent outcomes in terms of student achievement and satisfaction; 4) provide our faculty and students with feedback and efficacy data about program achievements so that each person can appreciate his or her contributions to the whole; and 5) maintain frequent and open communication between students and faculty about program expectations, areas of improvement, and challenges and opportunities that the program, the department and the university face which impact everyone in our community (e.g., the budget cuts that are common to nearly every university in the present economy; individual questions about aspects of our pending move to a new building).

The instructions request that we describe a specific example of how outcome data have led us to make program modifications and how these modifications have been evaluated. One example of this process is the EMERGE program that we held this summer to enhance the training of ethnic minority undergraduate psychology majors. It has been our ongoing experience that we do not receive as many applicants to our doctoral program as we would like from ethnic minority students and, furthermore, that those we do receive are often of insufficient quality to consider for admissions. After years of monitoring our admissions statistics, we decided that we needed to take steps to increase our ethnic minority applicant pool and also to improve the quality of that pool. The EMERGE program was described in detail in Domain D. We are already aware that certain of the students who participated, some from the local region and some from other states, intend to submit applications to our program this winter. We will

soon be monitoring how many EMERGE students apply and/or are successfully recruited to our doctoral program, whether their applications are superior to those that we have seen in the past because of the extensive preparation that they received, and also whether there are changes in the application rates from the institutions from which we drew students for this program. During the site visit, we will have already collected at least some of these outcome data.

F2a-e. Program monitoring of local and national standards. We closely monitor the University's mission and goals. When the current goals (UC|21; see Appendix A page A-1) were articulated, members of our Clinical Faculty and others of our faculty were extensively involved in subcommittees that developed most of the domains of emphasis. As we consider program initiatives, we always explore how they articulate with our departmental and college missions and with UC|21 specifically. We are aware of local, regional and national needs for psychological services, and we have developed our program to include areas of emphasis training that are recognized as specialties by the APA Commission for the Recognition of Specialty Practice and Professional Psychology (CRSPPP) and are areas of rapid growth in terms of job availability. Many of our program faculty, for example Drs. Monica Mitchell, Farrah Jacquez, Kathy Burlew, and Bridgette Peteet are directly involved in studying service provision in underrepresented local populations. (Their CV's can be found in Appendix D.) Many of our faculty are directly involved in the development of state and national standards for professional practice, and they are able to bring this information back to the Clinical Faculty for discussion. To give just a few of many possible examples, Dr. Burlew serves on the Ohio Board of Psychology and is closely familiar with relevant state legislation and information from the Association on State and Provincial Psychology Boards. Dr. Mitchell serves on the APA Committee on Children, Youth and Families. Dr. Shear has participated in the development of national training guidelines for neuropsychology (delegate to the Houston Conference, 1997; current member of the steering committee for the Interorganizational Summit on Education and Training, to provide a re-evaluation of the Houston guidelines) and will be contributing to the upcoming CRSPPP renewal application for Clinical Neuropsychology. Our core and affiliated faculty serve on review groups for federal grants; as editors, associate editors and editorial board members for major psychological journals; and hold past or present elected offices or committee appointments on the Executive Committees of several APA Divisions and other national professional organizations. To summarize, we are well aware as a faculty of national trends in training and practice, as well as the evolving body of scientific and professional knowledge that serves as the basis of practice, and we use this knowledge to provide our students with expert guidance about career planning and to ensure that we continue to frame program goals that are contemporary and appropriate.

In terms of opportunities for the faculty to conduct self-evaluation, our department holds monthly meetings of the general faculty, for which meeting minutes are available. The Clinical Faculty also meets monthly, and minutes are available from these meetings. The departmental Executive Committee (Department Head and all undergraduate and graduate program directors) meets monthly. Annually, the department holds a day long retreat that is focused on an aspect of program evaluation. As mentioned earlier, the retreat this year was centered on diversity issues.

Our responses to previous feedback from CoA has been addressed in previous sections of this document. Briefly, we have made progress as requested in exposing all students to knowledge and/or skills in consultation and supervision and have included the program's accreditation status and CoA identifying information in all program public documents. In terms of the recommendations for Domain F, we have improved our monitoring of core competencies for

all individual students and have developed means to obtain more inclusive proximal outcomes across practica and systematic distal outcomes, as illustrated in the outcome data presented in Appendix J. No new CoA concerns have been brought to our attention since the last accreditation review in 2003. We have reviewed implementing regulation D4-7, and we believe that this self-study clearly documents that we have met or exceeded all of the thresholds for student achievement outcomes in doctoral programs that have been set forth by the Commission on Accreditation.

Domain G: Public Disclosure

G1 and G2. Program documents. The Clinical Training program demonstrates its commitment to public disclosure by providing descriptive material to prospective applicants that allow them to make informed decisions about applying to or entering the program. All information about the program is provided on our website. As of this writing, we are continuing to update our admissions paperwork on the web for the 2010 application cycle, but this will be completed by the time of our site visit. In addition, the handbook is provided to matriculating students during their orientation to the program. These materials provide applicants with all C-20 data, our admissions requirements (in the Handbook), a list of faculty who plan to recruit students in the coming year, contact information for applications with questions, information about our accreditation status, and the address and telephone number for CoA.

Information available to program applicants:

Document: Graduate Handbook	Appendix A / Pages A-2 ff, also available as download from our website
Document: Program Website	Link appears on Appendix A / Page 1
Document: C-20 Table	Available on our program website
	Link appears on Appendix A / Page 1
Accreditation Information	Graduate Handbook p. 1 and Program Website

No Domain G issues were noted by CoA since our last accreditation review.

Domain H: Relationship With Accrediting Body

H.1-3. Since the last application for renewal, there have been no instances of program departure from the accreditation Guidelines and Procedures. There have been no changes in the institution, mission or resources, or doctoral program's practices that have negatively influenced the quality of the students' training or the quality of the faculty, and no such changes are anticipated in the foreseeable future. One event that CoA may want to be aware of is that the University of Cincinnati will be transitioning from a quarter system to a semester system in 2011. There will not be changes to the content of our curriculum, although we will need to make changes to which aspects of the material are covered under which course numbers, and the numbering system for all courses in the College will change. There has been no correspondence with CoA aside from the required annual evaluations, which have all been completed. All fees to APA have been paid.

At the time of our last accreditation review, CoA correctly noted that we did not have complete APA contact information on our handbook and website. That problem was corrected promptly, and no new Domain H concerns have been raised since that time.