

Doctoral Program in Clinical Psychology
Department of Clinical and Health Psychology
University of Florida
2007 - 2008 Self-Study

Domain A: Eligibility

A1. The Doctoral Program in Clinical Psychology at the University of Florida educates and trains its students "to generate and integrate scientific and professional knowledge, attitudes and skills so as to further psychological science, the professional practice of psychology, and human welfare. The graduate of this training model is capable of functioning as an investigator and as a practitioner, and may function as either or both, consistent with the highest standards in psychology" (National Conference on the Education and Training of Scientist-Practitioners for the Professional Practice of Psychology, 1990, pp. 7-8). Our departmental mission statement [Appendix 1] directs us to "educate tomorrow's leaders in Psychology in the scientist-practitioner tradition, advance psychological service, and improve the health and quality of life of all people through excellence in research, education, and health service delivery." Our doctoral program aspires to achieve excellence in clinical and research training and to advance psychological science and practice through involvement of faculty and graduate students in cutting-edge academic and professional activities. Our faculty and students hold leadership positions in professional organizations, and advocate for critical initiatives affecting the future of professional psychology and the psychological welfare of individuals, families, groups, and communities.

A2. The program is administered by the Department of Clinical and Health Psychology in the College of Public Health and Health Professions at the University of Florida Health Science Center. The University of Florida is one of only 17 public, land grant universities that belong to the Association of American Universities. It was 5th among all universities in royalty income and 10th in number of patents awarded in 2004. The University is emerging as a major research institution. In 2005 – 2006 UF was awarded \$518.8 million in total sponsored research funds, which is more than all the other Florida universities combined. UF is #1 among public schools and #2 overall for recruitment of National Merit Scholars. Only Harvard ranks higher. With approximately 50,000 students and a 2000-acre campus, it is the fourth largest university in the nation. The University of Florida was ranked by *U.S. News & World Report* as the 13th best public university and 47th overall among both private and public "National Universities" (2006). The 2006 Academic Ranking of World Universities lists the University of Florida as 53rd among world universities based on research output and faculty awards. The Graduate School coordinates almost 200 graduate programs. Professional degree programs include law dentistry, medicine, pharmacy and veterinary medicine, all of which are housed in independent colleges within the UF Health Science Center along with the Department of Clinical and Health Psychology and other programs within the College of Health Professions. The University has one of the largest graduate programs in the nation. Indeed, in the 2004 – 2005 academic year, the University of Florida was ranked 4th, among public and private universities in the number of doctoral degrees awarded. Our program is contiguous with the Shands Hospital and the VA Medical Center comprised of over 900 beds and associated ambulatory services.

A3. The Department of Clinical and Health Psychology (CHP) receives partial funding from the State of Florida to support the doctoral program, which is the major academic mission of the department. Other departmental programs include an APA accredited internship [accredited since 1953]. The department also runs the Psychology Clinic, which serves as the major clinical training site for students in the program and as the psychology service for the Shands Hospital and the entire Health Science Center. The emphasis on education and training in science and practice is a core component of the CHP Mission Statement (Appendix 1), consistent with the missions of the College of Public Health and Health

Professions and the Graduate School (Appendix 2). The program accepts 12-15 students per year, for a total current student body of 83, as of the 2007 summer term. Beginning in the fall of 2007, the department will also offer incoming students who desire a predominately research/academic career the opportunity to participate in our newly instituted Clinical Science track.

The administrative structure of the program is unique in that it resides in an independent Department of Clinical and Health Psychology in a major academic health science center, rather than in the more common location in a College of Liberal Arts and Sciences. The interim dean of the College of Public Health and Health Professions is Michael Perri Ph.D., ABPP, a psychologist, and the Department Chair is Russell Bauer, Ph.D., ABPP. Responsibility for the program is shared by 33 core faculty and additional affiliate faculty whose responsibilities include teaching graduate courses, research mentorship, clinical supervision, and academic advising. Faculty activity in the departmental programs is governed by a "Faculty Core Responsibilities" document (Appendix 3), which has been in place since May 2000. All tenure-track faculty participate in the research, didactic, and clinical aspects of the program thus reflecting, and modeling, the integration of science and practice on a day-to-day basis. Decision-making regarding curricular development and regarding evaluations of program performance and student progress is thus accomplished by those most experienced in implementing the actual program, and is not shared with a broader non-program faculty as may be typical in other psychology departments. A departmental Executive Committee meets weekly to identify and focus on issues for faculty discussion and to prepare the agenda for the general faculty meetings that take place two times a month. This committee is comprised of the Chair, the Program Director (who is also Associate Chair for Academic Affairs), the Associate Chair for Research, the Clinic Director (who is also the Associate Chair for Clinical Affairs), and the Departmental Business Manager.

For the doctoral program, the chair delegates administrative authority to the Program Director, James H. Johnson, Ph.D., ABPP/Child, who assumed this position in January 2007. The Director chairs the Departmental Curriculum Committee and works collectively with faculty, students, staff, the Graduate School, other clinical psychology program directors, and other national groups for ongoing program management and leadership. Formal internal mechanisms for input include regular faculty meetings, a training blog (<http://www.CHPtrainingblog.com>), regular meetings with student groups, monthly meetings with student representatives, and yearly program reviews. In addition there are three standing committees that play significant roles in program administration: the Admissions Committee, the Curriculum Committee and the Clinical Progress Committee. The Admissions Committee reviews applicant folders, selects candidates for the recruitment weekend and makes final admissions decisions after input from those involved in the interview process. Any faculty member may serve on the admissions committee. The committee consists of representatives from each of the department's areas of concentration. The Curriculum Committee consists of a faculty member elected from each area, an appointed "at large" faculty member and four students (one of whom is selected as an advocate for diversity). This committee meets twice monthly, monitors the curriculum, focuses issues for discussion by faculty, and makes final decisions regarding curriculum policies. The Clinical Progress Committee reviews each student's clinical/professional development on an annual basis, and makes recommendations to the faculty and program director regarding the student's clinical training progress and skill level. The committee uses student activity logs, faculty clinic supervisor evaluations, and other pertinent information to make its evaluations and recommendations. In addition, this committee has been used to identify and monitor the progress of individual students with special needs. Ad hoc committees are formed as needed. When formed, these committees typically include student members (e.g., Core Clinical Competencies; Committee on Psychotherapy Training). Students are reviewed by the faculty in a formal evaluation meeting at the end of each semester as well as during a year-end review meeting.

A4. The program requires at least four years of full-time in-residence study plus completion of an internship for a total of 100 - 111 credit hours depending on the specific track (e.g., scientist-practitioner; clinical science), area of concentration/minor, and required electives chosen by the student. The residency policy is more stringent than the corresponding Graduate School policy, which requires 30 hours in residence at the University of Florida main campus beyond the first 30 hours counted toward the doctoral degree. If the student enters with a master's degree, a minimum of 2 years of academic study on campus is still required. In accordance with Graduate School policies, students who enter with masters' degrees are eligible for obtaining up to 30 graduate credits toward their doctoral degree. Credit transfer is achieved through individual syllabus review conducted by the Program Director and faculty instructor, with the goal of determining that the completed coursework conforms to content and standards for completion of required courses within the program.

A5. The University of Florida is an Equal Opportunity Employer. The Department of Clinical and Health Psychology is committed to respect for and understanding of individual and cultural diversity. This commitment is reflected in our didactic and clinical training, which promote an understanding of issues of individual and cultural diversity as related to the practice of psychology. It is also reflected in our research training, which promotes appreciation of, and concern for, investigative efforts that serve underserved, disabled, or disadvantaged populations. This commitment is also reflected in our policies for the recruitment, retention, and development of students, interns and faculty. Departmental faculty members participate actively in college- and university-wide programs (e.g., the Minority Mentor Program) designed to recognize and stimulate success among the diverse populations represented in the student body.

A6. As described more fully in Domain G (Public Disclosure), the following documents contain the policies and procedures of the program and university: CHP Student Handbook (Appendix 4), UF Graduate Student Handbook (Appendix 5), UF Graduate Catalog (Appendix 6), Contents of the Clinical and Health Psychology Website (Appendix 7). Portions of the Faculty Handbook (the entire document can be found on the UF Website at <http://www.ufl.edu>) are found in Appendix 8. Program policies are consistent with policies set forth by the Council of Graduate Schools.

Requested Policies/Procedures

Item	Appendix	Page #
Student selection	7	10-11
Academic preparation and admission requirements	7	10-13
Administrative and financial assistance	4, 7, 6	4(14-15);7(13-14)
Student performance evaluation, feedback, advisement, retention	4, 5, 14, 24	4 (10,25-26,78-80);5(36-37)
Student termination	4, 5	4(26);5 (
Due process	4, 5, 8	4(75-76);5(48-51);8(10)
Grievance policies for students and faculty	4; 5, 8	4(75-76);5(48-51);8(10)

Domain B: Program Philosophy, Objectives and Curriculum Plan

B1. The Departmental Mission Statement indicates that our overall goals are to: (a) educate leaders in Psychology within the scientist-practitioner tradition, (b) advance the science of psychology through original research, and (c) strive to improve health and quality of life through excellence in research, education, and health service delivery. A longstanding philosophy that has driven these goals is

embodied in the policy statement that emerged from the National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology, held in Gainesville on January 16-20, 1990. Here it can be noted that the department's programs reflect our efforts to teach students how to think scientifically about clinical problems, how to provide clinical service with skill and appreciation for the highest ethical and professional standards, how to evaluate the impact of clinical services using empirically-derived methods, and how to advance psychological knowledge through research and scholarship. This philosophy is also explicitly stated in handbook materials that students receive during initial orientation in the program (Appendix 4). The overall philosophy of the educational program is consistent with that of the Mission Statements of the College, Graduate School, and University contained in Appendix 2.

As noted earlier, beginning in the fall of 2007, our program will offer our incoming doctoral students the option of participating in our newly developed Clinical Science track. Training within the clinical science model is designed to be consistent with the model of training advocated by the Academy of Psychological Clinical Science in that it is designed to provide students with intensive mentor-based training for purposes of preparing for an academic/research career.

This track emphasizes the acquisition of research skills, training in scientific methods and technologies to better understand behavior problems, psychopathology, wellness and psychological adjustment to illness, and to develop evidence-based assessment and treatment methods. Within this context, students are provided with supervised clinical training experiences sufficient to develop those competencies required for licensure as a clinical psychologist and which are of sufficient to inform the trainee's research activities.

In the clinic science track, more time is dedicated to research and less time is spent in supervised practicum with the general faculty, compared to student in the scientist-practitioner track. Advanced clinical training is more focused on patient populations and methods in the student's area of research interest. The track follows a strong "mentorship" model in which the faculty mentor is a more active participant in the admissions process, and is the student's overall academic and research supervisor wherein the student's primary research training is accomplished in his/her mentors' laboratory.

The curriculum plans, described more specifically in B3 below, (a) provide broad grounding in the substantive core areas of psychology, (b) develop general clinical competencies through an orderly sequence of didactic instruction, general practicum experiences in assessment, intervention, and psychological consultation, (c) develop a knowledge base in critical thinking, scientific methods, and data analysis, (d) provide opportunities whereby students develop the ability and desire to generate new knowledge through research and scholarly activity, and (e) provide clinical and research training in a defined area of concentration, specialty, or minor area of study. In both tracks, the integration of science and practice is achieved in several ways. First, we expose students, in both core and advanced training experiences, to clinical research environments that engage them in activities such as searching and analysis of literature evidence, data collection, program evaluation, instrument development, and outcome research. Second, we encourage students to interact with a variety of faculty mentors in the clinic and the laboratory, and evaluate their ability to apply scientific principles and current knowledge to the analysis of clinically relevant problems. Finally, students in the scientist-practitioner track are required to maintain continuous simultaneous enrollment in both research and clinical activity once the core practicum starts at the beginning of their second year. Faculty members are encouraged to establish their own 'centers of excellence' that blend the scientific, clinical and didactic foci of education in their area of study while supporting the overall mission of the department. Faculty identified with both tracks seek to integrate science and practice as a core responsibility.

The doctoral program is administratively separate from the general Psychology doctoral program in the College of Liberal Arts and Sciences, and is unique in its status as a freestanding clinical psychology program within an academic health science center environment. This administrative arrangement affords students direct access to the patients, professionals, and academic support services of the Health Science Center (HSC) environment and has engendered a strong tradition of interdisciplinary research and clinical collaboration with other HSC colleges, particularly Medicine. In both research and clinical activities, students learn to operate within the interdisciplinary health care team, learn to make contributions to clinical care and research that can be translated into the language of other disciplines, and are exposed to a broad variety of professional role models and clinical problems.

B2. Graduates of the program are expected to demonstrate specific competencies in research and clinical activity to prepare them for licensure and the independent practice of psychology. Graduates are expected to be able to independently contribute to the knowledge base of psychology through the publication and presentation of original research work. They are expected to be knowledgeable consumers of psychological research results, and to have the ability and inclination to engage in lifelong learning by incorporating advances in knowledge into their own practice. They are expected to display competencies in the delivery of a broad variety of assessment, intervention, and consultative services and are expected to be able to design, implement, modify, and evaluate such services in accordance with local needs. Graduates are expected to be cognizant of major sources of individual and group variation and to understand how such diversity affects psychological processes, clinical presentation, and responsiveness to intervention. Graduates are also expected to deliver professional services and to conduct research in a manner that shows dedication to applicable ethical, professional practice, and legal standards.

The educational program builds these competencies behaviorally by requiring students to engage in requisite clinical activities under the guidance and mentorship of a broad base of faculty. The ability to contribute to knowledge through research and publication is fostered through a graded series of research projects and through explicit mentoring in developing products from the research they perform. In the 2006 - 2007 academic year, of 83 students, 29 students (35%) reported publishing at least one paper in a peer-reviewed source, 25 (30%) reported a non peer-reviewed publication, and 40 (48%) reported having a paper "in press". Of those who published a peer-reviewed papers the average number was 2.06 (Range = 1 - 6), of those who reported a non peer-review publication the average number was 1.88, and of students who reported having papers "in press", the average number was 2.3 For the year, it can be noted that a 69% of the students reported having at least one peer-reviewed publication, non-peer reviewed publication, or paper "in press". Core instruction in research and experimental design requires students to learn how to critically evaluate existing research and to communicate their research plan within the context of a formal grant proposal modeled after the NRSA mechanism. Some students go on to actually submit the proposal and to earn NRSA awards. Indeed, it can be noted that 13 of our students have received NRSA awards since 2002. Through the core and advanced practicum sequence, students are required to perform assessments, conduct interventions, and provide consultations across the age span. Careful review of clinical progress, and the keeping and monitoring of clinical activity logs, ensures diversity in caseloads and experiences. Finally, appreciation of applicable ethical, practice, and legal standards is achieved through didactic coursework, directed supervision of clinical material, and modeling by program faculty.

Attainment of these competencies is evaluated through regular programmatic review of student performance and, after graduation, through analysis of alumni performance and activity data. While students are in the program, their research performance is evaluated by the major research mentor, and their clinical performance is evaluated by all faculty who supervised the student that semester. Also, the program faculty conducts annual reviews of student performance in research, clinical activity, and

coursework. Results of this evaluation are individually communicated to each student by the Program Director in a yearly letter of evaluation. Based on individual meetings, formal goals for the next training period are then set.

More detailed information regarding the major goals of our training program, training objectives, desired competencies, and approaches to outcomes assessment are highlighted in the following table.

Goals, Objectives, Competencies, and Outcome Assessment

Goal #1: Prepare students with a broad and general foundation in the science of psychology and a broad and general foundation of coursework representing the underpinnings of the profession of Clinical Psychology.
Objectives for Goal #1: Acquire knowledge of psychology as a scientific discipline and of Clinical Psychology as an area of professional specialization.
Competencies Expected for these Objectives: Develop knowledge reflecting the science base of psychology (e.g., Cognitive Bases of Behavior, Survey of Social Psychology, Survey of Developmental Psychology, Higher Cortical Functioning, History of Psychology, Measurement, Research Design and Statistical Analysis I & II) and core/professional areas of Clinical Psychology (e.g., Introduction to CLP: Professional Issues and Ethics, Clinical Psychological Assessment, Lifespan Psychopathology, Psychological Treatment I)
Appendix & Page Number for Evaluation Forms Used for Goal #1 (if applicable): NA
How Outcomes are Measured and Minimum Thresholds for Achievement for Goal #1: Successful completion of each of the above courses; Threshold for achievement is a Minimum grade of B in course.
Goal #2: Prepare students to 1) independently contribute to the knowledge base of clinical psychology through original research work and 2) to use the results of published research to inform clinical practice.
Objectives for Goal #2 (a): Develop the knowledge, skills, and motivation for research productivity through a graded sequence of research activities that range from those that are closely supervised to those that are relatively independent.
Objectives for Goal #2 (b): Develop awareness and an appreciation for the role of published research findings in guiding clinical practice activities relevant to clinical psychology.
Competencies Expected for these Objectives: Competencies in critically evaluating the literature in areas of research interest; developing research questions that are capable of being subjected to empirical test, competencies in experimental design, subject recruitment, statistical analysis, interpretation of findings, writing up research findings for publication and presentation, and developing skills in grant writing. An additional expectation is the development of competencies in using empirically based research findings to inform clinical practice activities.
Appendix & Page Number for Evaluation Forms Used for Goal #2 (if applicable): Appendix 14: Student Activity Report; Appendix 25: Annual Research Evaluation; Practicum Review and Evaluation Form.
How Outcomes are Measured and Minimum Thresholds for Achievement for Goal #2: Successful completion of grant proposal project within Measurement, Research Design and Statistical Analysis I; Successful oral defense of First Year Research Project/Master's Thesis and Dissertation; Publication and/or presentation of First Year Project at national/regional meeting; Publication or presentation at a national or regional meeting of empirical research beyond the First Year Project and Dissertation; Semester and Annual research evaluations by mentor; Annual review of research activities by faculty, Qualifying Exam performance documenting ability to

<p>highlight the evidence base for clinical practice. Supervisor practicum evaluation ratings relevant to implementing empirically supported clinical method in clinical practice. Minimum threshold for achievement of Goal 2# is a successful oral defense of both the First Year Project and Dissertation, Satisfactory Annual research evaluation by research mentor.</p>
<p>Goal #3: Prepare students with sufficient knowledge and skill-based competencies in clinical activities to allow them to compete successfully for admission to APA approved internship placements, to obtain licensure, and to have entry level skills for the independent practice of psychology.</p>
<p>Objectives for Goal #3: Students will demonstrate skills in the delivery of a broad variety of assessment, intervention, and consultative services and the ability to design, implement, modify, and evaluate such services.</p>
<p>Competencies Expected for these Objectives: It is expected that students in the program will develop competencies in conducting diagnostic interviews with children/adolescents/parents and adults, the administration, scoring, and interpretation of commonly used evidence-based measures of development, intelligence, achievement, adaptive behavior, and personality/behavioral. Students are likewise expected to develop competencies in the evidence-based treatment (predominately cognitive-behavioral in nature) of children, adolescents and adults displaying a broad range of psychological/behavioral difficulties. In addition, students are expected to develop competencies in the consultation with physicians, other health care professionals, and adults and children (and their families) displaying a wide range of health related problems.</p>
<p>Appendix & Page Number for Evaluation Forms Used for Goal #3 (if applicable): Appendix 25: Practicum Review and Evaluation Form; Clinical Contact Logs; Alumni Survey; Anonymous Doctoral Program Review.</p>
<p>How Outcomes are Measured and Minimum Thresholds for Achievement for Goal #3: Development of competencies in the above areas is measured by various methods including: grades in core courses related to assessment and intervention, ratings of assessment, intervention, and consultation skills (as well as ratings on rapport building, report writing, verbal case presentations, etc.) provided by clinical practicum supervisors. Competency determinations in the above areas are also addressed by annual Clinical Progress Committee reviews which assess assessment, intervention, and overall clinical performance and Annual Faculty reviews of student's clinical performance in the program. The number and variety of clinical cases and contact hours in the areas of assessment and treatment are also reviewed quarterly by the program director. Programmatic outcomes are determined via anonymous alumni surveys designed to assess the adequacy of the program in preparing students to function effectively in these areas upon graduation. Minimum Thresholds for Achievement for Goal #3 include successful completion of core courses in the areas of assessment and treatment (Grade B or above), satisfactory ratings by clinical supervisors of performance in the areas of assessment, treatment, and consultation (along with satisfactory general clinical skill ratings) as well as satisfactory ratings in the areas of assessment and treatment by the Clinical Progress along with successful attainment of an APA-accredited internship placement.</p>
<p>Goal #4: Prepare students with knowledge and skills to enable them to make specialty-specific professional contributions through participation in a formally defined clinical research and/or practice area that builds on prior broad and general training in clinical psychology.</p>
<p>Objectives for Goal #4: Students will develop competencies through advanced study in an area of concentration or minor that provides both socialization into, and substantive training in, a psychological specialty practice area or defined area of research focus that will involve didactic classroom-based learning, participation in advanced specialty practica, and research involvement</p>

in the specialty area.
Competencies Expected for these Objectives: It is expected that students pursuing specialty training in the above areas will develop clinical (e.g., assessment, intervention, consultation) and research competencies in working with specific age groups (e.g., children and adolescents), individuals with specific types of problems (e.g., health related difficulties), specific clinical approaches (neuropsychological assessment), specific research foci, or various combination of these elements.
Appendix & Page Number for Evaluation Forms Used for Goal #5 (if applicable): Appendix 14: Student Activity Report; Appendix 25: Practicum Review and Evaluation Form; Clinical Contact Logs.
How Outcomes are Measured and Minimum Thresholds for Achievement for Goal #5: Competencies will be assessed by passing grades in didactic courses and advanced specialty practica, required by the area of concentration selected, by practicum supervisor ratings of clinical performance in advanced specialty practica, by Clinical Progress Committee reviews of specialty specific practicum performance, by participation in weekly area research seminars, and by the successful completion and publication/presentation of research projects (First Year Research Project/Master's Thesis, Dissertation, other research) related to the area of concentration. Minimum Thresholds for Achievement includes passing grades (B or above) in all required AOC courses and specialty practica and the completion of at least one completed research project related to the area of concentration.
Goal #5: Prepare students to be cognizant of major sources of individual and group variation and to understand how such diversity affects psychological processes, clinical presentation, and responsiveness to intervention.
Objectives for Goal #5 (a): With respect to clinical training, a specific objective is that the student will have assessment and intervention experiences across the life span and these experiences should be reflective of a range of human diversity, such as individual, gender, sexual, cultural, ethnic and racial diversity. Objectives for Goal #5 (b): An additional objective is that students, as a result of their training, be both sufficiently knowledgeable and motivated to infuse a consideration of individual and cultural diversity into their clinical activities and professional activities.
Competencies Expected for these Objectives: It is expected that students will be non-discriminating and show respect for staff, colleagues, and patients from diverse backgrounds, will be able to appropriately consider diverse patient backgrounds in the selection administering, and interpretation of assessment measures and in the selection and implementation of culturally sensitive approaches to intervention, as is appropriate.
Appendix & Page Number for Evaluation Forms Used for Goal #5 (if applicable): Appendix 25: Practicum Review and Evaluation Form; Clinical Contact Logs; Anonymous Doctoral Program Review.
How Outcomes are Measured and Minimum Thresholds for Achievement for Goal #5: Diversity of caseload is monitored quarterly through review of clinical logs by the Program Director, and yearly by the Clinical Progress Committee. Grades in courses with sections focusing specifically on diversity, supervisor practicum evaluation ratings and the qualifying examination performance assessing student knowledge and awareness of diversity issues and implications for clinical practice. Programmatic outcomes are determined via an anonymous alumni survey designed to assess the adequacy of the program in preparing students to appropriately considering issues of individual and cultural diversity in professional activities upon graduation.
Goal #6: Prepare students to deliver professional services to patients and conduct research in a

manner that shows dedication to applicable ethical, professional practice, and legal standards.
Objectives for Goal #6 (a): Students will be exposed to current APA Ethics Guidelines as well as state legal statutes that govern the professional activities of psychologist.
Objectives for Goal #6 (b): Students will be able to apply knowledge of ethical and legal standards into practice in both clinical and research situations.
Competencies Expected for these Objectives: Expected ethical and legal competencies will include, having knowledge of ethical and legal standards for psychologists, being able to identify professional ethical and legal dilemmas, being able to relate ethical dilemmas to potentially relevant ethical principles, and demonstrate high standards of ethical/legal behavior in the provision of clinical activities , research, and professional interactions.
Appendix & Page Number for Evaluation Forms Used for Goal #6 (if applicable): Appendix 25: Annual Research Evaluation; Practicum Review and Evaluation Form; Anonymous Doctoral Program Review.
How Outcomes are Measured and Minimum Thresholds for Achievement for Goal #6: Ethical behavior is monitored throughout graduate training via performances in courses that have specific sections on ethics, through practicum supervisor evaluations of professional behavior that are completed at the end of each rotation, through faculty research evaluations completed each semester and at the end of each year, and through annual Clinical Progress Committee review. Programmatic outcomes are determined via an anonymous alumni survey designed to assess the adequacy of the program in preparing students to function effectively in the area if ethics upon graduation.

B3. The formal Curriculum Plan and Program Requirements Summary for the Scientist-Practitioner and Clinical Science tracks are presented in Appendix 9. The overall plan for each track consists of five basic components, which vary with regard to the relative emphasis on advanced training in research and clinical activities: **First**, all students undertake a core curriculum that provides coverage of the core substantive areas of assessment, intervention, psychopathology, ethics and professional issues, research design/statistics, and psychological measurement. In the core, students are also exposed to the current body of knowledge in foundations of psychology (biological bases of behavior, cognitive/affective bases of behavior, social aspects of behavior, history/systems, and developmental bases of behavior). **Second**, students are engaged in practicum training beginning in the third semester and, depending on the training track with which they are identified (scientist-practitioner, clinical science), continue to be involved to varying degrees in relevant practicum experiences, culminating with the intensive one-year internship that is usually taken during the last year of training. Starting with the third semester, they participate in a three- (clinical science) or four- (scientist-practitioner) semester core practicum experience that provides basic clinical training in assessment, intervention, and consultation. The core practicum features rotations in health/medical psychology, clinical child/pediatric psychology, clinical neuropsychology, and mental health, with students in the Clinical Science track participating in three of the four rotations, determined through consultation with their mentor. Students in the Scientist-Practitioner track also completing an additional practicum in primary care psychology during their third year. Once the core practicum has been successfully completed, students continue to enroll for at least 1 credit in multiple terms (Scientist-Practitioner program – 5; Clinical-Science – 2) in advanced intervention practicum where they carry an ongoing caseload of psychotherapy cases. During this period, they are expected to engage in a *minimum* of two therapy contact hours per week, and are expected to document their clinical experiences by maintaining clinical activity logs. **Third**, students engage in advanced study in an area of concentration (Scientist-Practitioner; Clinical-Science track) or minor (Clinical-Science track) that provides both socialization into, and substantive training in, a

psychological specialty area or area of research focus. The department offers areas of concentration in clinical child/pediatric psychology, clinical health psychology, clinical neuropsychology, and emotion neuroscience and psychopathology. Students may also individually design an area of concentration (e.g., aging, forensic psychology, public health policy) that is approved and administered by the supervisory committee. The area of concentration or minor requires from 12-19 credit hours (Appendix 4; pp. 37 - 41), including one or more advanced specialty practica. *Fourth*, students are engaged in research activity every semester of matriculation. During the first five semesters, they engage in a first-year project designed to provide a mentored research experience that leads to a formal presentation at a departmental colloquium during the fourth semester. Students are highly encouraged to publish their work and to present it at local, regional, national, or international conferences. During the fifth semester, the formal write-up of the first year project is prepared in thesis form. Successful defense and acceptance by the Graduate School culminates in the awarding of the Master's of Science degree. Notably, of students who entered the program during 2003, 2004, and 2005, 84% reported having either published their first year project or having presented it at a national scientific meeting. Likewise, after obtaining their Master of Science degree, students develop an independent research focus that, under the guidance of a supervisory committee, leads to the doctoral dissertation. The *final* component of the curriculum consists of advanced program electives, including an advanced statistics course and one advanced course in psychological intervention, among others. Although some of the curricular components are "sequenced" (e.g., the core takes place before advanced training), others run simultaneously or "in parallel" (e.g., the simultaneous involvement in research and clinical practicum experiences).

The core curriculum provides instruction and experience in the foundations of psychology, in the scientific, methodological, and theoretical foundations of professional psychological practice, and in the theoretical and methodological foundations of psychological assessment, measurement and intervention. All courses in the curriculum address issues of cultural and individual diversity in a manner consistent with the course topic. Appendix 23 provides course syllabi along with specific descriptions of how this is accomplished within each course. As examples, psychopathology courses specifically address diversity in symptomatic presentation, prevalence, and approach to assessment/diagnosis. Assessment courses address issues of appropriate normative standards, content validity, and examiner-examinee differences.

New developments in the curriculum have focused on maximizing the strengths of our setting and faculty and on providing new instructional alternatives designed to enhance the integration of science and practice. For example, we offer several integrated clinical/research experiences as advanced specialty practica. In these practica, students are exposed to specific clinical research populations and have the opportunity to participate in both empirical research and clinical service delivery activities. Two such experiences include Advanced Medical Psychology practica in the area of pain (Robinson) and School-Based Mental Health Services (Weins), as well as others in dealing with children with Pediatric Pulmonary Disorders (Adams), Movement Disorders (Bowers) and empirically supported treatments (Parent Child Interaction Therapy: PCIT) of children with Disruptive Behavior Disorders (Eyberg & Boggs). We offer informal discussion groups between individual faculty and students in which issues relating to the development of professional identity as a clinical psychologist can be more directly addressed and discussed. Topics include discussions about career trajectories, balancing family and professional responsibilities, specific issues affecting female professionals, and other topics as a way of helping students to directly consider and reflect upon personal choices they must make in forging an identity as a professional psychologist. A professional writing seminar is regularly offered as an advanced elective for interested students. In this seminar, students learn to critique written proposals of other participants, and learn to write more incisively and effectively in response to critical feedback. Other recent additions to the curriculum include a new course in evidence based practice, a course in

outcomes assessment, and a new course in behavioral sleep medicine). Beginning in fall 2007, students will also be exposed to a required introductory online course dealing with core issues in public health as well as a required survey course in epidemiology, offered within the UF College of Public Health. These latter two courses will provide students with a broader perspective as it relates to developing an interdisciplinary view of health related issues.

More detailed information regarding how essential aspects of our training are reflected in the curriculum are provided in the following table.

Curricular Offerings by Area

Elaborate in as much detail as necessary to specifically address how your program provides a curriculum in areas B.3.a-e in the table below:	
Curriculum Area:	Biological aspects of behavior
Required Academic/Training Activity	CLP 6307 Human Higher Cortical Functioning (3 credits)
How competence is assessed	Passing grade (B or better) in CLP 6307
Curriculum Area:	Cognitive/affective aspects of behavior
Required Academic/Training Activity	CLP 7934 Cognitive Bases of Behavior (3 credits)
How competence is assessed	Passing grade (B or better) in CLP 7934
Curriculum Area:	Social aspects of behavior
Required Academic/Training Activity	SOP 6099 Survey of Social Psychology (3 credits)
How competence is assessed	Passing grade (B or better) in SOP 6099
Curriculum Area:	History and systems of psychology
Required Academic/Training Activity	PSY 6608 History of Psychology (3 credits)
How competence is assessed	Passing grade (B or better) in PSY 6608
Curriculum Area:	Psychological measurement
Required Academic/Training Activity	CLP 6430 Clinical Psychological Assessment (4 credits) *
How competence is assessed	Passing grade in CLP 6430 based on demonstrated competence in child/adult test administration and scoring; Review of practicum supervisor ratings of assessment skills during quarterly core practicum and advance specialty

	practicum rotations; Annual Clinical Progress Committee evaluation of assessment skills; Annual faculty evaluation of trainee clinical skills.
Curriculum Area:	Research methodology
Required Academic/Training Activity	CLP 6527 Mea Res Des & Stat Analysis I (4 credits) CLP 6528 Mea Res Des & Stat Analysis II (4 credits) CLP 6971 Masters Research (7 credits) CLP 7979/7980 Adv Research/Doctoral Research (15 credits)
How competence is assessed	Passing grades (B or better) in the above required courses Development, completion, and presentation of acceptable first year research project at the Fall Research Symposium. Successful oral Master's Thesis defense Publication of presentation of first year research conference at national or regional conference Author of other published research articles/chapters or paper presentations at national or regional conference. End of semester and annual research reviews by mentors Annual faculty review of trainee research skills. Successfully competing for student research grant funding (e.g., NRSA). Completion of doctoral dissertation and successful oral defense.
Curriculum Area:	Techniques of data analysis
Required Academic/Training Activity	CLP 6527 Mea Res Des & Stat Analysis I (4 credits) CLP 6528 Mea Res Des & Stat Analysis II (4 credits) CLP 6971 Masters Research (7 credits) CLP 7979/7980 Adv Research/Doctoral Research (15 credits) Advanced Statistics Elective (3 credits)
How competence is assessed	Passing grades (B or better) in the above required courses Development, completion, and presentation of acceptable first year research project at the Fall Research Symposium. Successful oral Master's Thesis defense Publication of presentation of first year research conference at national or regional conference. Author of other published research articles/chapters or papers, presented at national or regional conferences. End of semester and annual research reviews by mentors Annual faculty review of trainee research skills. Successfully competing for student research grant funding (e.g., NRSA). Completion of doctoral dissertation and successful oral defense.
Curriculum Area:	Individual differences in behavior
Required Academic/Training Activity	CLP 6430 Clinical Psychological Assess (4 credits)* CLP 6943 Core Practicum in Clin Psychology (6 – 8 credits) CLP 6945, 6946, 6948 Area of Concentration Advanced Specialty Practica (3 – 6 credits)
How competence is assessed	Passing grade (B or better) in CLP 6450. Review of practicum supervisor ratings of assessment skills during quarterly core practicum and advance specialty practicum rotations; Annual Clinical Progress Committee evaluation of assessment skills; Annual faculty review of

	trainee assessment skills.
Curriculum Area:	Human development
Required Academic/Training Activity	DEP 6099 Survey of Developmental Psychology (3 credits)
How competence is assessed	Passing grade (B or better) in DEP 6099
Curriculum Area:	Dysfunctional behavior/psychopathology
Required Academic/Training Activity	CLP 6476 Lifespan Psychopathology (4 credits)** CLP 6943 Core Practicum in Clin Psychology (6 – 8 credits) CLP 6947 Practicum in Intervention (2 – 5 credits) CLP 6945, 6946, 6948 Area of Concentration Advanced Specialty Practica (3 – 6 credits)
How competence is assessed	Passing grade (B or better) in CLP 6430 Review of practicum supervisor ratings of assessment skills, intervention and general clinical skills during quarterly core practicum, advanced intervention practicum and advance specialty practicum rotations; Annual Clinical Progress Committee evaluation of assessment, intervention and general clinical skills; Annual faculty review of trainee assessment and general clinical skills.
Curriculum Area:	Professional standards and ethics
Required Academic/Training Activity	CLP 7934 Intro to Clinical Psychology: Prof Issues & Ethics (1 credit); contains required paper on ethical issues CLP 6943 Core Practicum in Clinical Psychology (6 – 8 credits) CLP 6947 Practicum in Intervention (2 – 5 credits) Consideration of cultural and individual diversity, ethics, and the integration of clinical practice and research is embedded in all courses in the curriculum (see course syllabi) Completion of annual IRB and HIPAA compliance activities.
How competence is assessed	Passing grade (B or better) in CLP 7934 and on ethics paper assignment Review of practicum supervisor ratings related to professional behavior and general clinical skills during quarterly core practicum, advanced intervention practicum, and advance specialty practicum rotations; Annual Clinical Progress Committee evaluation of general clinical skills and professional behavior; Annual faculty review of clinical skills and professional behavior; Satisfactory rating by research mentors on this dimension , including adhering to IRB and HIPPA standards; Meeting student academic, clinical, and research requirements in a timely and responsible manner; Successfully dealing with questions regarding ethical issues as part of the Qualifying Examination Satisfactory completion (70% or better) of IRB and HIPAA training post-tests
Curriculum Area:	Theories and methods of assessment and diagnosis
Required Academic/Training Activity	CLP 6430 Clinical Psychological Assess (4 credits)* CLP 6476 Lifespan Psychopathology (4 credits)** CLP 6943 Core Practicum in Clin Psychology (6 – 8 credits)

	CLP 6945, 6946, 6948 Area of Concentration Advanced Specialty Practica (3 – 6 credits)
How competence is assessed	Passing grades (B or better) in CLP 6430 and CLP 6476 Review of practicum supervisor ratings of assessment and general clinical skills during quarterly core practicum, advanced intervention practicum, and advance specialty practicum rotations; Annual Clinical Progress Committee evaluation of assessment and general clinical skills; Annual faculty review of trainee assessment and general clinical skills.
Curriculum Area:	Effective intervention
Required Academic/Training Activity	CLP 6407 Intro to Psych Intervention (4 credits) CLP 6947 Practicum in Intervention (2 – 5 credits) Advanced Intervention Elective (3 credits) CLP 6945, 6946, 6948 Area of Concentration Advanced Specialty Practica (3 – 6 credits)
How competence is assessed	Passing grade (B or better) in CLP 4607 Review of practicum supervisor ratings of intervention and general clinical skills during quarterly core practicum, advanced intervention practicum and advanced specialty practicum rotations; Annual Clinical Progress Committee evaluation of intervention and general clinical skills; Annual faculty review of trainee intervention and general clinical skills.
Curriculum Area:	Consultation
Required Academic/Training Activity	CLP 6943 Core Practicum in Clin Psychology (6 – 10 credits) CLP 6947 Practicum in Intervention (2 – 5 credits)
How competence is assessed	Review of practicum supervisor ratings of assessment, intervention, general clinical skills, and professional behavior during quarterly core practicum, advanced intervention practicum, and advance specialty practicum rotations (especially those involving adult and/or child inpatient consultations or primary care activities); Annual Clinical Progress Committee evaluation of assessment intervention, general clinical skills, and professional behavior; Annual faculty review of trainee assessment and general clinical skills.
Curriculum Area:	Supervision
Required Academic/Training Activity	CLP 7934 Intro to Clin Psychol: Prof Issues & Ethics (1 credit) CLP 6943 Core Practicum in Clin Psychology (6 – 8 credits) CLP 6945, 6946, 6948 Area of Concentration Advanced Specialty Practica (3 – 6 credits)
How competence is assessed	Passing grade (B or better) in CLP 7934 Clinical supervisor evaluations of advanced practicum students who provide supervision to students new to the program. Student ability to benefit from clinical and research supervision (i.e. being a good consumer of supervision).
Curriculum Area:	Evaluating the efficacy of interventions
Required Academic/Training Activity	CLP 6407 Intro to Psych Intervention (4 credits) CLP 6947 Practicum in Intervention (2 – 5 credits) Advanced Intervention Elective (3 credits) CLP 6945, 6946, 6948 Area of Concentration Advanced Specialty Practica (3

	– 6 credits)
How competence is assessed	<p>Passing grade (B or better) in CLP 6407</p> <p>Review of practicum supervisor ratings of intervention and general clinical skills during quarterly core practicum, advanced intervention practicum and advanced specialty practicum rotations; Annual Clinical Progress Committee evaluation of intervention and general clinical skills; Annual faculty evaluation of trainee clinical skills</p>
Curriculum Area:	Issues of cultural and individual diversity that are relevant to all of the above
Required Academic/Training Activity	<p>CLP 7934 Intro to Clinical Psychology: Prof Issues & Ethics (1 credit); contains required paper on diversity</p> <p>CLP 6943 Core Practicum in Clin Psychology (6 – 8 credits)</p> <p>CLP 6947 Practicum in Intervention (2 – 5 credits)</p> <p>CLP 6945, 6946, 6948 Area of Concentration Advanced Specialty Practica (3 – 6 credits)</p> <p>Consideration of cultural and individual diversity, ethics, and the integration of clinical practice and research is embedded in courses in the curriculum (see course syllabi).</p>
How competence is assessed	<p>Passing grade (B or better) in CLP 7934</p> <p>Review of practicum supervisor ratings related to awareness of issues of cultural and individual diversity and professional behavior during quarterly core practicum, advanced intervention practicum and advanced specialty practicum rotations; Review of diversity in clinical caseload, as reflected in clinic contact logs, by Program Director; Annual Clinical Progress Committee evaluation; Annual faculty evaluation of trainee clinical skills and professional behavior; Successfully dealing with questions regarding issues of individual and cultural diversity as part of the Qualifying Examination</p>
Curriculum Area:	Attitudes essential for lifelong learning, scholarly inquiry, and professional problem-solving
Required Academic/Training Activity	CLP 7934 Intro to Clinical Psychology: Prof Issues & Ethics (1 credit)
How competence is assessed	<p>Passing grade (B or better) in CLP 7934</p> <p>Competence is suggested by regular attendance at area research meetings, regular attendance at weekly department clinical case conferences, involvement with professional organization, and engaging in academic/professional activities beyond those required by the program (e.g., teaching activities, camps for physically ill children, relevant community activities)</p> <p>Analysis of data from alumni surveys indicating integration of science and practice after graduation (publication and presentation, participation in scientific and professional research societies)</p>

* Beginning fall 2007 this course replaces separate courses in adult (3 credits) and child (3 credits) assessment.

** Beginning fall 2007 the above course replaces separate courses in adult (3 credits) and child (3 credits) psychopathology.

*** Beginning fall 2007 the above course is being offered for 4 credits rather than 3 to make it more suitable for students in the Clinical Science track and more useful for students in the Scientist-practitioner track. The additional credit relates to expanding the course to provide a greater focus on research related to psychotherapy and behavior change and on assessment of treatment outcomes.

It should be noted that students wishing to be exempted from any required course must petition for exemption or substitution of the course as outlined in Appendix 4, pp.49.

B4. The major site for core practicum training is the Psychology Clinic at Shands Hospital, located within the HSC complex in close proximity to faculty offices and research laboratories. The Psychology Clinic operates as a faculty group practice providing inpatient and outpatient assessment, treatment, and consultative services in response to referrals from various adult and child medical services, outside physicians, agencies, school systems, attorneys, and other sources within the local community. Between July 1, 2006 and June 30, 2007 a total of 3,490 assessment cases (involving 2, 868 individuals) and 6,073 therapy visits with 1,205 distinct patients were seen through the Psychology Clinic under the direct supervision of Clinical and Health Psychology faculty. Clinical cases seen by trainees provide exposure to a broad range of patients both within the context of general clinic assignments and within the context of center affiliations that are directed by departmental faculty such as the *NIMH Center for the Study of Emotion and Attention (in the UF Anxiety Disorders Clinic)*, the National Rural Behavioral Health Center at the University of Florida (*which provides school/community--based services in Lake City, Florida*) and the *Center for Pain Research & Behavioral Health (which involves clinical activities with chronic pain patients)*. Additional practicum sites include the *Gainesville Veterans' Administration Medical Center* and the *Ocala VA Community-based Outpatient Clinic* (where students obtain advanced primary care experiences and supervision in psychological intervention), and the *Shands Rehabilitation Hospital in Gainesville* (where students obtain experience in assessment, consultation and intervention with post-acute stroke and brain-injured patients). Students have also obtained supervised practicum experiences in the following units within the Shands/Health Science Center complex: the *Pediatric Diabetes Outpatient Clinic*, the *Child and Adolescent Psychiatry and Adult Psychiatry Specialty Clinic*, the *University of Florida Craniofacial Center*, the *UF Spine Center*, and the *UF Facial Pain Center*. Finally, students have opportunities to attend and participate in interdisciplinary clinical decision-making conferences in the *UF Transplantation Program*, the *Comprehensive Epilepsy Program*, the *UF Movement Disorders Center*, the *UF Interdisciplinary ADHD Program*, and the *pediatric HIV Clinic*.

Domain C: Program Resources

CI. Core faculty are all those budgeted faculty who devote at least 50 % of their time to the graduate program in Clinical and Health Psychology, plus one additional faculty member who has made significant and consistent contributions to teaching, research training and clinical supervision. The department has an additional number of associated faculty who also make major contributions to the program as well as others who participate in a more limited fashion by serving on doctoral committees, providing occasional lectures, or performing more circumscribed roles as a research advisor or clinical supervisor. The core faculty meets on a weekly basis to discuss departmental and program issues. Faculty tend to cluster in one of the formal areas of concentration (clinical neuropsychology, clinical health psychology, clinical child psychology, emotion neuroscience/psychopathology), although "membership" in an area is not a formal designation. Some faculty members participate in more than one area, and master's supervisory committees are designed to cut across areas. Area faculty meet once per month, as a group, to discuss research, didactic, or clinical training issues within the area. Most areas also meet weekly in an ongoing research seminar where faculty and students present their work. See A3 for additional information about the administrative and faculty roles in the program.

Although a diversity of clinical and research interests are represented on the faculty, all are committed to the scientist-practitioner or clinical science models of graduate education and training in clinical psychology. They exemplify this model through high quality teaching, research and clinical activities. For example, in the 2006 - 2007 academic year, departmental faculty taught more than 20 didactic (classroom) courses (in addition to supervising practica and student research (generating 60.62 graduate FTE and 51 undergraduate FTE), published 2 books, 71 peer-reviewed journal articles and 9 book chapters and had 49 journal articles, 17 book chapters and 1 book in press, In addition, faculty members authored or co-authored 124 papers presented at national or international meetings and gave 27 additional presentations to state or local organizations..

During this same time period, faculty participated in newly awarded grants involving \$7.9 million dollars in Direct Costs, with \$2.9 million in indirect costs. This level of grant funding reflects a shift in faculty funding efforts away from clinical dollars to grant dollars. Clinical revenue remains relatively consistent with continued service of faculty in the Clinic and the addition of clinical faculty who provide direct service and who contribute substantially to clinical training and supervision.

In addition to grant productivity, indicators of faculty quality are apparent from yearly faculty effort reports and Curriculum Vitae. Here it can be seen that **Dr. Russell Bauer** was President of APA Division 40 (2005-2006), was the recipient of the University of Florida Doctoral Dissertation Advisor/Mentoring Award (2003 – 2004) and was named “Distinguished Neuropsychologist” by the American Academy of Clinical Neuropsychology in 2006. **Dr. Stephen Boggs** was elected a Fellow of the American Academy of Child and Adolescent Psychology. **Dr. Bruce Crosson**, a University of Florida Research Foundation Professor (2002 – 2003) received a VA Career Research Scientist Award (2004 – 2008) and has been named an Honorary Professor in the School of Health and Rehabilitation Sciences at the University of Queensland, Brisbane, Australia (2004). **Dr. Duane Dede** received the William R. Jones-Mentor of the Year award (Florida Education Fund for Higher Education) in 2003 and the Department of Clinical and Health Psychology Hugh Davis Award for clinical supervision in 2006. **Dr. Sheila Eyberg**, a “Distinguished Professor” at the University of Florida, was awarded a University of Florida Foundation Research Professorship in 2005 and, in 2007, was a recipient of the “Distinguished Contributions to Education and Training Award” from the American Psychological Association.. In 2007, she was elected a Fellow of the American Academy of Child and Adolescent Psychology. **Dr. Eileen Fennell**, an APA Fellow and Fellow of the National Academy of Neuropsychology, was named Alumnus of the Year by the University of Florida’s College of Public Health and Health Professions (2003). **Dr. Gary Geffken**, was the recipient of the “Distinguished Psychologist Award” from the Florida Psychological Association in 2001 and was also recipient of the “Research Mentor Award” from the students of the Department of Clinical and Health Psychology at the University of Florida in 2006. **Dr. James Johnson**, a Past-president of the Section/Division of Clinical Child and Adolescent Psychology, was elected a Fellow of the American Academy of Clinical Child and Adolescent Psychology (2007). **Dr. Peter Lang** was the 2004 recipient of the University of Florida “Distinguished International Educator Award” for his international influence. **Dr. Ronald Rozensky**, was named by Section 8 of Division 12, Educator of the Year in 2001, and was recipient of the Division of International Psychology’s, “US International Psychologist of the Year” award in 2007; Dr. Rozensky is currently a candidate for APA President. **Dr. Lori Waxenberg** was the recipient of the Department’s Psychology Supervisor of the Year Award for three consecutive years: 2001, 2002, and 2003.

During the past seven years, a number of departmental faculty have been actively involved in the journal review process. Faculty have served as Editors (Ronald Rozensky, *Journal of Clinical Psychology in Medical Settings*) and Co-Editors (Russell Bauer, *The Clinical Neuropsychologist*) along with 17 additional faculty serving as members of Editorial Boards or Consulting Editors of 37 journals.(See Appendix 12 for listing since 2001).

During this self-study period, several faculty have demonstrated advanced competence in the practice of a specialty in professional psychology through examination and board certification by the various specialty boards of the American Board of Professional Psychology. These include: (Clinical Child Psychology; Drs. Stephen Boggs, Sheila Eyberg, and James Johnson; Rehabilitation Psychology: Drs. Robert Gunther, Thomas Kerkhoff; Clinical Neuropsychology: Dr. Tannahill Glenn. This brings to 11 the number of our core faculty members who are currently ABPP board certified.

In addition, faculty members have also held a number of leadership positions in the discipline over the past seven years. These positions include:

APA Board of Directors (Rozensky)
 Chair APA Board of Educational Affairs (Frank)
 Chair, APA Board of Educational Affairs (Rozensky)
 Member APA Council of Representatives (Frank)
 Member, APA Council of Representatives (Fennell)
 Member, APA Council of Representatives (Rozensky)
 Board of Directors, American Board of Clinical Neuropsychology (Bauer, Crosson, Fennell)
 Board of Directors, American Board of Clinical Child and Adolescent Psychology (Johnson)
 Board of Directors, the International Neuropsychological Society (Crosson)
 President, APA Division of Clinical Neuropsychology (Bauer)
 President, APA Division of Clinical Neuropsychology (Fennell)
 Member, International Neuropsychological Society Board of Governors (Bauer)
 Board of Governors, International Neuropsychological Society (Loring)
 Scientific Advisory Board of the Anxiety Disorders Association of America (Lang)

For almost two decades, the department has served as the co-sponsor of the biannual Florida Conference on Child Health Psychology, which has achieved international attention as a forum for the presentation of original research on pediatric psychology and has recently become the National Conference on Child Health Psychology. Drs. Johnson. and Boggs have been the major conference organizers over the years. The most recent conference, hosted by the Department of Clinical and Health Psychology, held in Gainesville in 2006, had in excess of 400 participants; including leaders in the field of Pediatric Psychology (A copy of the 2006 Conference Program is included in Appendix 16).

The significant degree of involvement of our core faculty in professional affairs has recently been highlighted by our department being chosen as a recipient of the American Psychological Association's Departmental Award for "Culture of Service in the Psychological Sciences". The award letter notes the following:

"The support of your department for faculty participation on discipline-related association boards, editing journals, reviewing grant and research proposals, mentoring students and colleagues, service on university committees, and volunteering to provide disaster relief services and management training to those in need is an excellent model for other departments to follow. It is clear that culture of service is incorporated into the day-to-day activities of your faculty and students." (See Appendix 13).

Non-core faculty includes those outside of the department who have made significant contributions to the program over the years. These faculty members have assumed specific responsibilities as individual student needs for research or clinical training warrant. At the present time affiliate faculty appointments are reviewed yearly. When affiliate faculty have supervisory responsibility for student clinical training, they are invited to the student review meeting to discuss their written evaluation. The Program Director discusses with all students their offsite training experiences with affiliate faculty, and communicates

directly with the faculty supervisors, as a means of quality assurance. The Faculty Core Responsibility document (Appendix 3) describes roles and responsibilities of these affiliates and the level of responsibility they maintain within the department.

C2. The program currently has 83 students. The Admissions Committee places particular emphasis on prior research experience, the breadth and quality of undergraduate preparation in basic science and psychology, letters of recommendation, personal statements, GPA's, GRE scores, and aptitude for research and practice in considering applicants for the Scientist-Practitioner and Clinical-Science tracks. Interest areas that are viewed as the best match for our program include clinical child/pediatric psychology, clinical health psychology, clinical neuropsychology, and emotion neuroscience and psychopathology. Consistent with program goals, and applicant interests and career goals, a diversity of career paths is supported by the program. Applicants are reviewed and top candidates are invited for a recruitment weekend. This weekend affords students an opportunity to learn about the graduate program and about the physical and intellectual atmosphere in which the program resides. Faculty and incumbent students interview applicants and make judgments regarding prospective students' interests and training needs that provide "best-fit" with program offerings. Those applicants that are unable to attend are offered telephone interviews with various faculty and students.

The quality of the student body continues to be outstanding by most any measured standard. For example, students admitted to the doctoral program between the years of 1997 and 2006, had an average Verbal GRE score of 616, an average Quantitative GRE score of 674 and an average Total GRE score of 1290. Students in the 2007 - 2008 incoming class, similarly display outstanding credentials with average Verbal GRE's of 611, Quantitative GRE's of 675, Total GRE's of 1286, and an average GPA of 3.78 on a 4 point scale. In addition, we are one of the most competitive programs in the Graduate School, with a 5% admission rate. In house statistics for the 2007 – 2008 year revealed 378 completed applications with 19 offers of admission (5% accept rate). Of those students offered admission, 15 (79%) enrolled in the program and began classes in August 2007. Additional indices of student quality and activity can be found in the "Program Outcomes" table in Domain F2 and in student activity reports (available for inspection).

The program accepts 12-15 students per year. The size of the incoming class is determined, in part, by faculty judgment about the number of students that is optimal for delivery of quality clinical, research, and didactic instruction. Efforts are undertaken to foster peer socialization through formal (e.g., first-year course in "Introduction to Clinical Psychology") and informal (social) means. Over the years, incumbent students have developed meaningful and important mechanisms for socializing new students into the department. First year students are introduced to research through involvement in laboratory teams, and to clinical work through "shadowing" students already involved in clinical practica. The Program Director meets regularly with each class of students, as well as elected student representatives, to identify important issues affecting student life, professional development, and faculty-student relationships.

Students reflect, through their personal/intellectual development, and through their involvement in professional activities, the program's goals, objectives and philosophy. The manner in which the program's activities are reflected in student achievement, performance, and identification is detailed in Domain F2 in the Program Outcomes table,

C3. We believe that overall the program has sufficient resources to achieve its training goals and objectives, although areas for more progress are highlighted below.

C3(a). Faculty Support. Program faculty members are 12 month employees of the State University System. A 9-month contract has not been an option, though FTE's less than 1.0 have occasionally been granted. The department typically support for faculty through payment of licensure fees and support for continued faculty development through a yearly allocation (\$1,000 in 2006 – 2007) that can be used for professional development. In addition, the department sponsors a weekly Teaching Conference that is APA approved for continuing education credits, which makes it unnecessary for faculty to have to pay out-of-pocket to obtain the 40 continuing education credits required every two years for Florida licensure. A list of recent Teaching Conference topics, presenters, and learning objectives is provided in Appendix 10.

C3(b). Clerical and Technical Support. The department has 33.0 FTE support for faculty, and 11.0 FTE for departmental support staff, which includes office staff, the staff of the Psychology Clinic, and computer technical services. One FTE of staff support has been devoted solely to the doctoral program, but despite an expansion of duties in the doctoral program and the addition of other academic support activities to this position, no new FTE have been added in 17 years. This is currently being reviewed by departmental administration. The department also provides 1 FTE technical support for departmental computer-related services (data collection systems to monitor faculty, student, and clinical activities, etc.). The Dean's Office provides additional clerical and technical support for the academic program as well as fiscal assistance to faculty and students as regards personnel matters. Network technical support and other internet-related services are also provided by the College IT department, which is funded by the Dean's office.

C3(c). Training materials and equipment. Each faculty office is equipped with a high end networked-based computer (e.g., Dell OptiPlex 745 or GX745 with a Dell 19 inch Flat Panel monitor) with standard software including the Microsoft Office 2003 Suite (Word, Excel, and PowerPoint), SPSS (v. 15.0, and Microsoft Outlook E-Mail. The network package also includes a web browser (Microsoft Internet Explorer) for internet access, which includes protocols for accessing digital resources of the University of Florida/State of Florida library system. All faculty also have direct access to on-line medical records and hospital scheduling resources from their faculty office. Funded tenure track faculty members are provided laboratory space for research training that is also equipped with computers for student use. Most laboratory computers are networked and provide expandable space for large-scale data storage and daily backup and archiving. Technical support for the development of web-based instructional programs and for multimedia development is available from the Dean's Office. The clinic has one-way mirrors as well as video observation and taping facilities for use in clinical supervision and research. A large variety of tests and measurements needed for clinical practice is available, and faculty provide input with regard to new tests and protocols that should be added to the Clinic toolbox. The university libraries form the largest information resource system in the state of Florida, containing more than 3.3 million volumes, 6.3 million microfilms and thousands of full text electronic journals. The health center has its own library that carries many of the journals of interest to scientist-practitioners and clinical scientists in health care. Representation of psychology journals among the collection is excellent, in part because library appropriations have made it possible for faculty to request subscriptions based on need and projected circulation.

C3(d). Physical facilities. Historically, and in previous accreditation reports, space has been a significant problem for this program. However in 2003 the department moved into 9,753 square feet of new space in the Health Professions, Pharmacy, and Nursing Complex (HPNP). These facilities provide space for Departmental Administration and support staff (3,717 square feet), office space for tenure-track faculty (3,720 square feet), as well as nine rooms for student space (2,316 square feet), designated for all graduate students in residence. This HPNP student space provides each student with high speed network computer access via multiple Dell Winterm work stations. These "thin clients" connect to a central

Windows Terminal Server where available programs have been installed. The terminal server provides a more uniform and secure environment than can generally be achieved on a conventional PC. This system provides access to a web browser (e.g., Internet Explorer), Microsoft Office Suite 2003, SPSS 15.0, Microsoft Outlook E-mail, and a wide range of other network-based software. These thin clients are configured so that network software and data can be accessed from the students' home computer via remote desktop connection. As currently funded faculty (and Centers) have assigned research space, located in the Dental Science/Shands building and in the Surge complex (located on Southwest Archer Road) as well as in various other locations such as the McKnight Brain Institute and the VA, most students also have space in the research labs of their faculty mentors. This lab space (approximately 13,361 square feet) is equipped with modern, network connected, computer facilities with sufficient software to meet general computing and specific research needs (Internet Explorer, Microsoft Office Suite 2003, SPSS 15.0, Microsoft Outlook E-mail as well as other network based and research-specific software).

C3(e). Access to practicum sites. The department faculty and staff operate the Psychology Clinic, directed by Glenn Ashkanazi, Ph.D. The clinic is physically located on the ground floor of the 578-bed Shands Hospital/UF Health Science Center (HSC) complex, in close proximity to faculty offices, student space, and faculty research laboratories.

This Clinic, and the Faculty Group Practice located within, services the Shands Teaching Hospital and its outpatient clinics. Most core faculty members maintain an assessment/consultation clinic one or two days per week in which students on core or advanced practicum assignments gain supervised clinical experience. Here, students generally work side-by-side with interns and/or post-doctoral associates in performing assessments and consulting with patients, medical staff, and other health professionals. Students also carry intervention cases in the Psychology Clinic, assigned according to training needs. In addition, faculty also practice at offsite locations such as the University of Florida Anxiety Disorders Clinic, the Columbia County School system (Lake City) and the Gainesville and Ocala VA facilities where students complete core rotations in primary care.

Additional Resources. A major resource for CHP faculty and students focusing in the neuropsychology area is the 120,000 square foot University of Florida Evelyn F. and William L. McKnight Brain Institute. This state-of-the-art facility houses a variety of laboratories and multimedia teaching facilities serving 12 interrelated programmatic research initiatives: 1) Neurogenetics, Virology & Gene Delivery/Knockout; 2) Developmental Neurobiology & Neuro-Oncology; 3) Brain and Spinal Cord Traumatic Injury, Stroke & Epilepsy; 4) Sensory Systems, Movement Control & Parkinson's Disease; 5) Neural Control of Immune, Endocrine & Other Homeostatic Systems; 6) Neural Signal Transduction, Plasticity/Memory & Drug Discovery; 7) Neurotoxicology, Substance Abuse & Addiction; 8) Neurobiology of Aging & Alzheimer's Disease; 9) Cognitive Neuroscience & Mental Illness; 10) Computational & Network Neuroscience; 11) Functional Neuroimaging & Structural Neurobiology; and 12) The Center for Advanced Practical Neuroscience. Perhaps the most important aspect of this programmatic initiative is the impetus it has given to promoting functional working relationships between basic scientists and clinical faculty aimed at stimulating applications of science to the problems of man. With over 200 faculty members from over 50 different departments, divisions, Centers and programs, the UFBI is clearly considered to be a major focus of the strengths of the University now and well into the future. Two CHP faculty members, Dr. Dawn Bowers and Dr. William Perlstein (and their students) have office and lab space in the Brain Institute to facilitate their collaboration with neuroscience colleagues and their ongoing research programs.

The Malcolm Randall (Gainesville) Veterans' Affairs Medical Center is a general medical, surgical, and psychiatric facility with 473 authorized beds and a 60-bed Nursing Home Care Unit. The Gainesville

facility provides comprehensive primary, secondary, and tertiary care for veterans in its service area. Pre- and post-hospital care is provided through approximately 230,000 patient visits annually to the ambulatory care and the associated outpatient clinic programs. In addition, this medical center is one of the few nationwide that support a Geriatric Research, Education, and Clinical Center (GRECC). The Medical Center is affiliated with the University of Florida Health Science Center colleges of Medicine, Dentistry, Pharmacy, Nursing, and Health Professions, in which the professional staff of the VAMC hold faculty appointments. Here Dr. Bruce Crosson participates in the VA Rehabilitation Research & Development Brain Rehabilitation Center, the purpose of which is to enhance and provide research programs focused on the development of effective/efficient post-acute rehabilitation for veterans with cognitive and motor impairments due to cerebrovascular disease, degenerative diseases, or traumatic brain injury. As noted earlier, the VAMC is a frequent practicum training site for advanced graduate students seeking psychotherapy experiences with a seriously disabled or chronically ill population.

An additional resource is the NIMH Center for the Study of Emotion and Attention, Directed by our Graduate Research Professor, Peter J. Lang, Ph.D. The broad aim of the Center is to study emotional stimulus processing in all its directly measurable manifestations, i.e., as affective report, behavior and patterns of expressive physiology (facial, visceral, and neuromuscular), and to understand the relation of these processing measures to functional changes in the brain. An important further aim is to study the interaction of emotional reactivity with attentional demands, as attention is modulated by stimulus characteristics, motivational state, and the behavioral and social context. Through their interactions with the center, students learn state-of-the-art methods for evaluating affective processing, including dense-array electrophysiological recording, functional magnetic resonance imaging, and multichannel psychophysiological techniques. An international list of collaborators brings students into contact with world-class researchers through laboratory visits and formal colloquia. It can be noted that the Center for the Study of Emotion and Attention is closely related to the UF Anxiety Disorders Clinic, where many practicum students gain valuable outpatient mental health training.

In addition, there are a number of collaborating units that have provided practicum sites for our advanced students. A description of potential advanced practicum sites is found in Appendix G (p.46) of the CHP Student Handbook. Practicum sites that have been actively used during the reporting period are detailed in Table 2.

Student Support. The current average stipends for incoming students are \$12,000 plus tuition (assistantships) and \$15,000 plus tuition and fees (fellowships) plus 29 - 32 credits of tuition payments the first year. This amount was last increased in 1998-1999 when the assistantship funding was increased from \$10,000 to \$12,000; this level of funding has remained the same during the intervening years. Fellowship funding has also remained the same. In addition to assistantships and fellowships, a number of students receive additional funding as a result of teaching selected undergraduate courses and there are additional monetary awards for outstanding research, clinical, and service activities given at the annual college convocation (Appendix 11 contains a description of the Department's annual award program). Student research is supported through the maintenance of student space and laboratory computers, and small grant funds from various CHP centers. Despite providing ongoing funding for students in good standing, current funding does not provide for the entire cost of graduate education, and our graduates are leaving the program with an average of \$21,536 (Median = \$8,000) worth of debt (range \$0 - \$76,000). Despite considerable indebtedness by some graduates, forty-eight percent (48%) of our graduates report leaving the program with no educational debt. According to the UF Office of Financial Affairs, graduate students who have enrolled and graduated from the University of Florida have an average loan indebtedness is \$30,536 upon graduation (2005 – 2006 statistics).

C4. This program is not a consortium.

Domain D: Cultural and Individual Differences and Diversity

DI. Recruitment and retention of students and faculty from diverse backgrounds. Student recruitment efforts include cooperation with the Office of Graduate Minority Programs in the UF Graduate School, the Florida A&M University Feeder Program, the UF Undergraduate Minority Mentor Program and individual correspondence with minority candidates listed by the APA Office of Ethnic Minority Affairs. Our current student body consists of 17% minorities, all of whom have had their tuition and stipends supported through departmental or graduate school minority fellowship funds. We also value diversity in terms of cultural background such as those with citizenship in other countries and have three such students (France, Jordan, Canada), who, if considered along with ethnic minority students, would increase our cultural diversity representation to 20%. It is noteworthy that one of our students, who just graduated in summer 2007, will be our second student from Jordan, who will be returning to the University of Jordan to develop a health psychology training and service program as a regular tenure-track faculty member. Representing additional dimensions of diversity, we also have students who are physically disabled as well as several non-traditional students who have come to psychology from a second career (e.g., business, mathematics, journalism).

Continuing to enhance our program's ability to recruit high caliber minority applicants and other students from diverse backgrounds and develop a broader program perspective on issues of diversity is a high priority for our graduate program. In an effort to make advances in this area, our curriculum committee has recently agreed to add a minority student representative to serve on this committee in addition to those student representatives currently serving in this role. Such representation would seem to be one of several ways to increase the extent to which issues of diversity and cultural differences are considered as they relate to various aspects of the curriculum. An additional approach to increasing faculty awareness regarding issues related to the recruitment of minority applicants to the program has involved the appointment of a minority faculty member as an ad hoc member of the departmental Admissions Committee for the coming year. The focus of this faculty members activities will be less on the overall review of applicant folders and more on raising committee awareness as regards culturally sensitive approaches to the identification of quality minority applicants and effective approaches to minority recruitment by both faculty and students.

While becoming more productive in terms of the recruitment of students from diverse backgrounds remains a continuing goal, we have been especially pleased with our ability to retain such students, having only one minority student leave the program prior to obtaining the Ph.D. in the past seven years.

We believe that our retention of students from diverse backgrounds is in related to a variety of factors.

- a. A major factor is the success our minority students have had in becoming involved in campus organizations that support cultural diversity and having their high levels of achievement reinforced through a variety of forms of recognition. Here it can be noted that during the past year 2006 – 2007 one student received a National Institute on Aging (NIA) Research Dissertation Award to Increase Diversity and also received the Outstanding Research Award at the 20th Annual College of Public Health and Health Professions Research Fair. Another student, funded by a McKnight Doctoral Fellowship, was elected an officer of the Black Graduate Student organization and was the recipient of the Black Graduate Student Organization Academic Achievement Award, which was presented at the annual Martin Luther King Awards Banquet. Likewise, another student was the recipient of the University of Florida Outstanding Research Award for International Students and, during this same year, was awarded the, Laird

- Cermak Memorial Award for Best Graduate Student Research in Memory Disorders, by the International Neuropsychology Society. During the same period, an additional student has been an APA Minority fellow. Two additional students have received NIH minority supplements on faculty grants. Similar patterns of excellence have characterized the performance of our students over the years. We believe this pattern of accepting outstanding students that represent diverse backgrounds and facilitating their meeting both personal and training goals allows them to experience the type of success in the program than significantly decreases student attrition.
- b. Secondly, over the years, the department has successfully competed for supplemental summer tuition support for minority students from the University Office of Minority Affairs.
 - c. A third factor has been the active involvement of CHP faculty members (most recently Drs. Dede and Dr. Pearlstein) in mentoring students within the University of Florida Minority Mentor program.
 - d. A fourth factor has been Dr. Duane Dede's involvement in having regular meetings with African American students focusing on adjustment and resource development issues.
 - e. A fifth factor is that there are courses offered by our colleagues in the Department of Psychology that relate to issues of diversity that are of interest to both minority and non-minority students. Most notable is the course in Multicultural Counseling offered by Dr. Bonnie Moradi, and in some years Dr. Mary Fukuyama, through the Counseling Psychology Program.
 - f. Likewise, between 2003 – 2006, students a number of our students participated in a Cultural Diversity in Psychology Group, which was a student initiated/dept supported group that was started and led by three of our graduate students. It's focus was on dealing with diversity as it pertained to psychology research and practice. This group, which met monthly and involved inviting speakers from both within and outside of the department (sociology, counseling, public health, community). Participants included students and faculty within CHP, as well as psychology, public health, counseling center, neurology, family practice.
 - g. We believe that additional factors that will help continue to maintain the retention of minority students are efforts to involve high caliber minority faculty as contributors to the CHP curriculum. Notable in this regard has been the recent granting of faculty affiliate appointments to two outstanding minority clinical psychologists affiliated with other department within the health science center, Drs. Tamara Warner (Research Assistant Professor, Department of Pediatrics; Steven Anton (Assistant Professor, Department of Aging and Geriatric Research, College of Medicine). Both have been voted Graduate Faculty status, which will allow them to serve on student research committees and function as role models in other ways within the department.

D2. Curriculum issues. In order to systematically address issues of diversity the program requires that every course in our curriculum address issues of cultural and individual differences as well as the ethical and professional issues related to course content. The cover sheet for each course syllabus submitted with this self-study describes how this is accomplished in the context of each course (Appendix 23). Likewise, a specific objective of the qualifying examination is that the student "demonstrate(s) the ability to discuss issues of ethics and diversity as they relate to the various topics chosen for examination" (See Appendix 4, p. 80). In addition, a major section of the Introduction to Clinical Psychology: Professional Issues and Ethics course taken by all incoming graduate students is devoted to issues of diversity and multicultural competence. With respect to clinical training, a specific objective is that the student will have assessment and intervention experiences across the life span and these experiences should be reflective of a range of human diversity, such as gender, cultural, ethnic and racial diversity as well as exposure to various disabilities.. Diversity of caseload is monitored quarterly through review of clinical contact logs by the Program Director, and yearly by the Clinical Progress Committee, with specific recommendations made as appropriate. Grades in courses, practica and the

qualifying examination assess student knowledge and awareness of diversity issues and implications. Thus, attention to issues of diversity is integral to all education and training in our program.

In addition, presentations focusing on issues related to diversity are among the topics scheduled for Friday teaching case conference presentations (See Appendix 10). Included here, for example are case conference presentations on “Ethical challenges with ethnically and culturally diverse populations in neuropsychology” and “Ethnic differences in the influence of parenting on adolescent gang involvement”. Likewise, faculty teaching courses within the program also frequently invite speakers with specific expertise in areas related to diversity to speak to their classes. Notable examples have included having Dr. William Conwill from African American studies and the Department of Counselor Education present on issues related to multicultural counseling in our core Intervention course, which is required of all first year students, and having Dr. Tamara Warner, of the Department of Pediatrics, speak on multicultural issues in one of our new undergraduate courses, taught by one of our graduate students. Dr. Warner is also scheduled to be a guest speaker in our Introduction to Clinical Psychology: Professional Behavior and Ethics course, which is required of our incoming graduate students. She will speak on Multicultural competencies in clinical psychology.

Domain E: Student-Faculty Relations

EI. The CHP Student Handbook (Appendix 4) and UF Graduate Student Handbook (Appendix 5) address most key aspects of student-faculty relationships. These documents include the "Ethical Principles of Psychologists and Code of Conduct," (CHP Student Handbook, pp. 56-74) Publication Policy Guidelines (CHP Student Handbook, p. 53), Grievance Procedures (CHP Student Handbook, pp. 75-76), UF Graduate Student Handbook, pp. 48-51). These documents also contain discussions of mentorship and supervisory responsibilities. In addition, routine questions asked of each student during their annual individual meeting with the Program Director are "Have you been treated respectfully by faculty? Are your training needs being met? Are you aware of any ethical problems? Are you obtaining sufficient mentorship/supervision?" If problems are identified, students nearly always prefer counseling that empowers them to seek individual solutions rather than pursue other avenues, but they are always apprised of their rights.

As requested, the following list contains all of the formal complaints filed within the last ten years. Records regarding these complaints are maintained either in the student’s file, or the Dean’s Office.

1997 – Grievance regarding lack of uniformity in applying departmental policies regarding qualifying examinations

Note that the above complaint was listed in the last self study but is included here as it occurred within the past 10 years. No formal complaints have been filed since the last self-study was completed.

While there have been several issues related to student-faculty conflict that have been brought to the attention of the Training Directors during this time, no formal complaints have been filed. These have included student concerns about the availability of a mentor, concerns about teaching quality in a course, lack of responsiveness of a mentor to student attempts to meet academic deadlines, and complaints about student workspace. All complaints have been dealt with in a manner that has reduced the existing conflict and resolved the issue that prompted consultation with the Training Director.

E2-3. Accessibility of faculty to students is enhanced by the fact that our space is largely contiguous, so student workspace and research laboratories that house students are in close proximity to faculty offices and the clinic space is within close walking distance. In the clinic our faculty and students work literally side by side, thus our faculty members serve as role models for science-practice integration consistent with our training goals for both the scientist-practitioner and clinical science training tracks. Feedback from our students and alumni regarding integrating theory and practice, mentorship, and faculty role models has been positive. For example, in our recent Anonymous Doctoral Program Review, completed by 45 recent graduates of the program, the program received a rating of 4.2 (out of 5) regarding its success in integrating theory and practice. The effectiveness of faculty role models received a 3.8 rating, effectiveness of research mentorship received a 4.2 rating. Complete results of this survey are found in Appendix 24. Responses to an anonymous student survey, completed by 38 students at various levels in the program, resulted in an effectiveness rating of 3.9 on success in integrating theory and practice, a rating of 3.9 for effectiveness of faculty role models, and a rating of 3.9 for research mentors. We are not aware of any incident in which diversity issues among students have been treated with disrespect.

Related to student-faculty relations, it can be noted that, in both 1999 and 2000, students submitted our department to be considered for the American Psychological Association of Graduate Students (APAGS) Department of the Year Award. The Department was again submitted for consideration in 2001 and, in the fall, was selected as APAGS Department of the Year (See Appendix 13). We believe that the persistence of our students in nominating our department for this award this reflects a student body with overall positive attitudes toward their graduate experience.

E4. The CHP Student Handbook and UF Graduate Student Handbook are provided upon admission and reviewed in orientation sessions with incoming students. The orientation session consists of presentations by the Dean of the College of Public Health and Health Professions, the college financial aid officer, a representative from Student Health Services, a representative from the college IT support staff, and a review of program requirements and resources by the Program Director and program assistant. After students are given sufficient time to review the material contained in the CHP Student Handbook, they are required to communicate in writing that they are familiar with, and understand, the contents of the CHP student handbook. This handbook (Appendix 4) specifies program requirements (pp.15-21), course policies (p. 24), evaluations and standards (pp. 25-26), and provides information regarding financial aid (pp.14–15) as well as various student resources (pp. 7–12 plus appendices). The UF Graduate Student Handbook (Appendix 5) lists graduate student resources (pp. 41-45) as well as graduate student policies, procedures and requirements (pp. 18-39). In addition to program orientation and written materials, students are advised of support services as needs arise on a case-by-case basis by faculty or by the program director. The CHP Student Handbook is also reviewed with the faculty on an annual basis and was last updated in August 2007.

The Program Director serves as the initial advisor until the student selects a research mentor for the first year project during the first semester. Subsequent planning is accomplished in conjunction with this mentor, or subsequent mentors, until the student forms the doctoral supervisory committee in the sixth or seventh semester. A formal program of studies is prepared when the student declares their area of concentration, and is reviewed yearly. The Program Director always remains a resource in the planning process. In addition, planning takes into consideration the student's annual self-assessment (Appendix 14), student interests, student training needs, as determined by the student and faculty, curriculum requirements and program resources. The student self-assessment is one of our efforts to promote the skills required for life-long learning as a professional psychologist. Faculty advisement responsibilities are detailed in the Faculty Core Responsibility document.

The faculty evaluates the student's progress in all aspects of the program. Although feedback is provided on a continuous basis in the context of supervisory relationships, formal feedback occurs at numerous, specific points throughout the program as described in the CHP Student Handbook (Appendix 4, pp. 25-26). These include semester course grades, quarterly practicum evaluations (which students and faculty are encouraged to use in "pre-post" fashion in order to provide formative feedback), annual review by the Clinical Progress Committee, research progress (semester and annual), qualifying examinations, and thesis/dissertation defenses. As of this year, the Student Activity Report, which is completed by the student during the summer term is reviewed and signed by the student's mentor prior to submitting the report to the Graduate Program office. Requiring the mentors' signature is intended to facilitate a discussion between the student and mentor regarding accomplishments during the year, goals for the coming year, and a discussion regarding the student's movement in the direction of meeting training goals. A formal review of academic, research and professional progress of every student is conducted annually by the faculty. A statement of the student's overall progress is conveyed to the student in a letter from the program director; this letter includes advisement as to further training needs and overall status in the program. Examples of these letters can be found through inspection of student files.

Students with difficulties. If a student does not obtain a satisfactory grade in any required course, it is remediated by repeating it or by otherwise presenting evidence that satisfies the instructor that the student has acquired knowledge necessary to earn at least a B (e.g., re-examination, additional assignments). The course instructor determines the method of remediation. Other methods of helping students with academic difficulties have included tutoring and enrollment in special courses (e.g., performance anxiety management, assistance in the ADA Office of Student Disabilities).

If an unsatisfactory grade occurs in practicum, the faculty as a whole provides input with regard to appropriate remediation, which may include repeating the practicum, engaging in additional exercises designed to remediate a difficulty, or other appropriate methods. Students experiencing difficulties in clinical performance are advised about the nature of those difficulties and are provided with opportunities for additional learning (e.g., assignment of particular types of cases, additional practica, increased videotaping for use in supervision). Sometimes, a special supervisory team or mentor is assigned to a specific student for purposes of collaboratively remediating a difficulty or deficiency.

Students experiencing difficulties in research training are advised about the nature of those difficulties and are given opportunities for remediation (e.g., collaborative work on additional projects, counseling to take additional methods courses).

Students experiencing difficulties in professional behavior are counseled about the nature and seriousness of the behavior. Special essays on ethics have sometimes been required. Following due process procedures, probation and termination from the program are options. Any decision of the program director and faculty regarding the student's status in the program may be appealed to the chair of the department, who abstains from participation in formal faculty voting that may take place in the individual case. As noted before, students are informed of due process procedures.

Domain F: Program Self-Assessment and Quality Enhancement

F1(ab) & 2(ab). Program self-assessment is a multifaceted process that includes ongoing dialogue with students and faculty, comparison with national standards, review of student activities and progress, formal alumni surveys, formal retreats and other information gathering processes. Each program review process is briefly described below, followed by a description of how we have dealt with previous feedback from the COA and an analysis of our current outcomes as related to our program objectives.

1. Monitoring of student progress as more fully described in Domain E is an important component of program review process. This includes an annual review by the faculty of each student in the program using the following data: grades, practicum and research evaluations, progress toward meeting research training objectives as reviewed by the supervisory committee chair, progress toward meeting clinical training objectives as reviewed by the Clinical Progress Committee, scholarly productivity, and the student's own self-assessment of education and training needs and goals. This review process helps identify systematic program weaknesses and serves as a way of better understanding collective and individual student needs that can be addressed.
2. Students complete course evaluations each semester on every course including practicum. Summary ratings of teaching/supervision are provided to program administrators, and these ratings, along with deidentified (i.e., typed) individual comments go directly to teaching faculty.
3. The Graduate School conducts exit surveys of all master's and doctoral students.
4. The Program Director meets regularly with elected student representatives from each class to monitor program issues and problem solve as issues arise. Students can also provide the Program Director with anonymous input regarding concerns and problem areas via the "Electronic Suggestion Box" on the CHP training blog. This training blog is also use to provide students with general program information and opportunities for student to respond to program related information that has been posted. To date, the training blog has proved to be an excellent way to obtain student information regarding student concerns that have not been otherwise voiced, so that they can be addressed.
5. Together with the Chair, the Program Director meets each semester with the entire student body in part to monitor program issues and to elicit student feedback about their experiences.
6. The Program Director meets annually with each student in the program to review aspects of the program, their supervision/mentorship, and to discuss any related concerns. At this meeting, the student's goals for the coming year are also reviewed.
7. The Program Director presents an annual report to the faculty in the Fall semester using data from the student annual review process, faculty activity records, exit interviews, and national data. Program strengths and weaknesses in meeting goals are identified.
8. The Curriculum Committee, comprised of elected faculty from each area, one appointee by the Program Director and four students, spearheads advances in the curriculum, reviews program issues/policies and brings issues to the faculty for input.
9. The faculty discusses program issues at regular meetings and at formal retreats. For example, topics such as the development of a clinical science track to compliment our long standing focus on scientist practitioner training has been a topic of discussion on numerous occasions during the past two years. These discussions led to bringing in a group of distinguished consultants to help our program consider the desirability of pursuing the development of a clinical science track (2005) as well as a faculty retreat at which time plans were put in place for the development of a clinical science arm of the existing training program (2006). Numerous discussions involving the curriculum committee, as well as the full faculty, have served to move the development of the clinical science track forward. Other issues such as admissions policies, the nature of the qualifying examination, and issues of teaching and supervision have all been the focus of faculty discussion.
10. Since the last site visit, program faculty have continued their leadership roles with respect to education, science and practice and the dissemination of empirically based knowledge (e.g., Child Health Psychology Conference) and thus have brought national perspectives

to local issues. Faculty performance in leadership roles is itemized in Section C1 above and is apparent from the CoA short vitas provided in Table 3.

11. Finally, faculty members participate in a peer evaluation of their in class teaching skills as required by the College.

The specific data gathered on a systematic basis regarding program functioning include yearly student and faculty activity reports (Appendix 14) that contain productivity data related to research, clinical activity, and coursework/teaching. Periodic alumni surveys are conducted, and frequent contact with program alumni occurs and is stimulated through dissemination of (and feedback on) the Departmental newsletter (CHP Clips). Additional information regarding the functioning of the program is also periodically available from national statistics. As but one example, the Educational Reporting Service recently listed results regarding how doctoral programs fared in terms of national licensure exam scores on the Examination for Professional Practice in Psychology (EPPP). Here, it was indicated that between 1997 and 2006, a total of 82 UF Clinical and Health Psychology graduates took this test with an average score of 164.7, which was among the highest in the nation (National EPPP average score = 135.2). This score was also reported to be higher than the scores of 99 Clinical and Health Psychology graduates (Average score = 160.7) who had taken this exam between the years of 1988 – 1996. These outcome measures provide strong objective support for the adequacy of our training model in preparing our students for state licensure upon graduation. Annual reports regarding admissions activities, minority recruitment/retention, and student funding status are generated and used for program review.

Student evaluations of teaching, research mentorship, and clinical supervision are reviewed by the Chair and Program Director: Appendix 25 contains various evaluation forms that provide raw data on which program evaluation resides. Regular student meetings with the Program Director and end-of-semester student meetings with the Chair provide additional data regarding student training needs and other concerns. The Table below provides summary outcome measures of program performance.

PROGRAM OUTCOMES

Research Training

Goals/Objectives	How met operationally	How assessed	Outcome
<p><u>Current Students in Program</u></p> <ol style="list-style-type: none"> 1) Demonstrate competence in general research methodology 2) Demonstrate understanding and competence in data-analytic methods 3) Demonstrate competence in critically evaluating and reviewing scientific literature 4) Demonstrate competence in conducting high quality research 5) Demonstrate competence in disseminating products of research to scientific community 6) Demonstrate competence in scientific-technical writing and grant writing 	<ol style="list-style-type: none"> 1) Graduate-level integrated research design/statistics course, advanced statistics 2) Design/analysis of independent research projects 3) Integrative classroom papers, write-ups of formal research projects 4) Participation in activities and projects in research laboratory, interaction with individual research mentor 5) Exposure to opportunities to prepare research for publication or presentation 6) Exposure to writing seminars and preparation through participation in grant-funded research 	<ol style="list-style-type: none"> 1) Grades and written products in methodology/statistics courses 2) Analysis of written product and performance on oral defense of MS and Ph.D. theses 3) Performance on integrative qualifying examination 4) Research evaluations by mentor 5) Number (pct) of students publishing in peer -reviewed journals 6) Number (pct) of students presenting at national conferences 7) Grades in technical/grant writing courses 8) Number of student-initiated grants awarded 	<ol style="list-style-type: none"> 1) During the past 2 years 96% received grades of A-B 2) 98% of students passed MS defense on first try; 98% passed Ph.D. defense on first try 3) 100% of qualifying examinations passed during past two years 4) 98 % of students received satisfactory research progress evaluations during the last three yearly reviews 5) 36% of students published in peer-reviewed journal in 2006 - 2007- (2.06 pubs/student); 69 % had peer-review, non-peer review or paper "in press"; Among students entering in 2003, 2004 or 2005, 84% either published or presented their first year project at a professional meeting 6) 63% of students presented at national meetings in 2006- 2007 (2.43 presentations per student) 7) 100% passing grades in writing courses 8) Between 2002 and 2006 a total of 13 students were awarded NRSA grants; 87% of students involved in grant-funded research
<p><u>Graduates (last 7 years)</u></p> <ol style="list-style-type: none"> 1) Graduates assume active roles in academic/research settings 2) Graduates apply and disseminate science-based practice in applied settings 	<ol style="list-style-type: none"> 1) Percent of graduates with academic/research jobs 2) Percent of graduates who have published papers/presented posters since completing program 3) Percent with multiple publications/poster presentations 4) Percent with significant extramural grants 5) Percent of graduates holding membership in professional organizations 6) Of graduates working as clinicians, % who have published/presented since graduation 7) Percent of graduates who supervise the work of others 	<ol style="list-style-type: none"> 1) Data assessed from alumni surveys and independent contacts made to program by program graduates 	<ol style="list-style-type: none"> 1) 41% of grads in academic/research positions (med center, tenure track, R&D) 2) 57 % of graduates have published papers (or chapters (24%) or presented papers (76%) since program completion 3) 38% of graduates have multiple publications; 41% have multiple presentations since program completion 4) 27% of graduates have been a PI; 24% have been a Co-I on extramural grants 5) 90% belong to national or international organization 6) 61% of <i>clinician</i>-graduates have published or presented since graduation 7) 41% of graduates supervise trainees; 19% supervise other professionals

Clinical Training

Goals/Objectives	How met operationally	How Assessed	Outcome
<p><u>Current Students in Program</u></p> <ol style="list-style-type: none"> 1) Students demonstrate knowledge of scientific basis of practice 2) Students develop broad competencies in assessment, intervention, and consultation 3) Students obtain supervised experience with diverse patient populations 4) Students receive intensity of experience sufficient to develop broad knowledge and skill base 5) Students develop skills that make them ready for, and attractive to, internship settings 6) Students learn to deliver clinical services ethically and to the highest professional standards 	<ol style="list-style-type: none"> 1) Participation in core clinical curriculum 2) Participation in core clinical practicum rotations in multiple settings 3) Participation in 3-4 core rotations and advanced therapy practica 4) Students continually involved in practicum training starting in the second year 5) Students develop specialty clinical skills in advanced practicum & develop intern-readiness through development seminars 6) Ethical principles and standards discussed in all courses and in supervision; practice guidelines discussed in intro to clinical and pre-practicum course 	<ol style="list-style-type: none"> 1) Course grades, laboratory performance 2) Practicum evaluations, APA reports and clinical logs 3) Clinical logs, APA reports, practicum evaluations 4) Clinical logs, end-of-year reports, cumulative clinical training record 5) Internship acceptance rates, internship evaluations 6) Practicum evaluations, course grades 	<ol style="list-style-type: none"> 1) All students must achieve passing grades and competent laboratory performance prior to beginning practicum 2) 96% of students obtained satisfactory practicum evaluations 3) All students obtain assessment and therapy experience with children, adolescents and adults from majority and minority populations 4) Students leave for internship with an average of 1950 hours of supervised clinical experience plus additional experience on clinical research assistantships; all students completed core practicum in 4 settings/rotations 5) 100% of students in past 7 years have obtained APA-approved internships; all have received average to above average performance ratings 6) 1 student terminated for failure to meet academic/professional standards, otherwise no significant violation of ethical or professional practice guidelines
<p><u>Recent Program Graduates</u></p> <ol style="list-style-type: none"> 1) Graduates are able to demonstrate clinical training, skills, and experiences sufficient to obtain licensure in their state of residence 2) Graduates desirous of specialty certification will be successful in doing so 3) Graduates have sufficient breadth of knowledge and skill to practice with diverse patient populations 4) Graduates prepared to deliver clinical services ethically and to the highest professional standard 	<ol style="list-style-type: none"> 1) Successful completion of program requirements plus internship and residency requirements 2) Successful completion of program requirements plus additional specialty training 3) Graduates engaged in diverse practice settings and provide clinical services to diverse populations 4) See (6) above 	<ol style="list-style-type: none"> 1) Licensure statistics from alumni survey 2) Survey of ABPP diplomates 3) Alumni Survey 4) Anonymous Doctoral Program Review, adequacy of preparation in ethics 	<ol style="list-style-type: none"> 1) 62% of graduates from last seven years currently licensed; no student known to have failed in attempt to obtain license 2) No student from last seven years reported having obtained ABPP diploma 3) Diverse populations served; over 49% report “frequently” work with minorities, 51% working with lower SES “frequently” or “primarily” 4) “Adequacy of training in ethics” received 4.2 rating (out of 5) by 45 graduates completing anonymous program review 5) No known ethical complaint lodged against program graduate in this reporting period

Integration of Science and Practice

Goals/Objectives	How met operationally	How assessed	Outcome
<p><u>Current Students in Program</u></p> <p>1) Development of scientist-practitioner identity</p> <p>2) Integration of science and practice in meeting program goals</p> <p>3) Science-practice integration opportunities are evaluated as effective by student-consumers</p>	<p>1) All courses explicitly integrate science & practice; simultaneous enrollment in coursework, practicum, & research; exposure to faculty role models; enrollment in professional organizations & presentation at meetings; students encouraged to assume leadership roles</p> <p>2) Qualifying examination requires explicit integration of science and practice, practicum and research performance assesses integration</p> <p>3) Students engaged in opportunities to integrate research and practice</p>	<p>1) Student activity reports, self-assessments</p> <p>2) Qualifying examination results, practicum, research and clinical performance evaluations;</p> <p>3) Student evaluations of research-practice integration in their educational experiences, anonymous student program review ratings of science-practice integration</p>	<p>1) During 2006 – 2007, 36% published in peer-reviewed journals; 63% presented at national meetings; 79% of students belong to at least one professional society (66% belong to APA; 61% to a research society); This year, students received a total of 7 Travel Grants, and a total of 7 research awards at local, state, and national competitions; 1 serves as an APAGS representative.</p> <p>2) 100% pass rate for qualifying examination during 2006-2007; 98% of students received satisfactory ratings of clinical performance, while 100% received satisfactory ratings on research performance</p> <p>3) Preparation in the integration of theory, research, and practice received an average rating of 3.9 (1= poor; 5 = excellent) by 38 students completing an anonymous student program review.</p>
<p><u>Recent Graduates of Program</u></p> <p>1) Graduates continue to integrate science and practice in professional lives after completion of program</p>	<p>1) Graduates engage in both clinical and research activities in their professional lives</p>	<p>1) Alumni activity survey; anonymous alumni program review</p>	<p>1) 59% of graduates report being involved in clinical work; 86% reported being engaged in research; 24% report spending 10% or more of their time in both research and clinical activities</p> <p>2) Adequacy of preparation for integrating theory, research, and practice received a 4.2 rating out of 5 (1 = poor, 5 = excellent) by 45 program graduates completing an anonymous program review.</p> <p>3) Regarding training model identification, 73 % self-identified as scientist-practitioner; 11% self-identified as a clinical scientist; 14%, self-identified as a “practitioner”, and one considered him/her self a “researcher”</p>

Professional Development/Ethics

Goals/Objectives	How met operationally	How assessed	Outcomes
<p><u>Current Students in Program</u></p> <p>1) Students demonstrate that they consistently conduct themselves in ethical ways in research</p> <p>2) Students demonstrate that they consistently conduct themselves in ethical ways in clinical practice</p> <p>3) Students demonstrate a commitment to professional development</p> <p>4) Students demonstrate a commitment to professional activities through volunteerism and community service</p>	<p>1) Students exposed to ethical issues in all courses and on research teams</p> <p>2) Students exposed to ethical issues in pre-practicum courses, on practicum teams, and in supervision</p> <p>3) Involvement in professional activities, participation in weekly clinical, research, and teaching seminars</p> <p>4) Involvement in professionally-relevant community service activities</p>	<p>1) Ratings by mentor, approval of student research by Health Science Center IRB, satisfactory completion of ethics/professional issues coursework</p> <p>2) Successful completion of relevant coursework, ratings by clinical supervisors, anonymous student program review ratings</p> <p>3) Engagement in outside professional activities; attendance and participation at professional development seminars</p> <p>4) Student activity reports</p>	<p>1) All current students currently hold at least “satisfactory” ratings on this dimension by research supervisors; all student-initiated research is IRB-approved; successful completion of coursework is required for advancement in the program</p> <p>2) All current students hold at least “satisfactory” ratings on Ethics by clinical supervisors; all relevant coursework completed prior to practicum; Intro to Clinical Psychology: Professional issues and Ethics is required in the pre-practicum curriculum; Of 38 respondents to an anonymous student program review, current student ratings of adequacy of training to deal with ethical issues were 3.9 (scale of 1 – 5; 5 = greater preparedness);</p> <p>3) 79% belong to a professional organization, attendance required (and registered) at seminars</p> <p>4) 35% of students engage in volunteer University service; 32% engage in community service activities</p>
<p><u>Recent Program Graduates</u></p> <p>1) Graduates demonstrate that they consistently conduct themselves in ethical ways in professional activities</p> <p>2) Graduates demonstrate a commitment to the profession through membership/leadership in professional organizations and through a commitment to continuing education</p> <p>3) Graduates demonstrate a commitment to furthering welfare through pro-bono activities</p>	<p>1) Completion of program requirements and continuing education</p> <p>2) Ongoing professional activity and continuing education involvement</p> <p>3) Ongoing professional activity of a pro-bono nature</p>	<p>1) Alumni surveys</p> <p>2) Alumni surveys</p> <p>3) Alumni surveys</p>	<p>1) No graduate of the program is known to have committed a violation of ethical standards; Adequacy of training in ethics received a 4.1 (5 = greater preparedness) rating by 45 graduates completing an anonymous alumni program review</p> <p>2) 90% are members of a professional society; During the past seven years 69% of graduates report participating in continuing education; average = 29 CEU’s per year.</p> <p>3) 14% of graduates report engaging in pro-bono activities; time in pro-bono activities averaged 5.4 %</p>

Other Goals

Goals/Objectives	How met operationally	How assessed	Outcome
<p>1) Students function as effective teachers</p> <p>2) Students acquire sensitivity to issues of diversity in research and practice</p> <p>3) Students develop an area of specialization within the broader field of clinical psychology</p>	<p>1) Exposure to faculty role models, teaching assistantships, opportunity to present research at laboratory and research meetings, teaching at local community college</p> <p>2) Diversity components of all courses, attention to issues of diversity in qualifying examinations, maintenance of diversity in coursework; exposure to diversity in faculty</p> <p>3) Provision of areas of concentration within the curriculum, focusing on health psychology, clinical child/pediatric psychology, neuropsychology, and emotion neuroscience & psychopathology</p>	<p>1) Student evaluations of teaching, evaluation by teaching supervisors, evaluation by faculty attendees at research meetings; alumni surveys</p> <p>2) Performance in coursework and qualifying examinations, evidence of diversity awareness in clinical activity, research, and scholarship, student and faculty demographics, Alumni Surveys</p> <p>3) Satisfaction of area of concentration requirements as assessed by area faculty and area head; conduct of specialty-oriented research</p>	<p>1) One student currently teaching at local community college; 6 - 8 students per year teach undergraduate psychology courses in the department; 100% have received satisfactory teacher ratings during the past 2 years. 16% of alumni report involvement in teaching</p> <p>2) Achieved diversity in student body and faculty, all students currently carry at least "satisfactory" clinical ratings on this dimension; Of 38 respondents to an anonymous student program review, current student ratings of adequacy of training to deal with issues of diversity were 3.2 (scale of 1 – 5 (5 = greater preparedness); Adequacy of training in diversity issues" received a 3.7 rating by 45 graduates completing an anonymous alumni program review</p> <p>3) All students declare an area of concentration (AOC) by the end of their second year; all students fulfill AOC requirements prior to graduation; currently 18 students in health psychology, 23 in child/pediatric, and 34 students in neuropsychology, 1 student in emotion neuroscience/psychopathology</p>

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In order to maintain current program achievements and to make program changes suggested by our own ongoing self-study and CoA feedback, we have made a number of changes since our last accreditation review.

One significant program modification involved a departmental needs assessment regarding the scope of our program that resulted in the development of a new Clinical Science track that will accept new students beginning in fall 2007. This addition resulted from initial faculty discussions as to the need for a training track to accommodate outstanding applicants to the program whose career goals relate to academic/research foci rather than more applied clinical activities. As a result of these discussions, the department sought the opinions of a distinguished group of consultant psychologists to explore the viability of developing a Clinical Science track to complement our long standing Scientist-practitioner training program. Based on input from these consultants, and extensive faculty deliberation, the department has moved forward with the development of a Clinical Science training track which exists side-by-side with our successful Scientist-practitioner program. See sections B1 and B3 as well as the Student Handbook (Appendix 4; pp 6, 21, 23, 88) for additional information regarding the nature of this training track and how it will be implemented in terms of curriculum).

A second change resulting from our self study has resulted in an increased focus on providing opportunities for our students to engage in undergraduate teaching, as this has been an ongoing area of concern due to the fact that our department has traditionally focused on graduate, rather than undergraduate education. Indeed, providing opportunities for teaching is especially important for those students who wish to pursue an academic/research career. Here, it can be noted that, beginning during the 2005 – 2006 academic year, we arranged for our students to have the opportunity to participate in the teaching of four undergraduate Clinical and Health Psychology courses. These include Introduction to Clinical Child and Pediatric Psychology, Introduction to Clinical Psychology, Introduction to Health Psychology and Introduction to Clinical Neuropsychology. It should be noted that it has been possible, with a funding supplement from the Provost's office, to pay the two students who co-teach these courses \$1,000 each, which reflects a financial supplement over and beyond the typical graduate assistantship support provided to most students. And, beginning in 2006 the department was able to assume responsibility for, and to involve student teaching assistants in, the undergraduate Psychiatric Disorders class offered within the Bachelor of Health Science Curriculum in PHHP. In each case, these courses are taught or, more often, co-taught by students under the close supervision of departmental faculty. These opportunities have resulted in a total of 14 of our students being involved in teaching formal undergraduate courses. These courses have allowed us to increase the availability of formal teaching experiences by our students, many of whom desire an academic career. Apart from these recently developed teaching opportunities, another graduate student has taught three additional courses during the past year as part of the College Bachelor of Health Sciences program. Data provided by 2006 – 2007 student activity reports (N=80) suggest that during the past year alone a total of 29 students served either as a paid Teaching Assistant, a volunteer Teaching Assistant for a graduate course, or participated in supervised teaching for course credit. Enhancing student involvement in the classroom will continue to be an area of program development in the next few years. We believe this increased opportunity for students to gain teaching experience as part of our graduate program will increase the number of graduates who engage in teaching activities after receiving their degree. Assessment of student teaching performance is accomplished by obtaining routine student teaching evaluations of each course taught.

A third area of development has related to enhancing students exposure to the area of evidence-based practice. For several years, our program has offered students opportunities to develop competencies in empirically based treatments by exposing them to such approaches through classroom teaching and therapy practica. The most obvious examples are represented in the work on Parent Child Interaction Therapy by Drs. Eyberg and Boggs and the work in the UF Anxiety Disorders Clinic by Dr. Laplante in association with Dr. Peter Lang. Other examples would be the work of Dr. Michel Perry in obesity treatment and lifestyle modifications, the work of Dr. Michael Robinson and Dr. Laurie Waxenberg in the area of pain management, and the work of Dr. Bruce Crosson in aphasia evaluation and rehabilitation. In addition to these, a range of other faculty provide therapy supervision in cognitive-behavior therapy and interpersonal therapy which are generally recognized as evidenced based treatments for a range of child/adolescent and adult disorders. Building on this foundation, a new course entitled "Evidence-Based Practice in Psychology", was developed and first offered during summer 2007. This course provides grounding in the broad approach to EBP using a modified McMaster approach. This course covers evidence based assessment as well as empirically supported treatments and is designed to facilitate life-long learning by additionally including tasks to build informatics skills that enable students to access the most up-to-date information on the evidence base for clinical methods related to a range of psychological disorders and conditions. Finally, a new Child and Family Treatment course is being offered in fall 2007 (Drs. Adams and Janicke) which will emphasize empirically supported treatments of children and adolescents. These new offerings should add substantially to our program.

In addition to the above additions to the program, which have resulted from self study, issues raised at the time of the last accreditation review were as follows:

1. *The program is asked to review and, as needed, revise its requirements with regard to social bases of behavior, and should be aware that a focus on diversity issues would be considered by the committee to reflect only a subset of the breadth of social psychology.*

In response to this request the nature of the existing course previously used to meet the social bases of behavior requirement was reviewed and was judged to provide insufficient breadth. It has been replaced by a survey of social psychology course which is taught as a foundations graduate course in the Department of Psychology.

2. *The program is asked to clarify how it insures that all of its students are exposed to the current body of knowledge in consultation and supervision.*

This issue has been approached in several ways. First the topic of "Supervision in Training and Practice" is now routinely included as a separate topic in the Introduction to Clinical Psychology: Professional Issues and Ethics course which is required of all first years students (See Appendix 23). Here, through required readings and classroom discussion, students are exposed to models and concepts of supervision and learn how to be more competent consumers of supervision at all levels. Examples include articles dealing with topics such as competence-based approaches to supervision, developmental models of assessment supervision, and ethical and legal aspects of supervision, among others. Additional discussion advises students about ways they can be wise consumers of supervision and mentorship.

Second, while still in the process of development, we have begun providing second year students, involved in core practica, early opportunities to participate in a limited supervisory/clinical teaching role with first year students who are "shadowing" cases in the clinic. This is followed by developing additional opportunities for students, engaged in advanced practicum training, to also provide increasing levels of supervision to less experienced trainees seeing cases in the clinic. All such supervision is

conducted under the supervision of a licensed faculty member. With the exposure to basic concepts related to supervision, provided by the Introduction to Clinical Psychology course, along with the exposure to graded opportunities to participate in supervision within the context of clinical activities, it is hoped that students will develop early competencies in supervision that can be built upon at the internship level.

Training in consultation occurs primarily within the context of required core and/or advanced practica on medical psychology or pediatric psychology services where the trainee is involved in consult-liaison activities with children or adults with physical health problems. Opportunities for direct consultation with interdisciplinary health care teams is a natural part of our modus operandus within the Health Center Environment. These clinical activities are usually supplemented by relevant required readings that deal with models of consultation and information relevant to the types of health problems experienced by the patients being seen. Trainees are also exposed to consultative activities during primary care rotations that occur in the Gainesville VA or the Ocala VA Outpatient Clinic as well as within the context of required intervention practica, where students may consult with physicians and professionals from other disciplines who are also working with their patients.

3. *The program is encouraged to continue its efforts to attract and retain diverse faculty, and to insure that its students are exposed to diverse professional role models. The committee asks that the program address this issue within the next self study.*

As indicated in Domain D, our program has continually sought to recruit quality psychology graduate students from among ethnic minority applicants as well as other well qualified students with widely diverse backgrounds. We have done so with considerable success and have a good track record of retaining those students who we have attracted to our program. Indeed, only one minority student who has entered our program in the past seven years has failed to progress toward the doctorate. We will continue our efforts to be even more successful in the area of recruitment in the future. While we have been less successful in adding to the diversity of our core faculty to the extent that we would like, at present, we have one African-American core faculty member, as well as one multiethnic core faculty member, two foreign nationals and one individual, subject to Americans with Disabilities Act (also core faculty) who has been added since our last site visit (See Table 3, Faculty Demographics). While aspiring to greater levels of faculty diversity in the future, we have been able to increase role models of diversity through adding minority affiliate faculty. As was indicated in Domain D we have recently been able to add Dr. Tamara Warner, an outstanding young African-American psychologist (Department of Pediatrics) to our affiliate faculty with Graduate Research Faculty credentials. We have added another highly respected young Hispanic-American psychologist, (Steven Anton), from the Department of Aging and Geriatric Research, to our affiliate faculty as well. While continuing to seek additional highly qualified minority core faculty, in the meantime, both of the above will serve as excellent role models for our students.

It should be noted that in line with University of Florida policy, the Department of Clinical and Health Psychology makes a concerted attempt to identify quality minority applicants for faculty level positions in the department. This process involves contacting at least five women/minority professionals asking them to provide names of qualified candidates and completing a Equity Compliance Report as part of the hiring process. Here the department is required to provide a list of the candidates recommended by each of the five, along with a list of the candidates considered and their ethnicity and sex in order to assess compliance. The following link provides additional information regarding the University of Florida's recruitment process: <http://www.aa.ufl.edu/aa/facdev/recruit/documents/Faculty Toolkit.pdf>

The need to increase the diversity of our core faculty notwithstanding, it can be noted that it is also possible to highlight issues of diversity through research programs that focus on issues of possible cultural bias. Here, it can be noted Dr. Michael Robinson in The Center for Pain Research has sponsored a program of research (including 3 completed dissertations; one completed by one of our students from Jordan, the other by an African-American student) that examines the contributions of race, gender, and age on observer's decisions about patients' level of pain, and recommendations provided for treatment. These studies have validated an innovative "virtual" human technology that has successfully captured laypersons and health care professionals' decision policies about pain, and have clearly demonstrated the influence of gender, race, and age in those assessments. This line of research has significant implications for training in diversity which will likely benefit many of our students in the near future.

Outcome data gathered for this self-study period, presented in the above "Program Outcomes" table, and throughout this narrative, suggest that:

The program has been largely successful in achieving its major objectives in the education and training of students in research, clinical activity, professional socialization, and in the integration of science and practice. As can be seen, student and faculty activity reports and data obtained from alumni surveys suggest a high degree of involvement and productivity in these major components of professional activity. However, this data, along with ongoing needs assessments suggest that further development is needed in some areas.

First, it seems important to continue to pursue the development of diversity as regards faculty role models within the program. Second, further specification of core competencies related to clinical activities, issues of diversity, research, professional behavior (e.g., ethics), as well as other knowledge and skills relevant to functioning as a clinical psychologist is necessary to provide more objective assessment and monitoring of students professional development. Benefiting from the involvement of Dr. Ron Rozensky with the Competency Benchmarks Working group, it would seem important to begin to review both foundational and functional competencies (per the APA competency benchmarks) as they apply to our broad and general training, the training provided within the Scientist-practitioner and Clinical Science tracks and within specific areas of concentration.

Finally, available data suggest the need to increase attainment of specialty board certification among our graduates. It should be noted that this program was selected to serve as a "model program" example in recent CRSPPP specialty applications for Clinical Neuropsychology, Clinical Health Psychology, and Clinical Child Psychology. This strongly suggests that the supporting curriculum is sufficient for the successful attainment of board certification. However, the number of students who eventually attain diplomate status is smaller than we would like. Currently, 8 former students, 11 former interns, and 12 faculty members (11 core and 1 associate) have ABPP specialty board certification. All of the student and intern certifications are in Clinical Neuropsychology, suggesting the need to enhance the pursuit of diplomate status by students in the Clinical Health and Clinical Child/Pediatric Psychology areas. Neuropsychology area faculty members provide students with specific instruction (including mock examinations) in the process of board certification, and data from our survey suggests the need to enhance such efforts program-wide. Similar comments can be made regarding the relatively low rate of pro bono services provided by our recent graduates (14%; 5% time) responding to our Alumni Survey. While such result may, in part, reflect economic pressures in a challenging reimbursement environment, they also suggest that we could be doing more to enhance the recognition among our graduates that a certain amount of pro-bono services to underserved populations is a social and professional responsibility they all share.

Domain G: Public Disclosure

GI. The following documents are found in the appendices:

1. **Brief Program Description.** An overview of program information, which is available to the public and is referenced in corresponding with applicants and potential minority candidates that have been identified through university programs, departmental faculty, or the APA minority program is provided on the departmental website and located at the following URL : <http://www.chp.phhp.ufl.edu/programs/doctoral/index.html#admission>. This program description can be found in Appendix 7 (pp. 1–14). This brief description also provides many links to more detailed information about the program, curriculum requirements for both the Scientist-practitioner and Clinical Science tracks, and applicant and doctoral program data.
2. **Department Website** (<http://www.chp.phhp.ufl.edu>). The contents of the department’s Website are included in Appendix 7. The Website includes information about our goals, training model, admission policies, curriculum requirements, faculty, facilities and resources, ongoing research and clinical activities and program outcomes, among other information. The Website is updated on a regular basis. The Graduate Program participates in the CUDCP full disclosure program, which involves the posting of rolling three year program data. The University of Florida Website (<http://www.ufl.edu>) provides a wealth of information and resources for students, from downloadable forms to the entire Graduate Catalog.
3. The **2007-2008 Clinical and Health Psychology Student Handbook** is included in Appendix 4. This handbook is given to each entering student and includes more detailed information about the policies and procedures of the program as well as a copy of the Ethical Principles of Psychologists and Code of Conduct (pp. 56-74). The Handbook is best described as a living document in that it is updated yearly to include newly developed policies, and after inquiry of current students and faculty, further clarification of existing content. If there is a change in program requirements, students have a choice of staying with the requirements under which they entered, or meeting the new requirements.
4. The **2007-2008 University of Florida Graduate Catalog** is found in Appendix 6 (in CD format). This document is available to every graduate student. It includes the academic calendar, admissions policies, general regulations, financial information, research and teaching services and student services. The Departmental listing includes all faculty appointed to the Graduate School through our department, and contains the current listing of course designations and prerequisites. Graduate Faculty appointments are periodically reviewed by the Executive Committee to determine that faculty members are maintaining active participation/availability in the educational program as are the affiliate faculty who are reviewed yearly as to their contributions to the program.
5. The 2007 – 2008 **UF Graduate Student Handbook** (Appendix 5) is mailed to each graduate student by the Graduate School or provided to them in their orientation packet. Among other information, it includes information concerning the academic calendar, registration, grading, tuition, graduate student resources, and policies governing academic integrity, grievance, sexual harassment, and research with human subjects.
6. The **UF Semester Deadlines brochure** (Appendix 17). Multiple copies are kept in the program office for students and faculty. Information regarding Graduate School deadlines is also available on the UF Website.
7. The **Collective Bargaining Agreement** between The Board of Regents State University System of Florida, University of Florida and Graduate Assistants United, United Faculty of Florida (Appendix 18) is kept in the program office.

8. **Psychology Clinic Policy and Procedure Manual** (Appendix 19). This manual governs policy and procedures to be followed within the Psychology Clinic and is given to, and reviewed with, all students during their pre-practicum sequence.

Domain H. Relationship with Accrediting Body

The program has filed yearly reports with the Committee on Accreditation, notified the Committee regarding the change in directorship (see Appendix 22), and has paid all fees associated with the maintenance of its accredited status.

APPENDICES

Appendix 1. Mission Statement: Department of Clinical & Health Psychology

Appendix 2. Mission Statements: College of Health Professions, the Graduate School, and the University of Florida

Appendix 3. Faculty Core Responsibilities Document

Appendix 4. Clinical and Health Psychology Student Handbook

Appendix 5. University of Florida Graduate Student Handbook

Appendix 6. University of Florida Graduate Catalog

Appendix 7. Contents of Clinical and Health Psychology Website (<http://www.chp.phhp.ufl.edu/>)

Appendix 8. University of Florida Faculty Handbook

Appendix 9. Curriculum Plan and Program Requirements Summary

Appendix 10. Departmental Teaching Conference: List of Continuing Education Topics, Presenters, and Learning Objectives

Appendix 11. Department of Clinical and Health Psychology Annual Student Award Program

Appendix 12. Faculty Membership on Editorial Boards

Appendix 13. APA Departmental Award for Culture of Service in the Psychological Sciences; APAGS Department of the Year Award

Appendix 14. Student Annual Self-Assessment Form (Student Activity Report), Faculty Activity Report

Appendix 15. Specialty Practicum Offerings

Appendix 16. Conference Program: National Conference on Child Health Psychology 2006

Appendix 17. Semester Deadlines Announcement

Appendix 18. Collective Bargaining Agreement

Appendix 19. Psychology Clinic Policy and Procedure Manual

Appendix 20. Examples of Graduate Outcomes

Appendix 21. Previous APA Site Visit Report

Appendix 22. CoA Correspondence during Reporting Period

Appendix 23. Course Syllabi with Face Sheets

Appendix 24. Results of Anonymous Doctoral Program Review: Alumni and Student (Overall ratings)

Appendix 25. Evaluation Forms