

Department of Clinical and Health Psychology
University of Florida
Doctoral Program in Clinical Psychology
Supplement to 2008 Self-study

In response to the Committee on Accreditation's preliminary review of the program self-study submitted for the University of Florida Doctoral Program in Clinical Psychology, the following additional information is offered

- 1. The program indicates on pg. 3 of the self-study that a minimum of two years of academic study on campus is required for students who enter with a Master's degree. The program is asked to clarify how this policy is consistent with Domain A.4 of the Guidelines and Principles.**

Please see the following section from the self-study (with added text) along with the material from Domain A.4 from the Guidelines and Principles (including inserts) to see how we meet this requirement.

A4. [Added text: For students just beginning their graduate training,] 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 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.

Domain A.4 text from Guidelines and Principles

The program requires of each student a minimum of 3 full-time academic years of graduate study (or the equivalent thereof)... At least 2 of the 3 academic training years (or the equivalent thereof) must be at the institution from which the doctoral degree is granted and at least 1 year of which must be in full time residence (or the equivalent thereof) at that same institution...

As can be noted above we do require at least two years of in-residence academic training at the university of Florida for those students who come into the program with a masters

degree; at least one year of graduate study would have been completed in pursuit of the masters to meet the three years of graduate study requirement.

and completion of an internship prior to awarding the doctoral degree. We require an internship prior to completing the doctorate.

As can be seen from the above, for those students entering the program with a Master's, we require two years of full-time residence at the University of Florida beyond the Master's. Also note that these years are full years rather than just academic years as our students continue their training throughout the year (including the summer term). It can also be noted that, for those coming to the program with a masters, three additional years of graduate study are typically required to meet full program requirements.

2. **The syllabus for PHC 6001, Principles of Epidemiology, could not be found in Appendix 23. Since the program indicates that this course is required, please provide a current syllabus.** The syllabus for PHC 6001 is attached.
3. **The program provided an overview of the practicum training experience (pg. 16 of the self-study). The program is asked to provide a more complete description of the practicum experiences provided to students, addressing each component of Domain B.4a-d. In addition, the program is asked to clarify how it has appropriate access to or control over practicum sites, consistent with Domain C. 3f.**

As indicated in the self-study document, the major site for core (and advanced) practicum training is the Psychology Clinic at Shands Hospital, located within the University of Florida Health Sciences Center. 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.

The psychology clinic is well staffed by a large number of doctoral-level, licensed psychologists who are members of our faculty and who supervise students in both *core* and *advanced* practicum activities.

Core Practicum

Depending on the nature of the specific core practicum rotation the student is assigned to, he/she may be involved in conducting assessments of children and adolescents who display a wide range of difficulties, child or adult neuropsychological evaluations, mental health assessments of adults, or engaging in the assessment and short term intervention of adults or children who display psychological/behavioral issues associated with medical problems. It is within this context that the core practica (four rotations, one day per week) in the areas of child/pediatric psychology, neuropsychology, medical psychology, mental health), required of our students during their second year, take place. Note that students completing these core practica also begin to develop a small therapy caseload under the supervision of departmental

faculty. These core practicum rotations, supervised by members of our faculty (with specialty training in the above areas) are designed to build on knowledge that students have obtained during their first-year coursework (Introduction to Clinical Psychology: Professional Issues and Ethics, Lifespan Psychopathology, Child and Adult Assessment, and Psychological Intervention) and move them toward the development of *core-level* clinical competencies in the areas of clinical interviewing, psychological and neuropsychological assessment, report writing, treatment, and consultation, while also exposing them to opportunities to interact with patients from diverse individual, ethnic, and cultural, backgrounds that provide them with opportunities to learn, first hand, how to deal with various ethical and professional issues.

It should be emphasized that, while there is an effort to link core practicum experiences to prior clinical coursework, there is also an effort to direct students on core practicum to relevant resources and clinical and research literature that is of relevance to those cases currently being seen on practicum so as to facilitate the integration of specific clinical activities with the relevant evidence base. Linkages between the student's clinical activities on core practicum and the evidence base for these activities is seen as central to the supervisory process during both core and advanced practica. Supervision for core as well as other practica is typically an ongoing process, beginning with trainee and supervisor reviewing referral and other patient related information prior to the patient's arrival in the clinic, laying plans for information to be obtained in the interview, with this information becoming relevant to making plans for further assessment. Interaction between trainee and supervisor is common as the case progresses, with there being opportunity for detailed discussion of assessment material and case conceptualization prior to providing patient feedback and preparation a draft of the report.

As these four core practicum rotations are offered within the psychology clinic, which is run by the Department of Clinical and Health Psychology, the program has control over the nature of this core practicum training.

As noted in B4 of the self-study, an additional rural/primary-care core practicum, taken by students in the scientist-practitioner track during their third year, involves gaining clinical experience at one of three affiliated training sites. One of these practica, supervised by Dr. Brenda Wiens (National Rural Behavioral Health Center - University of Florida) offers students a semester long (one-day-per-week) clinical experience in providing school/community-based assessment and treatment services for children and adolescents from rural areas through the Columbia County school systems in Lake City, Florida. As this program is affiliated with the public schools trainees, not only gain valuable experience in working with a rural population but also gain valuable experience through learning how to interact with school personnel in the provision of services. As this practicum was developed by and is supervised by Dr. Wiens, who is a full-time member of our faculty, we have extensive control over the nature of the training provided.

Trainees can also select to complete their rural/primary care practicum requirement by gaining clinical experience at either the Gainesville Veterans' Administration Medical Center in Gainesville, or at the Ocala VA Community-based Outpatient Clinic. In each location

students obtain supervised primary care experience, involving both assessment and treatment, and have the opportunity to learn about the VA health care system and the wide range of difficulties displayed by veterans. Supervision at both of the practicum sites is provided by licensed clinical psychologists, who specialize in health psychology, are graduates of our doctoral program, who interact with the training director in terms of the nature of the training provided. During the coming year, we anticipate offering a regularly scheduled primary-care practicum training opportunity that involves students working with patients being seen at a primary care health clinic located in rural Dixie County, Florida which is located approximately 40 miles from Gainesville in a seriously underserved geographical area. This practicum, like each of the core and other rural/primary-care practica options will involve one day per week of supervised clinical involvement. It will be supervised by Dr. Steven Anton, an affiliate faculty member in our department.

It should be noted that these rural/primary-care practica are purposely scheduled to be completed during the third year after the student has gained experience in clinical interviewing, formal psychological testing, consultation, report writing, clinical conceptualization, and has received some experience in approaches to intervention. This sequential approach to training is based on the belief that, it is only with this background that trainees are in a position to engage effectively in the fast-paced complex clinical decision making that is often required within a primary-care setting.

As noted earlier, while completing core practicum rotations, students in the Scientist-practitioner track are also required to see a small number of therapy cases during their second year. Upon the completion of their core practica, students in the Scientist-practitioner track are then required to complete a total of five semesters of advanced intervention practicum (25 hours of supervised face-to-face patient contact per semester). Students in the Clinical Science Track are required to complete two semesters of Advanced Intervention Practicum as well as obtain 50 additional hours of supervised therapy contact as part of their area of concentration advanced practicum requirements. Patients seen in the Advanced Intervention practicum may be therapy referrals from the Psychology Clinic or from other clinics that provide therapy training cases by virtue of having a psychologist with a joint appointment in our department who can provide close supervision of the trainee's therapy activities (e.g., Child and Adolescent Psychiatry). The goal of therapy training is to provide trainees with a graded sequence of therapy experiences ranging from those cases that are relatively straightforward to those that are increasingly more complex and challenging, that expose students to patients from diverse (individual, ethnically and culturally) backgrounds, that vary in developmental level and problems displayed, and that provide students with experience in developing competencies in the delivery of evidence based approaches to intervention. In all cases, students are supervised by a licensed psychologist with a faculty appointment in the Department of Clinical and Health Psychology. Approaches to supervision (individual vs. group) may vary depending on the supervisor, the nature of the case being seen, case complexity, the skill of the trainee in working with the specific case, and overall training needs. Generally, students receive from ½ to 1 hour of supervision per hour of trainee therapy contact depending on the nature of the case and training needs of the student. Additional time for supervision is typically available PRN as trainee needs dictate.

Advanced Practicum

Apart from core practicum and completion of the required Advanced Intervention practicum sequence, a wide variety of other training experiences can be engaged in to meet advanced practicum requirements for various areas of concentration within the program (e.g., advanced neuropsychological assessments of specific types of neurological conditions, advanced child or adult practica focusing on specific types of psychological disorders or health related conditions) or to add to the breadth of clinical training. Indeed, each of the areas of concentration requires one or more *advanced* practicum that build, sequentially, on skills developed during core practicum training. The majority of these advanced practica are offered through our psychology clinic, one of the clinical/research centers affiliated with our department or clinic, or by a clinic in which a licensed psychologist with an appointment in our department is affiliated.

One example is the *NIMH Center for the Study of Emotion and Attention*, which focuses on research dealing with the development and treatment of anxiety disorders and maintains the UF Anxiety Disorders Clinic which provides services for patients with anxiety related conditions. This clinic is run by Dr. Peter Lang and Dr. Marie Claude LaPlante who is in charge of clinical activities and the supervision of trainees. This advanced practicum, which is most popular with students in the Emotion, Neuroscience and Psychopathology area of concentration, affords students the opportunity to gain experience in evidence based approaches to the assessment (including psychophysiological methodologies) and treatment of anxiety disorders and develop advanced competencies beyond those developed in core practica. Here, it can be noted that some students in core practica also select training in this clinic to meet core requirements in the mental health area. Training is under the direction supervision of Dr. LaPlante who is a licensed psychologist specializing in anxiety disorders.

A second example relates to the activities of the *Center for Pain Research & Behavioral Health*, which is based in our department. This center is affiliated with our psychology clinic and focuses on both research and clinical activities with chronic pain patients, through the integration of research and practice. This advanced pain practicum is most popular with our graduate students in the Medical Psychology area of concentration as it provides opportunities to develop advanced competencies in evidence-based approaches to the assessment and treatment of chronic pain that build on experiences that the student may have had during the core medical psychology core practicum. Supervision of this practicum is provided by Drs. Lori Waxenberg and Michael Robinson, both licensed psychologists in our department who specialize in the area of pain.

A third example is the advanced practicum in Rehabilitation Psychology which is provided at the *Shands Rehabilitation Hospital* in Gainesville under the supervisions of Dr. Thomas Kerkhoff, a board certified (Rehabilitation Psychology) licensed psychologist who has a clinical faculty appointment in our department and teaches an elective graduate course in rehabilitation psychology. Here, students in both neuropsychology and medical psychology are able to obtain experience in assessment, consultation and intervention with post-acute stroke and brain-injured patients that provide advanced knowledge and skills that build on

earlier knowledge obtained in the rehabilitation course and core practicum experience in these areas. All supervision is provided by Dr. Kerkhoff

Students in our program have also obtained supervised advanced practicum experiences in the following units within the Shands/Health Science Center complex: the *Pediatric Diabetes Outpatient Clinic* (Supervisor: Dr. Gary Geffken), *Child and Adolescent Psychiatry* (Supervisor: Dr. Gary Geffken), the *University of Florida Craniofacial Center* (Supervisor: Dr. Stephen Boggs), the *UF Spine Center* (Supervisors: Drs. Michael Robinson, Lori Waxenberg), and the *UF Facial Pain Center* (Supervisors: Drs. Michael Robinson, Lori Waxenberg).

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* (All supervision provided by members of the Department of Clinical and Health Psychology Faculty).

Note. While the above represent examples of advanced practica that are commonly offered to develop advanced competencies in our students, the list is by no means inclusive as students can also arrange for advanced practica in areas specific to individual training needs. Such practica can be approved upon the student providing a written petition (describing the specific nature, goals, and objectives of the practicum, the degree of clinical involvement, the number of credit hours to be associated with the practicum, the specific training needs to be met by the practicum, and the supervisor for the practicum). Individualized advanced practica, not previously approved require the approval of the supervisor, the students mentor, the area head, and the Training Director.

Specifically provide comments regarding components of Domain B.4 a-d.

While we have attempted to address most of these issues in the material provided above, the following supplementary comments are offered.

The program requires that its students receive adequate and appropriate practicum experiences. To this end the program should:

- a. Place students in settings that: are committed to training; supervise students using an adequate number of appropriate professionals; and provide a range of training and educational experiences through applications of empirically supported intervention procedures.**

All practica offered by the program are supervised by licensed psychologists, who are committed to the training program, who have an academic appointment in our department and who have training in the area in which supervision is provided. An emphasis is placed on evidence based approaches to assessment and treatment in terms of relevant coursework and in supervision.

b. Integrate the practicum component of the students education and training with other elements of the program and provide adequate forums for the discussion of practicum experiences

All practicum experiences are designed to build on the students' prior didactic knowledge and clinical experiences and encourage the integration of the two as well as the integration of research and clinical practice. Supervisors are asked to provide all students they supervise with evaluations of their clinical performance at the end of each semester. Prior to submitting the evaluation forms supervisors are asked to share this feedback with the student, encourage discussion of the evaluation and any important issues related to the practicum and supervision process, and obtain the signature of students after the clinical evaluation has been discussed with them. Students are also encouraged to provide anonymous evaluations of each supervisor with whom they have worked on practicum.

c. Ensure that the sequencing, duration, nature, and content of these experiences are both appropriate for and consistent with the programs immediate and long terms training goals and objectives

Ongoing assessment of such issues are considered, not only during routine self-study of the program for purposes of accreditation and annual reports but also through our routine efforts to continually enhance the program and from frequently considering issues of this type in scheduled curriculum committee meetings. One major example is represented in the many detailed discussions that took place while discussing the proposed development of our new Clinical Science track and the many debates that ensued regarding the amount and type of didactic and practicum experiences that should be required of students in the Clinical Science and Scientist-practitioner tracks. Maintaining an awareness of the importance of such issues, while continually monitoring outcome data provided by current students and graduates of the program, is extremely important in this regard. That we are being successful in producing the type of students we hope to produces is suggested by the continued success of our students in terms of research grants and research awards, their getting top internships, reports of their success in these internship sites, the high scores they obtain on the national licensure exam, and their level of success in the field after graduation.

d. Describe and justify the sufficiency of practicum experiences required of students in preparation for an Internship.

The sufficiency of the practicum experience as they related to internship preparation appears to be supported by the fact that our students continue to match with high quality and well respected APA-approved internship sites and that they routinely receive excellent performance rating by these internship sites. Parenthetically, it is also suggested

by the fact that many of our interns are offered post-doctoral positions or other clinical or faculty positions by these sites after the completion of their internships.

Specific comments regarding Domain C3f

Access to or control over practicum training sites and facilities are appropriate to the program's goals, objectives and training model.

As described in the narrative discussion above, virtually all of the practicum training sites that contribute to the training of students are either controlled by our Department/Psychology clinic, with supervision being provided by our own faculty. In the few cases where advanced practicum training is occurs in a location outside of our department, the supervisor is a licensed psychologist with an academic/clinical or joint appointment in our department. This situation provides us with ready and continuous access and control over the training sites and their appropriateness to meeting program goals and the objectives of the training model.

4. **The CV's for some faculty members indicate that he/she attended an accredited doctoral program in an area that falls outside of the scope of accreditation. Since the CoA only accredits doctoral programs in the substantive areas of clinical, counseling, or school psychology (or a combination thereof), please correct and resubmit CV's for: Michael Marsiske (Human Development & Family Studies), Kimberly Shaw (Clinical-Child-Pediatric Psychology), Margaret Bradley (Cognitive) and Robin Lea West (Developmental).**

Corrected CV's are attached which indicate that the doctoral training of Drs. Marsiske, Bradley, and West was not within the scope of CoA accreditation (Clinical, Counseling, School, or a combination of these areas). These individuals do make varying levels of contribution to our training program (especially Dr. Marsiske, who teaches a wide range of required and elective courses within the program and is on a large number of graduate research committees). Dr. Shaw is the graduate of an APA-approved Clinical Psychology doctoral program (University of Miami).

5. **Curriculum vita for Dr. Steve Anton and Dr. Tamera Duckworth Warner were provided in the self-study, but neither individual is listed in Table 3. Please clarify the roles of Drs. Anton and Warner the Clinical Ph.D. program.**

Drs. Anton and Warner are included in the revised Table 3 which is attached.

Dr. Steve Anton, who has his primary appointment in the Department of Aging and Geriatric Research, currently spends one day per week working with trainees on one of our rural/primary care practica. This will become a regularly scheduled rural/primary-care practicum during the coming year. He is also involved in training our medical

psychology students by supervising their work with patients in our psychology clinic, and contributes to the diversity section of our required Introduction to Clinical Psychology: Professional Issues and Ethics course. Additionally, Dr. Anton has been granted Graduate Faculty status in our department which also results in his serving as a member of graduate committees for our students.

Dr. Tamara Warner, a Research Assistant Professor in the Department of Pediatrics, is also a member of our graduate faculty who is involved in supervising student research and serving on graduate student committees. Dr. Warner also makes a major contribution in terms of being actively involved in training in diversity as part of our required Introduction to Clinical Psychology: Professional Issues and Ethics course, which is required of our first year students.

- 6. It appears that the program's definition of core faculty (pg. 16 of the self-study) is inconsistent with the definition of core faculty as outlined in the Implementing Regulation C-18 (attached). A review of the Department Website indicated that 30 of 33 "core" faculty listed on Table 3 have responsibilities toward the separately accredited internship program. The Web site states that these faculty members have direct supervisory contact with interns and are actively involved in planning and implementing the internship program. In addition, a review of the curriculum vitae indicate that many faculty members are engaged in service delivery and/or have other professional responsibilities. The program is asked to recalculate the amount of time (based on a 40 hour week) each faculty member devotes exclusively to the Clinical Ph.D. program. In addition, the time reported should be provided as a percentage (i.e. 1.0 FTE should be written as 100%). Please provide a revised Table 3, along with a description of how the core faculty in the table are defined according to IR C-18.**

While attempting to respond to this item so as to reduce any inconsistencies between the way the core faculty were characterized in our self-study and the way they are defined in Implementing Regulation C – 18, some clarification may be in order. This seems important given the unique nature of the organizational structure of our department as it relates to the workings of the clinic and the interrelationships among academic, research, clinical and training programs.

As it relates to the above, it is useful to note that in a department that houses both an APA-approved internship and doctoral training program as well as multiple clinical services and numerous faculty members who maintain research laboratories, faculty time is often allocated among a range of activities that may vary from faculty member to faculty member and within an individual faculty member from day to day. It is also important to note that, given the multiple and sometimes simultaneous roles played by faculty members, specific work related activities can at times serve multiple purposes.

When it is suggested that some faculty members are engaged in a significant amount of service delivery, this may fail to capture the fact that most, if not all, of the clinical service activities provided by the clinic involves trainees, registered for clinical practica, for whom close clinical supervision is being provided. And, in many instances for the clinical faculty member seeing multiple cases, both interns (who are part of one program that the faculty member serves) and doctoral students (who are part of the other program the faculty member serves) are involved in the service delivery effort and receive program related supervision by this same faculty member. As can be seen, the fact that this faculty member is a contributor to the internship program does not take away his/her simultaneous contribution to the doctoral program. That some faculty members are service providers for a significant proportion of their time does not mean that this same time is not contributory to clinical training. And, many faculty who are clinical services providers in the clinic, simultaneously contribute to both the doctoral and the internship training programs, with the amount of this contribution perhaps varying to some degree day by day. Likewise, the fact that faculty members who are assigned a large percentage of their time for research does not necessarily mean that this research time should be “carved out” from the time that they spend in contributing to the doctoral program. On the contrary, faculty with the most active research programs often have the time and the resources to, not only fund students (thus contributing to the graduate program) but to also allow a larger number of graduate students to meet their research training goals in terms of competing the master’s thesis, the dissertation, and perhaps other products resulting from supervised research. For this faculty member, contributions to the graduate program through research mentoring and supervision may occur simultaneously with managing his/her research enterprise. Thus, while we have attempted to provide a revised Table 3 as has been requested, it should be emphasized that, for many faculty, the entire contribution to one or both of our training programs may be greater than that suggest by a simple summation of the time assigned to specific faculty responsibilities viewed in isolation as separate and independent role-related activities. The revised Table 3 is attached. We believe the core faculty listed in this table display the training, competencies, and credentials, the time commitment to and involvement with the doctoral program, serve as exemplary role models, and display those other characteristics outlined in IR C – 18.

The last decision letter (dated September 14 2001) cited the need to provide a description of this self study of its systematic, coherent, and long-term efforts to recruit diverse faculty and students. The program provided information on students, but is asked to discuss said efforts toward recruiting and retaining diverse faculty.

As was noted in the self-study document, we have clearly been less successful in adding to the diversity of our core faculty than in adding to, and maintaining, the diversity of our

student group. 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 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 our role models of diversity by 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 status. We have added another highly respected young Hispanic-American psychologist, (Dr. Steven Anton), from the Department of Aging and Geriatric Research, to our affiliate faculty as well (also with Graduate Research Faculty status). While continuing to seek additional highly qualified minority core faculty, both of the above will serve as excellent role models for our students and be important contributors to our department.

While not having been as productive would be desired in the recruitment of new full-time minority faculty members, we have been fortunate to take a step that is important to the retention of one of our most valued members of the faculty in this regard. Here, Dr. Duane Dede has been endorsed by the Department Faculty as well as the College Tenure and Promotion Board for promotion to the rank of Clinical Full Professor. We believe this affirms the high esteem we all have for Dr. Dede and our strong desire for him to remain on our faculty and continue the valuable contributions he has routinely made over the years.

In terms of the efforts that have been made since the prior site visit, it should be noted that in line with University of Florida policy, the Department of Clinical and Health Psychology *does* make 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 an Equity Compliance Report as part of the overall 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 with this policy. The following link provides additional information regarding the UF recruitment process as it relates to this policy: <http://www.aa.ufl.edu/aa/facdev/recruit/documents/Faculty Toolkit.pdf>.

We clearly recognize the lack of sufficient minority role models as an area of weakness in what we believe to be an outstanding program and we are very much aware of the need to make gains in this area.

7. **Although the contact information for the CoA is provided on documents which cite the program's accredited status, the phone number provided on the Department Web site (Appendix 7) is incorrect. Please correct it to read: [202-336-5959].** This phone number has been corrected on the Department Website.