

## **Domain A: Eligibility**

Accredited by the American Psychological Association since 1995, the Clinical Psychology Program at the University of Massachusetts Boston (UMB) offers doctoral education and professional training in clinical psychology following the scientist-practitioner model. Balancing equally the emphasis on science and practice, it aims to teach students to integrate empirically informed practice with clinically relevant science. It prepares graduates for entry-level positions as clinicians, clinical researchers, and academics. A majority of graduates choose careers as practicing clinicians although many work in research environments such as university affiliated medical centers and an increasing number are seeking academic careers. The program's training model is described in greater detail in the narrative section of Domain B, and in the Program Handbook and the Graduate Bulletin both of which are included in Appendix A and are available at <http://psych.umb.edu/dept/clinhndbk.htm> and <http://www.umb.edu/admissions/catalog.html> respectively.

### Sponsoring Institution

The University of Massachusetts at Boston (UMB) is the urban campus of the five-campus University of Massachusetts system. The University of Massachusetts serves more than 57,000 students and is the largest university system in New England. The Boston campus, which has approximately 12,000 students in its undergraduate, graduate, and continuing education programs, is the second largest campus in the system and is nationally recognized as a model of excellence for urban universities. Its mission of access to excellence reflects a commitment to provide non-traditional students from varied social, cultural, and ethnic backgrounds, who characteristically combine a university education with work and family responsibilities, with academic coursework, research opportunities, and other educational experiences provided by faculty members who are active scholars and leaders in their disciplines and professions.

The College of Liberal Arts is the largest of the seven schools and colleges that make up the UMB campus. The Department of Psychology, housed within the College of Liberal Arts, has an active research faculty and an extensive program of undergraduate and graduate instruction. It offers the largest undergraduate major (offering Bachelor of Arts and Bachelor of Science degrees in Psychology and a Joint Major in Psychology and Sociology) and the only doctoral program, the Ph.D. in Clinical Psychology, housed exclusively within the College of Liberal Arts.

### Administrative Structure

The Department of Psychology has a Department Chairperson who is elected by the faculty for a three-year term. The Clinical Psychology Ph.D. Program has a Graduate Program Director (also referred to as the Director of Clinical Training or DCT). The faculty also elects the DCT for a three-year term. The current Chairperson is Dr. Celia Moore; the DCT is Dr. Joan Liem. Dr. Moore has been chairperson since January 2005. Dr. Liem has been DCT since 1997. The Department Chairperson, the DCT, and three

additional faculty members, elected each year by the department faculty, comprise the Department Executive Committee. The Clinical Program also has an Executive Committee, made up of the DCT, the Practicum Coordinator, three clinical faculty members elected yearly by the department faculty, and two graduate students elected by the Clinical Graduate Student Association (CGSA). The Clinical Executive Committee initiates all policy recommendations regarding the doctoral program and, together with the DCT, has primary responsibility for the day-to-day functioning of the Program.

The Department has 19 full-time faculty members, 10 of whom are Core Clinical Program Faculty. An additional faculty member, a cognitive neuroscientist, was hired this spring and will join the department in January 2007. Negotiations are also underway with a senior developmental psychologist, licensed post-doctorally as a clinical psychologist, to join the department in January 2007. Thirteen members of the department are tenured (8 are clinical faculty members). Four are in tenure track positions (2 are clinical faculty members). Two long-term members of the department occupy full-time, non-tenure track positions. In addition, the Department has one professor emeritus that regularly teaches two yearlong courses in the Clinical Program and one visiting assistant professor, a clinical psychologist, that teaches both graduate and undergraduate courses. The Department has six fewer faculty members than it had at the time of the last self-study (three fewer clinical faculty members), due in large part to retirements encouraged by a state early retirement program. A hiring plan for replacing faculty over the next five years has been approved by the Dean of the College and the Provost and is in the process of being implemented. Recruitment for two tenure track positions, one clinical and one non-clinical, has been approved for 2006-07.

#### Residency Requirements and Time in the Program

The Clinical Program has 54 active graduate students including those away on internship. The Program requires 86 hours of graduate credit, a minimum of five years of full-time graduate study, and the completion of an internship prior to awarding the doctoral degree. All students are registered full-time and supported on stipends for the first four years in the program. Most students do their internship in their 5th year although some choose to complete their dissertations first and do their internship in their 6th year. Students who do a 5th year internship often have to return to campus afterwards to complete their dissertations. The mean time in program from 2000 to 2006 was 6.9 years. The median was 6.5 years.

#### Cultural and Individual Diversity

The Clinical Program is strongly committed to training ethnic minority psychologists and to preparing both ethnic-minority and non-ethnic minority psychologists to provide effective services to ethnic minority populations, and to do research and teaching that furthers our understanding of the needs of ethnic-minority populations. The Program strives to fulfill its commitment by recruiting a diverse faculty, by admitting graduate student classes that are strongly enriched by their diverse cultural make-up, and by making social and cultural diversity an integral part of the curriculum. The Core Clinical

Program faculty includes one African-American female, one Latina female, one Latino male, and one multi-racial, Asian-American female. The emeritus professor who still teaches two yearlong courses in the Clinical Program - the second year practicum seminar and the Professional Standards and Ethics course - is African American. Another African-American female, a psychobiologist, often teaches the required Biological Bases of Behavior course and serves on master's and dissertation committees. The Program also draws on the resources of three culturally oriented research institutes at UMB that address concerns of the African-American, Latino/a, and Asian American Communities.

Of the 84 graduates of our program to date, 11 are African-American, 11 are Latino/a-Americans, and 10 are Asian-American; in total 38% of our graduates are ethnic-minorities; 73% are women. Currently, 34% of our 54 current students are members of ethnic-minority groups (5 are African-American; 4 are Latino/a-American; and 9 are Asian-American); 79% of current students are women. Alumni and current students are also richly diverse in terms of sexual orientation, religion, national and geographic origin, and social class.

Within the curriculum, we have a required course on Culture and Mental Health, and another on the Social and Cultural Bases of Behavior. In addition, all students must take a diversity elective course. Social and cultural perspectives are also a strong part of many of the required courses and of the practicum training, as is evident in course syllabi.

The Program is strongly committed to recruiting, retaining, and furthering the development of ethnic-minority faculty and students, a commitment that is consistent with the mission of the Boston campus as a whole. The Program and University have nondiscriminatory policies and operating conditions and avoid any actions that may restrict access to the program or completion of it on grounds that are irrelevant to academic and later professional success.

### Program Policies and Procedures

All program policies and procedures are described in detail in the Clinical Ph.D. Program Handbook. Available online, the handbook is also distributed to students in hard copy format upon arrival in the program. Program and University policies and procedures are also outlined in the Graduate Bulletin that is available online to all students applying to the program. These documents can be found in Appendix A. Specific policies and procedures and the pages on which they can be found are listed in a table on pages 22-23 of this narrative

## **Domain B: Program Philosophy, Objectives, and Curriculum Plan**

### Program Philosophy and Training Model

The UMB program in Clinical Psychology is based on the “scientist-practitioner” model. We understand by this that our educational mission is to train psychologists who are: 1)

scientists, researchers, and scholars; 2) able to see the relevance of and apply their research and the research of others to clinical practice; and 3) use their clinical practice to critically assess and inform their questions and methods of research. In this program we locate the scientist-practitioner model within a socio-cultural context such that a strong sense of social responsibility and the desire to work effectively with underserved populations are highlighted. Our training model is bio-psycho-social in its scientific orientation and places special emphasis on the process of development and the role of culture in its understanding of human behavior. The program prepares clinical psychologists who have an excellent foundation in psychological science and are able to translate their basic knowledge into practical applications to meet the needs of children, adolescents, and adults from diverse socio-cultural groups.

### Bio-Psycho-Social Orientation

A fundamental aspect of the Clinical Program is its firm belief that human behavior is multi-determined. The Program stresses the interrelationships among biological, psychological, interpersonal, social, and cultural factors that influence behavior, and it attempts to provide students with a synthesis of the knowledge base currently reflected within the bio-psycho-social orientation within psychology. Education in the scientific foundations of psychology is made available to students by drawing on the full complement of faculty within the psychology department who approach the understanding of human behavior from levels of analysis ranging from the bio-psychological to the social-community, and by drawing on the expertise of faculty members in other departments and in the various research institutes on campus.

### Developmental Orientation

A defining attribute of the Clinical Psychology Program is its developmental orientation. The program begins with the premise that the most important aspects of development and the most critical life tasks with which individuals must cope take different forms in infancy, childhood, adolescence, and adulthood and that each phase of development serves as an essential foundation for the next. Each of the developmental periods is studied within the broader context of the total life cycle.

A developmental approach to clinical psychology highlights the process of continuous change that takes place in the psychology of the individual, although rates of change and the dimensions along which it occurs differ at specific stages. While each stage builds on previous ones, human development is not conceived as a linear process of continuous differentiation of cognitive, affective, and social skills. It also includes regressions and difficulties that emerge during particular periods. Thus a developmental orientation alerts us to the complexity of the undertaking to understand individuals in their diversity, as they continuously redefine themselves in terms of their past, present, and future. Above all, a developmental orientation brings with it an awareness that human issues - such as the development of effective emotion regulation or interpersonal skills - are not resolved once and for all during a particular period of the life cycle, but recur in various measures and formats throughout life. Within the broader context of human development across

the life cycle, we notice an increasing range of individual differences; the range of variability appears greater in adulthood than in childhood, and thus has important implications for our understanding of both periods. When so-called “deviations” are noticed in childhood, the possibility that development can nevertheless take a benign course has to be considered, and efforts made to channel individuality in a productive direction. Thus, the tension between nomothetic and idiographic approaches, between understanding general patterns of development and the uniqueness of the individual case, can be most fruitfully studied within a developmental context in which diversity with its potential for productive growth is stressed.

### Socio-Cultural Orientation

The Program places special emphasis on social and cultural perspectives on development not only as they affect individuals from ethnic minority and low-income groups but as they affect the knowledge and practice of psychology generally. The Program adopts the view that individual development is best understood as embedded in particular social and cultural contexts. From the socio-cultural perspective, not only are individual and group differences perceived as products of different environments, but individual strengths and weaknesses are understood within the context of particular settings, cultural traditions and norms. It thus becomes important to conceptualize both persons and settings as they shape, reflect, and are generally affected by socio-cultural factors.

The paucity of mental health professionals who by virtue of their education and training are prepared to work with diverse ethnic and racial communities is well documented. Too many psychologists lack knowledge about: a) the cultural norms of specific ethnic and racial groups, b) models of personality development and psychopathology that are sensitive to cultural diversity, and c) the implications of ethnic and racial group differences for the process of problem assessment and effective intervention. Graduate students in clinical training programs from both majority and minority group backgrounds often find themselves ill equipped to handle internships in urban settings that serve large minority populations. It is the mission of this program to prepare students to work with racially and ethnically diverse individuals and to offer them coursework, research, and clinical training experiences that challenge them to understand and deal effectively with culturally diverse patterns of development, both healthy and problematic.

In addition to ethnic-minority concerns, particular attention is given within the Program to therapeutic interventions with economically disadvantaged individuals and communities. Social class has been shown repeatedly to have a significant effect on mental health and on the delivery of services. Lower social class status, like ethnic-minority group membership, has been linked with under-utilization of services, inadequate intervention strategies, and problems of misdiagnosis.

The University of Massachusetts Boston serves an economically, racially, and culturally diverse student body. It is fitting and consistent with the university’s mission that we provide a graduate program that attracts a similarly diverse graduate student group and

prepares them to meet the needs of our surrounding neighborhoods and communities and the ever increasing diversity that has come to characterize the United States.

### Scholarly Inquiry and Research

Doctoral students are not only exposed to the relevant knowledge base within the discipline, but must be prepared to contribute to the enhancement of that knowledge base through scholarly inquiry and research. Thus the Clinical Program at UMB has as an essential goal, providing students with training in the basic research methodologies and data analytic techniques needed to generate new knowledge that advances our understanding of the causes and consequences of clinical problems and offers insight into their prevention and remediation.

### Orientation to Assessment and Intervention

We place a strong emphasis within the UMB Clinical Program on providing students with a broad range of developmentally appropriate and culturally sensitive assessment and intervention skills directed at facilitating healthy adaptation and preventing the occurrence of individual and social problems. A bio-psycho-social model of human development in socio-cultural context provides a knowledge base from which to introduce students to a strengths-based approach to assessments and interventions. Such an approach is especially appropriate for working with socio-culturally and economically diverse children, adolescents, and adults whose needs may be psychobiological, psycho-behavioral, or social-community in nature.

### Program Goals and Objectives

Our educational philosophy translates into two broad goals: 1) producing graduates who are ready for entry-level positions as clinicians, clinical researchers, and academics that embrace the integration of science and practice in their multiple professional roles; and, 2) producing graduates that are knowledgeable about and skilled at engaging in developmentally appropriate and culturally sensitive clinical practice, and at conducting developmentally and culturally competent clinical research, and who are committed in their work to serving underserved populations. These goals translate into the following specific training objectives.

**Objective 1:** To provide students with foundational knowledge in the science of psychology with special attention to training in culturally competent and developmentally appropriate conceptual and methodological skills;

**Objective 2:** To provide students with training in culturally sensitive and developmentally appropriate assessment and intervention skills and opportunities to acquire introductory level supervision and consultation skills;

**Objective 3:** To foster the integration of science and practice by teaching foundational knowledge and core skills essential to both clinical research and clinical practice and by providing mentoring relationships that model the integration of science and practice and service to underserved populations; and

**Objective 4:** To provide a majority of students with opportunities to develop undergraduate teaching skills.

We accomplish these objectives through a sequence of training activities that include rigorous academic coursework and closely supervised research and clinical practice, and supervised teaching opportunities. These activities are described in greater detail in the discussion of the program's curriculum plan below and are summarized in Table 12.

### Student Competencies

Our training objectives result in the following competencies on the part of students.

**Objective 1: To provide students with foundational knowledge in the science of psychology with special attention to training in culturally competent and developmentally appropriate conceptual and methodological skills.**

We expect students to demonstrate knowledge of the breadth of scientific psychology, its history of thought and development, its research methods, and its applications. We also expect our students to acquire the basic research skills necessary to critically evaluate the existing research literature, identify gaps in that literature, design rigorous research projects at the master's and dissertation levels, conduct them effectively, and add to the knowledge base in scientific psychology. We expect our students to design research that draws on a broad array of methodological perspectives to address significant questions of relevance to diverse clinical and community populations and diverse age groups. We also expect them to contribute to the knowledge base in psychology by disseminating their research findings and theoretical understandings through professional presentations and peer-reviewed publications. As well, we expect our students to become proficient at critically evaluating research for its attention to issues of developmental and cultural diversity and at designing research that helps advance the field in its attention to these issues.

**Objective 2: To provide students with training in culturally sensitive and developmentally appropriate assessment and intervention skills and opportunities to acquire introductory level supervision and consultation skills.**

We expect our students to demonstrate proficiency in assessment and intervention skills that are informed by scientific knowledge and are culturally sensitive and developmentally appropriate. This means becoming competent at conducting intake assessments that reflect an understanding of the client's presenting problem and its history, as well as the client's personal strengths, social resources, and cultural context, and at constructing ecologically and developmentally informed diagnostic formulations

and treatment plans. We expect students to be knowledgeable about the limitations of standardized tests for diverse populations and to be able to select and employ the most appropriate tests available for the clients with whom they are working. Likewise, we expect students to become familiar with the developmental and cultural complexities of clinical interventions and to design or tailor interventions that are developmentally and culturally sensitive and informed by empirical research on relevant populations. We also expect students to develop introductory level competencies in supervision and consultation in the context of their practica, internships, and research teams.

**Objective 3: To foster the integration of science and practice by teaching foundational knowledge and core skills essential to both clinical research and clinical practice and by providing mentoring relationships that model the integration of science and practice and service to underserved populations**

We expect our students to become competent in conducting research on clinically relevant social and individual problems with sensitivity to social, cultural, and political contexts. We also expect students to become competent in clinical practice that is informed by culturally and developmentally appropriate science. We believe that the acquisition of the following core skills is essential to effective clinical research and clinical practice and to their integration: knowing how to collect and integrate information from multiple sources, critically evaluate that information, formulate and test hypotheses, conceptualize and explore research questions that may not be hypothesis driven, express ideas clearly in oral and written form, make one's newfound knowledge available to other professionals, to clients, and to community groups, and to conduct oneself in accordance with the professional and ethical standards of the discipline. We offer our students high quality research and clinical supervision and mentoring that model the integration of research and clinical practice and service to underserved populations. We expect our students to become proficient at inviting feedback on their research ideas and clinical work and at dealing with it constructively. We also expect over time that they will learn to provide similar feedback and supervision to junior graduate student colleagues and undergraduates on their research teams, to peers on their clinical teams, and, for those who choose to teach, to undergraduates in their classrooms.

**Objective 4: To provide a majority of students with opportunities to develop undergraduate teaching skills.**

We expect a majority of our students to earn their stipends in their first year by serving as teaching assistants in undergraduate courses and to earn their stipends in their 4<sup>th</sup> year by teaching their own undergraduate courses. These closely supervised experiences enable students to develop strong undergraduate teaching skills.

The Training Model

The Program prepares students to be both scientists and practitioners through a strong dual emphasis on supervised research and clinical training. It involves a minimum of five years of full-time study consisting of required and elective coursework, two part-

time, yearlong clinical practica, a research apprenticeship, an empirical master's thesis, a qualifying exam, a doctoral dissertation, supervised experience teaching undergraduate courses (for those who choose this experience), and a one-year, full-time APA approved clinical internship. The curriculum is organized sequentially and is relatively structured, although there is room for students to pursue their own interests through elective coursework and independent study options.

The Program employs a mentorship/apprenticeship model of training. Students are admitted to work with a particular faculty member at least through the completion of their Master's thesis. During the admissions process, and before a semi-finalist pool of applicants is selected to be interviewed, all faculty willing to be mentors are asked to review all qualified potential student matches and rank order them in terms of the best matches for them. Faculty members who wish to mentor particular students interview those students during the two days of interviewing that are part of the admissions process. Final decisions about admissions are made by the admissions committee as a whole and involve matching applicants with available faculty in the context of maintaining the defining values of the program which include recruiting students who are highly qualified academically, committed to the scientist-practitioner model of training, a bio-psycho-social approach to understanding human behavior, and the specific developmental and socio-cultural emphases of the program. Students who accept our offers of admission know that they are making a decision not only to come to the program outlined in our admissions materials, but also to work intensively with a particular faculty member at least through the completion of their master's thesis. We believe that this model of admissions has greatly enhanced the scientist-practitioner orientation of the program and has helped students in their professional development by linking them early in their development with faculty who share their research interests.

The first year of the Clinical Program is designed to address several program objectives. It provides students with a broad and general academic foundation in scientific psychology including: 1) an introduction to biological, developmental, and socio-cultural theories and research; 2) the academic background needed in research methods and statistics to be able to plan and carry out competent master's thesis and dissertation projects later in the program, and exposure to faculty research through a research apprenticeship; 3) an introduction to clinical theory and skills through foundational coursework in developmental psychopathology, including an emphasis on individual and cultural differences and on dysfunctional behavior, and foundational knowledge in measurement theory, test construction and supervised experience in testing and assessment; and 4) an introduction to teaching by functioning as a teaching assistant.

A required Culture and Mental Health course is a signature course in the curriculum. It exposes students to the issues involved in clinically understanding and treating multicultural populations. Multicultural includes not only racial/ethnic minorities, but also gay, lesbian, and bisexual individuals, individuals from different class backgrounds, and cultural variability related to differential physical abilities and different religious backgrounds. In the course, students explore personal, interpersonal, social, and structural meanings of multiple systemic variables and examine the complex interactions among

them. They also explore some of the generalized knowledge about specific racial/ethnic groups including: African-, Latino/a-, Asian-, and Native Americans.

As part of the research apprenticeship, students work with their faculty mentor on her or his program of research throughout the year. Their involvement includes attending team meetings, familiarizing themselves with their mentor's publications, helping their mentor and advanced students on their mentor's research team with ongoing research projects, and discussing their ideas for a master's thesis with their mentor and advanced students. The Research Apprenticeship is coupled with a Master's Research Seminar in which the development of a master's thesis proposal is a component of the pedagogical structure of the course. A developmental model of research training characterizes the curriculum. Students begin as research apprentices, working with faculty mentors, and move through Research Methods, Advanced Statistics, and the Master's Research Seminar, courses that provide them with the foundational research skills needed to carry out their master's research by early in the second year.

The second year of the program includes continued attention to acquisition of research competence through the completion of a closely supervised, empirical master's thesis and exposure to broad and general foundational knowledge in scientific psychology. The developmental and cultural emphases within the program's curriculum are also carried forward in the required coursework on Cognitive/Affective or Social/Cultural Bases of Behavior (these courses are given alternately in the second and third years), in Intervention Strategies, and in the Clinical Seminars and first required practicum. Intervention Strategies and the Clinical Seminars expose students to theories and methods of effective intervention, including exposure to empirically supported procedures and evidence-based practice relevant to culturally diverse clients. A Professional Standards and Ethics seminar is also taught in the second year as a yearlong course in concert with the first clinical practicum. The major tasks of the second year are the completion of the master's thesis, a 15 - hour a week clinical practicum, and the required coursework that provides the theoretical complement to the acquisition of research and clinical skills.

### Practicum Training

The pre-internship clinical practica are opportunities for students to be exposed to a variety of clinical contexts, populations, skills, and supervisors. Students typically do their first clinical practicum at the University Counseling Center where they gain experience doing clinical intake evaluations and psychotherapy with individuals, couples, and groups of the undergraduate and graduate students who make up our very diverse, urban commuter campus. Trainees also become familiar with clinical supervision as a learning tool. Their caseloads include clients with a wide variety of psychological difficulties ranging from relationship problems to severe psychopathology. Clients range in age from 18 year olds to middle-aged adults. Trainees are supervised in their work by faculty members in the clinical program and by licensed psychologists and social workers on staff at the Counseling Center. The Practicum Seminars cover theories and applications in assessment and diagnosis, intervention strategies, community outreach and consultation, and foundations of supervision.

Students who did a counseling center placement as part of a master's program taken elsewhere or who wish to specialize in child clinical work may do their first practicum off campus in a major teaching hospital or community mental health center in the greater Boston area. They are supervised in their work onsite by licensed clinical psychologists and receive faculty and peer supervision as part of the Practicum Seminar.

The program takes a developmental approach to practicum advising and training. Practicum advising is especially intensive while students are seeking practicum and internship placements, but continues through program graduates' decision-making about post-doctoral training. The Practicum Coordinator meets with students first in groups and then individually to help them translate their training goals into appropriate choices of training sites. The DCT, faculty mentors, advanced students, and program graduates also play a role in informing students about practicum training opportunities.

In the third year of the program, all students do a 20-24 hour per week practicum in a major teaching hospital or community mental health center in the greater Boston area. This community-based practicum training experience has been carefully designed to support the program's overarching goal to train scientist-practitioners whose research and practice are informed by and contribute to a rapidly changing field and whose expertise will be used to better meet the needs of underserved communities. To forward this goal, the program works in close collaboration with a select group of training sites chosen because of their compatibility with the program's scientist-practitioner model of training, their support of the program's cultural and developmental emphases, and their strong commitment to training clinical psychologists. Many of the sites are associated with APA accredited internship training programs.

In their community-based practicum, students receive supervision in a wide variety of clinical skills including: diagnostic interviewing, testing and assessment, individual, group, and family psychotherapy, crisis intervention, family and school consultations, and peer supervision. The Practicum Handbook (Appendix B) identifies those clinical practica that are a good match with the goals and objectives of the doctoral program and describes the various learning opportunities available at each training site. With the help of the practicum coordinator, students typically select 3-4 practicum settings at which to interview in the spring of their second year for placement in the fall of their third year. Placement is a competitive process, but virtually all students get their first or second choice practicum placement. Occasionally students have specific training needs that require placement outside the list of approved sites. When this occurs, the Practicum Coordinator and DCT work with the student to identify an appropriate training site.

Clinical Seminars III and IV that accompany the third year practicum are designed to help students take a critical, comparative, systemic approach to their training and practice within a changing health care system. Student presentations of their clinical work in the seminar focus not only on their work with individual clients but their understanding of the organizational and institutional context in which they are working and the ways in which it shapes both their practice and their training experience. Given the diversity of

our students and of their practice settings (See Table 2), the Clinical Seminars have provided participants with an extraordinary opportunity to remain abreast of and informed about the rapidly changing health care field. Clinical Seminars I - IV and the second and third year practica advance students' competencies in scientifically informed culturally and developmentally sensitive testing, assessment, and psychotherapy as well as introductory-level competencies in consultation and supervision.

The academic work of the third year consists of finishing required coursework and pursuing areas of special academic interest through elective courses and independent study options. Students are required to take 6 elective courses. The elective courses are organized into five groups: 1) Psychotherapy Electives; 2) Assessment Electives; 3) Methods/Analysis Electives; 4) Diversity Electives; and 5) General Electives. Students must take at least one course from each of the first four groups plus two other electives from any group. Courses in each of those groups can be found on pages 8-9 of the Program Handbook and their syllabi found in Appendix C.

After completion of the Master's thesis, students must prepare for and complete their qualifying exam. The qualifying exam is a critical review paper that has several objectives. It is intended to challenge students to do a critical review of a focused body of literature in the area in which they plan to do their doctoral dissertation. Students are expected to consider developmental and socio-cultural contexts in selecting the literature to be reviewed and in crafting the organizational framework that shapes their review. The review is intended to serve as evidence of the student's readiness for doctoral candidacy, and, at the same time, to expose students to literature that stimulates their thinking in ways that move their dissertation ideas forward. The literature review for the qualifying paper is thought of as the first iteration of the more comprehensive literature review that will ultimately be required for the dissertation. At the same time, it is expected to be somewhat broader in scope than the review for the dissertation given the specific challenge to integrate developmental and socio-cultural perspectives in the qualifying paper. A 3-person faculty committee with expertise in the content area being covered in the literature review evaluates the qualifying exam. The exam is typically completed in the 3<sup>rd</sup> year of the program.

During the fourth year of the program, students are expected to complete any remaining required or elective coursework, have their dissertation proposals approved and begin data collection, and earn their graduate assistantships by teaching their own undergraduate courses under the supervision of a master teacher. Students teach the same undergraduate course twice; once in the fall and once in the spring. This provides them with the opportunity to develop their skills as a teacher. While they are teaching, they participate in a required graduate seminar in the Teaching of Psychology designed to enhance their teaching experience. Supervision, mentoring, and instruction in teaching are all part of the seminar. The seminar instructor observes each graduate student's class at least once, and often twice, and provides the student with detailed written feedback based on those observations.

The major task of the fourth year is the doctoral dissertation. Committees composed of three or four faculty members supervise dissertations. The student's primary mentor serves as chair of his or her committee. Students must have their dissertation proposal, the dissertation itself, and their oral defense of the dissertation approved by their dissertation committee. An increasing number of students finish and defend their dissertations before going on or while on internship. Most, however, return to campus following their internship year to complete their dissertation research.

During the 4<sup>th</sup> year, many students also choose to do a one-day a week testing practicum or continue their third year practicum on a reduced-time basis. Students may apply for their clinical internship during this year (to be completed in their 5th year) or they may wait to apply for an internship in their 5th year after completing their dissertation.

Students complete APA approved, clinical internships in either their 5th or 6th years of the program. To be eligible to apply for internship, students must have finished their coursework and their master's thesis, have passed their qualifying exam, and have their dissertation proposal approved by their committee. Students compete nationally for APPIC internships. Since the national match system was put into place, we have placed 100% of the students who have participated in the match in APPIC internships.

Expected Student Achievement Levels (See Table 12 for details.)

It is the policy of the university and of the Clinical Program that graduate students must obtain grades of B or better to receive credit for their academic course work. Master's theses, qualifying exams, and dissertations must be judged competent by faculty committees composed of three or more faculty members. Evidence of student competence is based on faculty members' assessments of the breadth and depth of the literature reviewed, the student's critical analysis and integration of that literature, the student's capacity for logical argumentation, the appropriateness of the research design to the research question or questions, the student's ability to make sense of findings and discuss them in relation to existing literature, the significance of the contribution made by the student's research work and the quality of the student's general writing style. Expectations become more demanding as students advance through the program with greater proficiency in each area of competence expected for the dissertation than for the master's thesis and qualifying exam.

Students' clinical work must be judged competent by faculty supervisors and by licensed, staff psychologists who serve as supervisors at the agencies that provide practicum training for our students. All students meet the minimum requirement of two years of half-time supervised clinical practice pre-internship. These two practica translate into enough hours for all students to be competitive for APPIC internships. Nonetheless many students gain additional supervised experience in a 10-12 hour a week clinical practicum that focuses on advanced testing or intervention skills in their 4<sup>th</sup> year. By the time of internship applications our students have typically completed 1200-2000 hours of practicum experience and are highly competitive for internships. At the end of each semester, practicum supervisors complete evaluations of their supervisees using a

standard evaluation form provided by the program. These evaluations include assessments in 5 domains: diagnostic testing; diagnostic interviewing; psychotherapy, use of supervision, and general professional issues. In each arena, the capacity of the student to explore racial, cultural, and socio-economic issues is assessed. For the specific competencies evaluated in each domain, see the evaluation form in Appendix B. Students meet each semester with their supervisors to discuss their performance. Oral and written feedback is provided to each student and specific learning goals for the following semester are articulated and discussed.

Similar mid-year and end-of-year internship evaluations are expected from all internship programs. Internship sites typically use their own evaluation forms and/or letters to communicate with us about the nature of student achievements. Students must receive evaluations that are satisfactory or better in order to earn credit for their internship.

In addition, each student's professional development in academic, research, clinical, and teaching arenas is discussed at the end-of-year evaluation meeting attended by all faculty members in the clinical program. Students are expected to complete an annual student report in preparation for the meeting (Appendix D). Students' mentors are charged with summarizing their student's performance in each area, identifying competencies in need of further development, and drafting a letter to the student about strengths, weaknesses, and program expectations for the following year. (See examples in Appendix D.)

### **Domain C: Program Resources**

Primary leadership for the program is provided by the DCT. The Clinical Executive Committee (CEC) and the Clinical Program Committee (CPC) work in collaboration with the DCT to set the policies for and direct the work of the program. The CEC consists of the DCT, the Practicum Coordinator, three elected core clinical faculty members, and two clinical graduate students. Faculty members are elected by the Psychology Department faculty as a whole at the last department meeting of each academic year for service during the following academic year. Students are elected by the Clinical Graduate Student Association (CGSA). All seven participants are voting members of the committee. The student members, however, are not present for and do not participate in decisions about fellow students. The CEC meets once a month. It has primary responsibility, together with the DCT, for the smooth functioning of the doctoral program. The CEC reviews old and initiates new policies and procedures for the program and also functions as a curriculum committee. It is the first line of approval for new course proposals from faculty members. It also approves independent study proposals from students as well as requests for course waivers or course substitutions. In addition, the CEC establishes faculty review committees for the qualifying exam.

The CPC is the primary policy making body of the doctoral program. It is composed of the core clinical faculty plus any other department faculty members who are mentoring students or teaching in the doctoral program in a given year. The CPC reviews and approves all policy recommendations from the CEC and forwards, when necessary, new policies to the department, college, and Graduate Dean for approval. The CPC also meets

monthly. It is chaired by the DCT. Participation on the CPC is required of all faculty involved in the clinical program

There are three other standing committees that aid in carrying out essential aspects of the doctoral program: The Admissions Committee, the Colloquium Committee, and the Diversity Committee.

### Core Faculty

There are 10 core clinical faculty members: 8 are tenured, 2 are in tenure-track positions. In addition, there is an emeritus professor who continues to teach two yearlong courses on a post-retirement contract that ends in 2007. The quality of the program faculty is reflected in their scholarship and research productivity, the quality of their teaching, their research and clinical supervision of doctoral students, and in their active participation in leadership positions in professional organizations and as editors and peer reviewers for major journals. Please refer to Table 3 and the accompanying abbreviated curriculum vitae for an overview of the core faculty.

Faculty members embody the scientist-practitioner model of training. Their research expertise fits well the specific cultural and development emphases of the program. For example, six of the core faculty have special expertise in socio-cultural issues (Karen Suyemoto - the social construction of self and identity and Asian American youth development; David Lisak - the psychology of men; Ester Shapiro - Latino health and mental health, Roxanne Donovan - stereotypes of African American women, feminist therapy, and health disparities, John Perez - the role of culture and religion in depression; Jean Rhodes - mentoring urban youth). Four core faculty members provide special expertise in clinical developmental areas (Alice Carter - Infancy and Early Childhood; Jean Rhodes and Joan Liem - adolescence and the adolescent to young adult transition; and Ester Shapiro - family transitions). In addition, seven of the faculty have expertise in bio-psycho-social approaches to understanding specific physical and psychological problems (Alice Carter - Tourette's syndrome, obsessive compulsive disorder, autism, and infant social and emotional development; Joan Liem - physical and sexual abuse and trauma; David Lisak - physical and sexual abuse, trauma, and violent behavior; Lizabeth Roemer - anxiety disorders and trauma; Paul Nestor - schizophrenia, and violent behavior; John Perez - depression; Ester Shapiro - health psychology). Six of the core faculty and emeritus professor Turner are regularly involved in teaching Clinical Skills courses: Paul Nestor - Psychological Assessment and Testing I; Neuropsychological Assessment, Clinical Seminars and Practica I and II; and Forensic Psychology; Alice Carter - Psychological Assessment and Testing I, Child Assessment, and Developmental Psychopathology I; Lizabeth Roemer - Cognitive Behavioral Theory and Therapy and Clinical Seminars and Practica I and II; Joan Liem - Intervention Strategies, Family Systems and Family Therapy, and Clinical Seminars and Practica I & II; Castellano Turner - Clinical Seminars and Practica I & II; Ester Shapiro - Clinical Seminars and Practica III & IV, John Perez - Developmental Psychopathology II and Testing and Assessment II. Five of the core faculty (Roemer, Liem, Nestor, Shapiro, and Carter) and

emeritus professor, Turner provide direct supervision of students' clinical work. Carter, Nestor, and Perez supervise students' assessment training.

All core faculty members have active research programs. Five of the core faculty currently have or have had extramural grants to support their research during the last 7 years (Carter, Liem, Rhodes, Nestor, Roemer).

Seven of the 10 core clinical faculty are licensed; 6 in the state of Massachusetts and one in the state of Connecticut (Carter). As part of maintaining one's state licensure, clinical faculty must complete 20 hours of continuing education every two years.

### Non-Core Faculty

The Clinical Program is the only doctoral program in the department. Non-clinical faculty who wish to work with doctoral students get involved with the clinical students by serving on master's thesis, qualifying exam, or doctoral dissertation committees, or by teaching courses such as Advanced Statistics, Biological Bases of Behavior, Cognitive and Affective Bases of Behavior, or History and Systems. Advanced Statistics is typically taught by a social psychologist. Cognitive and Affective Bases of Behavior is taught by a cognitive psychologist, the Biological Bases of Behavior is taught by a psychobiologist, and History and Systems is taught by a social/personality psychologist.

During 2005-06 due to a late-in-the-year resignation, the program has had available the expertise of a visiting assistant professor, Dr. Alice Frye, a Clinical Psychologist, who has taught three graduate courses: Testing and Assessment I, Developmental Psychopathology I, and an elective in her specialty, Interventions with Children, Adolescents, and Families. In addition, the program has the good fortune of regular involvement in the clinical supervision of students of Modesto Hevia and Edna Pressler, licensed Ph.D. clinical psychologists, and Deborah Cohen and Brenda Hamady, licensed clinical social workers, at the University Counseling Center.

See Table 3 and the Abbreviated Curriculum Vitae in Appendix E for additional information on Program faculty.

### The Students

Approximately 250-300 students apply to our program every year. To be selected for admission, students must have excellent grades, strong GRE scores, and exceptional letters of recommendation. They must also have a strong commitment to, and solid background in research and clinical practice, a desire to expand the knowledge base within psychology through original scholarship, and a desire to be of service to underserved populations and communities in need. They must also have research interests that match well the particular faculty member who will serve as their research mentor.

Our students are actively involved in research throughout their training. A majority graduate with a record of professional presentations at local, regional, or national

meetings and/or journal articles and book chapters co-authored with their faculty mentors. Clinical students have been very successful at obtaining APA Minority Fellowships and a variety of external research support grants. They have also been recipients of several university awards including the Chancellor's Distinguished Thesis and Dissertation Awards and compete successfully for university dissertation support grants. Student Demographics and Educational Histories are summarized in Tables 4 & 5.

Graduates of the program go on to do post-doctoral fellowships and to assume clinical, research, or academic positions upon completion of the Ph.D. Initial employment settings include research and clinical positions in many of the major teaching hospitals in Boston, research appointments at academic institutions, tenure track and part-time university positions, and clinical positions in a variety of Community Hospitals and Community Mental Health Centers serving underserved populations (See Table 9).

#### Financial Support for Training and Educational Activities

Financial support for students has improved considerably since the last accreditation review. The university currently makes available to the Clinical Program 27 stipends to support students in their first through fourth years of the program. With those stipends and others from faculty or student research grants the program is able to fund all students for the first four years of training. Stipends are \$13000 for TAIs and \$14,000 for TAIIs. All stipends carry with them full tuition waivers and a curriculum fee waiver worth more than \$8000 for out-of-state and \$6000 for in-state students. In addition, all students receive \$1000 toward the cost of health insurance. Incoming Ph.D. students in Fall 2006 have also been offered a tax free, \$2000 fellowship for the first year. This effectively raises student stipends to \$15,000. The Graduate Dean is presently working to secure the resources to make such fellowships available in the second and third year of Ph.D. programs as well. Students do have to pay minor university fees - e.g., a student ID fee, a library fee, an athletic fee - that amount to several hundred dollars a year. Students that are not supported on university funds are supported on faculty research grants at identical levels of support. Since 2000, six students have obtained APA Minority Fellowships. Nine other students have obtained their own external research support grants.

The Psychology Department makes available to all graduate students with approved proposals small grants to offset the cost of master's thesis (\$200) and dissertation (\$300) research. To be eligible for these grants students must have research proposals that have been approved by their thesis or dissertation committees. The Office of Research and Sponsored Projects also makes available each year a pool of money to support dissertation research for which graduate students from all doctoral programs on campus compete. These grants range from \$500 to \$1500. Across the university, approximately 50% of the proposals received from graduate students are funded. Clinical students have been very successful in securing these funds; 80% of the clinical students who have applied for these grants have received them. The Graduate Student Association on campus also makes available on a competitive basis various travel grants and educational support grants to graduate students.

### Clerical and Technical Support

The Clinical Program currently has one full time professional staff position. The Assistant Director of Clinical Psychology assists the DCT in administering the program. She works with a team of two professional and two clerical staff members, and two undergraduate work-study students in the department. Under the direction of the DCT, the Assistant Director is responsible for designing administrative systems and carrying out varied tasks related to program activities including: overseeing the graduate admissions database; supporting the work of the CEC and CPC; helping prepare program brochures, newsletters and other materials; and providing general staff assistance to the DCT. She keeps track of the program budget, does all purchasing, and accounting for the program, and serves as the program's web master. She also assists the DCT and program committee chairs with scheduling and publicizing of program activities, handles the paperwork associated with graduate student stipends, and maintains the databases necessary for annual reports required by APA and the Office of Graduate Studies.

### Training Materials and Equipment

The Program is provided with a budget each year to purchase the training materials needed, e.g., to maintain an up-to-date testing materials and instruments library that supports the teaching of testing and assessment courses and faculty and student research.

### Facilities and Services

The Clinical Program is housed in the Psychology Department. The department provides space for faculty, staff, and student offices and faculty research laboratories. While adequate for our current needs, additional office and laboratory space will be required as new faculty members are hired. These needs are in the process of being addressed by the Dean and Provost in the context of our 5-year hiring plan.

The Psychology Department maintains its own computer network within the overall university system. Our network provides access to the department's dual Windows 2003 servers over 10/100 megabit per second Ethernet access in all offices and labs providing 24 hour access to printer file sharing backup and Internet services. The department has two dedicated multimedia instructional classroom/labs: one has 13 windows XP workstations, with an instructor's smart podium, data projector and HP laser printer. The other is an eight station fully networked Windows XP pro multimedia instructional lab, with data projector, HP laser printer and a large format color poster printer. Another area houses a production computer laboratory exclusively for graduate student use. It is fully networked and contains 8 Windows XP/MAC workstations and an HP laser jet printer. The department also maintains a single station computer based Psycho-Physiological recording lab with AV support. All faculty offices and laboratories are equipped with multi platform workstations (Mac/Windows/Unix). Available software includes SPSS (full current version), SAS, MS Word, MS Excel, MS PowerPoint, MMPI, WAIS, and Rorschach scoring software and NVIVO. The department also houses an electro-mechanical fabrication and full service machine shop for building research equipment. A

director of laboratories and a full time technician provide hardware, software and research equipment support.

The University provides the full range of facilities and services to its faculty and students (e.g., library, computer, media, athletic, and daycare facilities, health and mental health, career, and disability services). These are described in full in the Graduate Bulletin pages 29-33 in Appendix A.

### Practicum Training Sites

The Clinical Program places most students at the University's Mental Health/Counseling Center for their first clinical practicum. The Counseling Center is part of the University Health Service. The staff of the Counseling Center includes two full time, licensed psychologists; one of whom is the director, and two licensed clinical social workers. Supervision of students at the Counseling Center is provided by Clinical Program faculty and by the Counseling Center staff. The Counseling Center is located in the Quinn Administration Building nearby but separate from Health Services. It is easily accessible, but not in a heavily trafficked student area. A separate entrance and waiting room leads to six offices - four staff offices and two dedicated to the use of student trainees. Trainees are expected to be in the Counseling Center seven hours per week providing up to five client contact hours. Supervision takes place outside of these hours. Trainees have access to secretarial support and computers for their paperwork. Files are kept in locked filing cabinets in an inner office. The confidentiality of the files and the need for them to remain within the Counseling Center are stressed to trainees.

All students go off campus for their practicum training in their third year of the program. Off-campus training sites are described in the Practicum Handbook in Appendix B and listed in Table 2. Community health and mental health centers affiliated with teaching hospitals, committed to serving culturally diverse and underserved populations, and with a strong presence of staff psychologists working as part of interdisciplinary teams make up the majority of our community practicum sites. These sites are strong on didactic seminars, training, and supervision related to child, adolescent, adult, and family treatment, but vary greatly in how much psychological testing students are able to complete in their year of training. A number of students elect to do a part-time testing practicum in their 4th year if they do not obtain enough testing experience in their third year practicum. Students less interested in gaining testing experience often stay on at their third year practicum for 1 to 1.5 days/week in their 4<sup>th</sup> year.

### **Domain D: Cultural and Individual Differences and Diversity**

An emphasis on cultural diversity is a defining feature of the UMB Clinical Program. The Program is strongly committed to training ethnic minority psychologists and to preparing both ethnic-minority and non-ethnic minority psychologists to provide effective services to ethnic minority populations and to do research and teaching that furthers our understanding of the needs of ethnic-minority populations. The Program strives to fulfill its commitment by recruiting a diverse faculty, by admitting graduate student classes that

are strongly enriched by their diverse cultural make-up, and by making social and cultural diversity an integral part of the curriculum.

### The Faculty and Students

The University, Department, and Clinical Program are committed to having substantial representation of women and ethnic minorities among the faculty. Table 3 summarizes the demographic breakdown of the program faculty. Four of the ten core clinical faculty (40%) are ethnic minorities; 70% of the core program faculty members are women. An additional African American male, now a professor emeritus, continues to teach two required yearlong courses in the program: Professional Standards and Ethics and the second year Practicum Seminar (Clinical Seminars I and II). Within the Psychology Department as a whole, 26% of faculty members are ethnic minorities, 74% are women.

UMB is committed to an “Affirmative Action/equal opportunity recruitment policy.” The Department of Psychology’s commitment goes beyond what is required by the University. The department attempts to maximize the pool of ethnic minority applicants for all of its open positions by advertising them in periodicals with large numbers of ethnic minority subscribers and by emailing position announcements to all of our professional networks. Both formal and informal mechanisms for identifying ethnic minority candidates are used with excellent success.

The University, Department, and Clinical Program are also committed to having substantial representation of women and ethnic minorities among its graduate students. The demographics of the graduate students in the program are summarized in Table 4. Thirty four percent of the current graduate students are ethnic minorities; 79% are women. The Clinical Program is committed to maximizing diversity through its admissions process and to increasing the number of ethnic minority psychologists in the discipline. Moreover, the program is committed to the view that all clinical psychologists should be trained to be aware of and effective in working with cultural as well as individual diversity. Religious affiliation plays no part in the hiring of faculty or in the admission of graduate students and there are no restrictions on faculty hiring, promotion, or tenure or graduate student admissions with regard to age, sexual orientation, or physical disability. Graduate students range in age from 22 to 50, include gay, lesbian, and bisexual students, and come from a wide array of religious backgrounds.

### The Curriculum

Cultural and individual differences and diversity are central to the manner in which the curriculum of the Program is organized. All students take required courses in Culture and Mental Health and in the Social and Cultural Bases of Behavior. Cultural content is also incorporated in many of the required courses ranging from Intervention Strategies to Research Methods (See Course Syllabi). In addition, students must select at least one elective course from among a group of courses offered on Diversity Issues.

The incorporation of cultural and individual differences and diversity into the curriculum has been based on the shared beliefs that: 1) courses should assist students in critically evaluating the assumptions upon which theories and methods of inquiry are based; 2) courses should promote and encourage students to explore “paradigm shifts” in how they view the role of socio-cultural factors in normal and abnormal development and the human capacity to change; 3) clinical training experiences should teach and encourage the use of culturally-congruent assessment and intervention strategies; 4) research that is generated in the program should manifest a respect for and curiosity about cultural and individual differences and students should be encouraged to consider a variety of methodological approaches for appropriately studying the influence of culture on normal and abnormal development; and 5) the program should also promote the personal exploration of faculty and students’ cultural and individual selves, recognizing that understanding to be essential to culturally sensitive professional practice.

The emphasis on cultural content within the curriculum is coupled with a training requirement that our clinical practica are offered at sites that serve diverse clientele, including significant numbers of low-income and ethnic minority clients. The emphasis on diversity is also reflected in the dissertations completed by students in the program (See Table 8). It is also reflected in our colloquia and continuing education programming. For example, one program colloquium and two student-initiated panel discussions focused on diversity issues this past year. Panel discussions on sexual orientation and on religion were organized and offered by the program’s Diversity Committee and attended by virtually all core faculty and students in the Clinical Program.

The Program’s Diversity Committee is composed of both students and faculty. During the academic year, it offers presentations on diversity issues as part of our admissions process and panels on diversity topics of interest to students and faculty. It also conducts annual surveys on the diversity climate within the program.

In 2001, the Program was awarded the APA Suinn Minority Achievement Award for its success in attracting, educating and graduating significant numbers of ethnic minority graduate students, and for making cultural competence a central part of the curriculum.

Student competency in mastering diversity issues is assessed in writing assignments in numerous required and elective courses, in student performance at their clinical practica, and as part of the program’s qualifying exam. The qualifying paper that all students must write in order to enter into doctoral candidacy is a critical literature review. In it, students are expected to consider socio-cultural and developmental contexts in selecting the literature to be reviewed and in crafting the organizational framework that shapes the review. The paper is seen both as a first iteration of the literature review for the student’s dissertation and as a specific challenge to the student to integrate the socio-cultural and developmental emphases of the program into his/her thinking about a dissertation topic.

## Domain E: Student-Faculty Relations

The Program adopts as fundamental the principles that all students, faculty, and staff have the right to be treated with courtesy and respect and that all interactions should be conducted in a manner that reflects the highest standards of the university and the profession. We have made it a high priority to foster a strong sense of community within the program. Because UMB is an urban, commuter campus, creating a strong sense of community is viewed as a particularly important goal for optimizing the quality of students' training. Several strategies have contributed to the positive student-faculty relations that we enjoy. First, we admit students using a mentoring model and have structured our curriculum such that there is a regular time each week for research team meetings among mentors and their students. Research teams provide an opportunity for more advanced students to mentor more junior students and for all students to form relationships across class cohorts. Second, we hold regular community-wide events (e.g. colloquia; student initiated panel presentations) that bring faculty and students together around topics of common interest. Third, we regularly produce a program newsletter, Informed Contents, which is distributed to all clinical students, faculty members, and alumni. The newsletter highlights student, faculty, and alumni achievements. Fourth, all clinical students are members of the Clinical Graduate Student Association (CGSA) that meets regularly to discuss a wide range of student issues. Two graduate students are elected by the CGSA to represent the CGSA on the Clinical Executive Committee. Time is set aside to discuss student issues, initiated at CGSA meetings, at each CEC meeting. This mechanism of communication between students and faculty has made it possible for student concerns to be addressed in a timely manner. Fifth, we have a standing student-faculty Diversity Committee that is charged with helping the program maintain and enhance its strong commitment to cultural sensitivity in all that it does. The co-chairs of the Diversity Committee meet regularly with the DCT to discuss issues that emerge from Diversity Committee meetings.

We adhere in all that we do to the APA Ethical Principles of Psychologists and Code of Conduct and inform students of these principles in the context of Psych 790: Professional Standards and Ethics and other required courses, and of their avenues of recourse should problems with regard to them arise. All documents that discuss program and university expectations, student rights and responsibilities, and grievance procedures can be found in Appendix A. A list of those documents and the pages on which policies and procedures appear follows:

	Clinical Handbook	Grad. Bulletin	Univ. Student Handbook
Admissions Requirements		14-17	
Residency Status		23-24	
Assistantships and Financial Aid	9-10	26-27	
Facilities & Student Services		29-33	

Academic Regulations		35-40	155-161
Withdrawal & reinstatement		38-40	
Code of Student Conduct		45-49	161-169
Right to Review of Univ. records		49	
Grievance Procedures	61-63	49-50	170-171
Sexual Harassment	63	51	179
Affirmative Action		51	178-179
Excused Abs. For Religious Reasons		51	177-178
Academic Advising and Evaluation Process	15-30		
Statute of Limitation	66		
Deadlines with Consequences	67-68		
Incomplete Policy	68		
Academic Probation	69-70		
Termination	67		

Students are provided with copies of these documents during the fall orientation program for incoming students. Mentors are also aware of these documents and are expected to review them with their students as needed.

### Grievance Procedures

As noted in the table above, grievance procedures are spelled out in the Clinical Program Handbook, the Graduate Bulletin, and the University Student Handbook. A student with a grievance is encouraged to take it up first with the faculty member involved. If the result is not satisfactory, the student next consults with the DCT who attempts to broker a resolution. These steps are part of an informal conciliation process with a specified time frame. Should the informal conciliation process fail, the student can submit a written summary of his/ her grievance to the Dean of Graduate Studies who arranges for an ad hoc grievance committee. The committee reviews the case and issues a report to the Dean of Graduate Studies who may accept or reject the committee's findings. If the student is not satisfied with the result, he/she may appeal to the Provost. The Provost's ruling in the matter is final. All steps of the formal conciliation have specified time lines. There have been no formal complaints or grievances filed against the program since the program's last accreditation site visit.

Student concerns that arise within the program are raised with faculty mentors, or with the DCT, or handled through the student representatives to the CEC. They may have to do with curricular issues, general program procedures, or requests for changes in program requirements or deadlines. Individual students may also petition the CEC for course waivers or extensions on program deadlines. Student concerns and petitions from individual students receive careful and timely consideration by the CEC and, where necessary by the CPC as a whole. A list of program policies or procedures that have been modified since the last site visit is contained in Appendix F. Many of these revisions were made in response to expressed student concerns or were the product of substantive discussion with students about their experiences in the program.

### Faculty Accessibility and Mentoring

All students are brought into the program matched to a specific faculty research mentor. The relationship between a graduate student and her/his mentor is a particularly important relationship. The mentoring relationship shapes significantly the student's experience in graduate school, success in achieving the Ph.D., and career path post-graduation. For a close working relationship to develop, it is important for student and mentor to be well matched in both research interests and work styles.

Each student is expected to work with his/her mentor at least through the completion of the master's thesis. Most students remain with their mentors through their dissertations. The research mentor also serves as the student's primary academic advisor. The mentor meets regularly with the student and is responsible for advising him/her on all matters of professional development and training as well as academic and research decision making. Students do a research apprenticeship with their mentor in their first year that, together with required first year course work on research methodology (Research Methods; Advanced Statistics; The Master's Research Seminar), lays the foundation for their master's research project. In addition, mentors offer students professional opportunities to collaborate on presentations and publications and contribute to students' professional advancement through recommendation letters and other types of networking and support.

Mentors model the integration of science and practice in the manner in which they teach their courses, in the conduct of their own research, and in their research training and clinical supervision of students. They also model a respect for cultural diversity and the ways in which it influences the teaching-learning enterprise and a commitment to serving underserved populations.

Mentors are responsible for monitoring and reporting their students' progress to the rest of the faculty at the annual student evaluation meeting and preparing an end-of-year evaluation letter for each of their students. The letter that students receive covers their performance in courses, on their research projects, in clinical work, and as teaching assistants and teachers. See Appendix D for models of these letters. Each letter contains comments about student accomplishments and areas in need of attention. If specific problems that require remediation have been noted during the end of year evaluation, the remediation plan and a timetable for its completion are specified in the letter. The

mentoring relationship, specific responsibilities of mentors and mentees, and the annual evaluation process are described in the Clinical Handbook on pages 15-33.

In addition to faculty mentors, the Program has a Practicum Coordinator, Dr. Ester Shapiro, who works together with the DCT to help students secure clinical practica appropriate to their stage of clinical development and training needs and an APPIC clinical internship. Toward the end of the fall semester, the Practicum Coordinator updates the practicum handbook (see Appendix B) and meets with all students applying for off-campus practica for the following year, first as a group and then in individual sessions. She helps students generate a list of practicum sites to which to apply. The DCT and the Practicum Coordinator also hold meetings each year with students applying for internships. The DCT meets with applicants to discuss internship application procedures and review their completed APPIC forms with them. The DCT writes letters of recommendation for all students applying for internship. The Practicum Coordinator holds a meeting for applicants at which current interns and students who have recently completed their internships are invited to talk about the application process and their internship training experiences. The DCT and the practicum coordinator meet individually with students as needed to help them with the application process.

Substantive feedback is provided to students on their emerging clinical competencies by their clinical supervisors. This is done in the form of a mid-year and end-of-year practicum evaluation (see Appendix B ) that is completed for each practicum experience and coupled with mid-year and end-of-year evaluation meetings between students and supervisors. Mid-year and end-of-year internship evaluations are sent to the Program by students' internship programs. All practicum and internship evaluations become part of the student's permanent file, as do the annual evaluation letters prepared by faculty mentors.

Evaluations of students' master's theses, qualifying exams, and dissertations are made by faculty committees. Committee chairpersons, typically the student's mentor, are responsible for consolidating the feedback from other faculty members and for sharing it with the student. This may be done orally or in writing for the master's thesis and dissertation; it however, must be done formally in writing for the qualifying exam. Copies of qualifying exam feedback become a permanent part of the student's file, as do signature pages indicating the satisfactory completion of the thesis and dissertation.

In preparation for this self-study report, students in the program were asked to complete an anonymous survey about many aspects of their experience in the program. 51 out of 54 current students completed the survey (94%). Data from the survey can be found in Table 13 in Appendix G. Of particular relevance to student-faculty relations, 100% of the students responding reported that they were satisfied, highly satisfied, or completely satisfied with the level of respect shown among students, faculty, and staff, accessibility of faculty, and with student representation in decision making, and 98% of the students were satisfied or better with the student evaluation process within the program, with the program's emphasis on collaboration rather than competition among the students, and with the program's sensitivity to racial and ethnic diversity. While there was variation

among students in their assessments of their specific mentoring relationships, 90% or more of the students noted being satisfied or better with the value of the mentoring model to their research training, their academic progress, their training in cultural sensitivity, and to their personal and professional development in general.

Alumni also completed surveys (48 of 84 alumni or 57% responded) about their experiences in the program. Data from these surveys can be found in Table 14 in Appendix G. With regard to student-faculty relations, 90% or more of alumni respondents indicated that they were satisfied, highly satisfied, or completely satisfied with the respect shown among students, faculty, and staff, the accessibility of faculty, the student evaluation process, sensitivity to racial and ethnic diversity, and sensitivity to other aspects of diversity such as gender and disability status. In addition, 91.5% expressed satisfaction or better with faculty as scientist/practitioner role models and 100% expressed satisfaction or better with faculty as models of cultural sensitivity.

### **Domain F: Program Self-Assessment and Quality Enhancement**

Program faculty and students are actively involved in regular assessments of program effectiveness. The CEC and CPC together with the DCT, assume primary responsibility for program self-assessments. Modifications made in the program as a result of self-assessment processes are forwarded to the CGSA and/or the Diversity Committee for their consideration and feedback as appropriate. We continually strive to improve the program in keeping with emerging scientific developments within the discipline, changing educational and professional standards nationally and within the state, and changes in local, regional, and national needs for psychological services especially as they pertain to the needs of underserved populations.

The CEC and CPC have been actively involved in the preparation of this self-study document. Multiple meetings of each committee have been devoted to discussion of program goals, objectives, training activities, and student competencies, and the formulation of survey instruments to assess program effectiveness from the point of view of current students including interns, and alumni. Drafts of the self-study document have been shared with members of each committee for their review and approval. Feedback on the student survey was also solicited from students before finalizing the survey instrument. Preparation of the self-study document has provided a useful opportunity for program faculty and students to discuss the strengths of the program as well as identify areas in which we hope to make improvements.

#### Specific Methods Used to Assess Program Effectiveness

There are a variety of data sources that we employ to determine whether we are successfully meeting our goals and accomplishing our objectives:

- All Faculty members complete annual faculty reports (AFRs) that address their accomplishments in research, teaching, and service realms. The AFRs are reviewed annually by the Department Personnel Committee, the Department Chairperson, and

the College of Liberal Arts Dean. The AFRs, in addition to major personnel reviews (fourth year review, tenure, promotion, and post-tenure periodic multi-year reviews), are means for assessing the ongoing productivity and excellence of program faculty and the faculty's ability to carry out its graduate education mission.

- All graduate students complete annual student reports (ASRs) that address their accomplishments in research, teaching, and clinical realms. These reports, modeled on the AFRs, are used in the yearly evaluation of students and help us determine whether student accomplishments are in keeping with our academic, research, clinical, and teaching objectives.
- Student performance in required and elective courses indicates whether they are acquiring the foundational knowledge and culturally competent and developmentally appropriate conceptual and methodological, assessment and intervention skills we expect, and are internalizing the integration of science and practice emphasized by the program.
- Anonymous online evaluations of courses by students at the end of each semester indicate whether students perceive program coursework to be providing them with appropriate foundational knowledge and culturally competent and developmentally appropriate conceptual and methodological, assessment and intervention skills.
- Written and oral evaluations by master's thesis and dissertation committees indicate whether students are successfully attaining scientifically sound, and culturally and developmentally informed research objectives.
- Written evaluations of qualifying exams by established review committees indicate whether students have attained the level of competence necessary to enter into doctoral candidacy and have successfully integrated the cultural and developmental emphases of the program in their exams.
- Written and oral evaluations of students by practicum and internship supervisors indicate whether students are successfully attaining culturally sensitive, developmentally appropriate, and scientifically informed clinical practice skills.
- Student evaluations of practicum and internship experiences indicate whether they perceive themselves as being effectively trained in culturally sensitive, developmentally appropriate, and scientifically informed clinical practice skills.
- Acceptance of students into highly competitive APA-accredited internship programs is evidence of the success of our training in culturally sensitive, developmentally appropriate, and scientifically informed clinical practice skills.
- Internship performance reviews by supervisors and internship training directors provide further information regarding the quality of our training and the preparedness of our graduates for entry-level positions as scientist-practitioners.
- The success of program graduates in obtaining competitive post-doctoral fellowships indicates the success of our program in training scientist-practitioners for post-graduate roles.
- The initial and subsequent employment settings of our graduates likewise indicate the success of our program in training scientist-practitioners for post-graduate roles focused on serving underserved populations.
- Responses to anonymous surveys conducted with current students, including internship students, and with alumni provide us with feedback relevant to an evaluation of our success in attaining all of our training objectives.

- The program's success in attracting applicants (250-300 applicants per year) given its stated goals and objectives is indicative of its positive reputation within the field.

### Assessment of Program Effectiveness

We have used all of the data sources outlined above to assess whether our program is successful in attaining the goals and objectives spelled out in Domain B. In the first section below we speak to evidence of our attainment of our goals and objectives based on the performance of students matriculated in the program. In the second section we speak to evidence based on the performance of program graduates in post-doctoral and employment settings. See Table 12 for summary data on program effectiveness.

### Goal Attainment as Evidenced by the Performance of Active Students

#### **Program Applicants**

One indication of the quality of our program is the consistently high quality and number of applicants to the program each year. As indicated in Table 4, we regularly receive between 250 and 300 applications each year. The mean number of applicants between 1999 and 2006 was 280 with a low of 247 and a high of 336. We offer admission to a very select number of applicants each year (10-17 students between 1999 and 2006 for a mean of 14 or 5% of the pool). We admit 8 or 9 students each year depending on the level of funding available. The qualifications of students who have been admitted are very strong. The mean GPA and GRE scores for entering students between 2002 and 2006 are posted on our website (<http://psych.umb.edu/clinical/tables.html>). The mean GPA for that 5 - year period is 3.66. The mean GRE scores for the same time period are 615 verbal, 682 quantitative, and 676 for the psychology subject score. Students come from top universities across the country (See Table 5).

#### **Current Students**

#### **Assessing Program Goals, Training Objectives and Related Student Competencies**

#### **Objective 1: To provide students with foundational knowledge and culturally competent and developmentally appropriate conceptual and methodological skills.**

We expect our students to demonstrate knowledge of the breadth of scientific psychology, its history of thought and development, its research methods, and its applications. We also expect our students to acquire culturally competent and developmentally appropriate conceptual and methodological skills. Evidence that students are acquiring these competencies and the program is accomplishing this training objective comes from multiple sources. The first is student performance in required courses on the biological, cognitive/affective, and social/cultural bases of behavior; in research methodology and techniques of data analysis; in the history and systems of psychology; in professional standards and ethics; and in a required course covering theories and methods in culture and mental health. All of our students receive grades of “B” or better in these required core courses; most receive grades of A or A-. Student

evaluations of courses indicate that students find them demanding while at the same time experience a high level of satisfaction with them.

As part of our self-study process, 94% of active students completed an anonymous survey about the quality of the current program. Included in the survey were questions about the quality of teaching and coursework. Over 90% of the students completing the survey indicated that they were satisfied, highly satisfied, or completely satisfied with: the quality of faculty teaching, the inclusion of theory and of science within their courses, the integration of science and practice across courses, and the opportunities to develop critical thinking skills afforded by their courses. In addition, more than 90% of respondents indicated that they were satisfied, highly satisfied, or completely satisfied with the inclusion of course content related to diversity. Students were asked how well the program is meeting its goal of providing the scientist practitioner model of clinical training. Ninety-eight percent of the respondents indicated that the program was meeting this goal moderately (33.3%) or extremely (64.7%) well. They were also asked how well the program is meeting its goal of training culturally sensitive clinicians and researchers who serve underserved populations. Ninety-six percent of the respondents indicated that the program is meeting this goal moderately well (23.5%) or extremely well (72.5%). Similarly, 90% of student respondents indicated that the program is meeting its goal of offering a developmental training model that emphasizes acknowledging and working with clients' strengths and not unduly pathologizing them; 28% thought the program is meeting this goal moderately well and 62% thought it is meeting the goal extremely well.

ASRs and end-of-year faculty evaluations of student performance indicate that students are making steady progress on their master's theses and dissertations and are undertaking work that is scientifically rigorous and consistent with the cultural and developmental emphases of the program (see Table 8 for a list of dissertation topics). The high quality of student research is reflected in the number of students who make peer reviewed presentations of their research at professional conferences (on average 80% of advanced students in the last 5 years), and publish their research in peer reviewed journals (on average 61% of advanced students in the last 5 years), and are awarded internal and external grant support for their research. On average 80% of the students who apply for competitive dissertation support grants offered through the university's Office of Research and Sponsored Projects each year are successful in obtaining those grants. Their success rate compares very favorably with the university-wide success rate of 50%. Six of the current students have or have had external grant funding to support their research. Three additional students who are recent graduates also received external research grants. In addition, five students currently have APA Minority Fellowships. A 6th student, who completed all program requirements this summer, also had an APA Minority Fellowship.

In response to questions about the quality of their research training, 85% or more of the students responding to the anonymous survey conducted in preparation for the self study, indicated that they were satisfied, highly satisfied, or completely satisfied with the quality of faculty scholarship and research (98%), opportunities to conduct research (86%), opportunities to learn a variety of research methodologies (90%), exposure to knowledge about issues related to cultural diversity in research (96%); and understanding and

applying professional ethics in research (98%). Areas that we need to pay more attention to in the future with only 65-75% of students indicating satisfaction or better include: opportunities to learn a variety of statistical procedures (65%), opportunities to learn grant writing (75%), and financial support for student research and travel (71%). With regard to opportunities to learn a variety of statistical procedures, we have recently added an advanced statistics course in Causal Modeling to our curriculum.

**Objective 2: To provide students with culturally sensitive and developmentally appropriate assessment and intervention skills and opportunities to acquire introductory level supervision and consultation skills.**

We expect our students to demonstrate competencies in assessment and intervention skills and introductory level competencies in supervision and consultation that are informed by scientific knowledge and are culturally sensitive and developmentally appropriate. Evidence that students are acquiring these competencies and the program is accomplishing this training objective comes from student performance in required and elective courses on clinical theory and practice and also from students' performance in two required half-time practica and their APA approved internships. In required and elective courses students become proficient at writing functional analyses of dysfunctional behavior; case conceptualizations from a variety of theoretical perspectives; evaluations of clients that include assessments of their multiple intersecting cultural identities and the cultural contexts in which problems develop and are best understood; cultural self-assessments essential to forging strong therapeutic relationships; and assessments of the cultural and developmental relevance of psychological tests and other assessment and intervention tools (see course syllabi for these assignments).

As noted previously, all students consistently obtain grades of B or better in their coursework, including required courses in Developmental Psychopathology I and II, Testing and Assessment, Intervention Strategies, Culture and Mental Health, Social and Cultural Bases of Behavior, Clinical Seminars I, II, III, and IV, and elective courses in Personality Assessment, Neuropsychological Assessment, Child Assessment, Cognitive Behavioral Theory and Therapy, Child Therapy, and Family Therapy.

In practica and internships, students become proficient in conducting culturally and developmentally appropriate intake assessments, conducting psychotherapy with a diverse group of clients with a broad array of presenting problems, using a wide range of testing and assessment instruments and assessing their cultural and developmental appropriateness, writing clear and succinct intake summaries, progress notes, and termination summaries, making case presentations as members of interdisciplinary teams, making appropriate referrals and providing consultations to other health care professionals and to campus groups, making good use of clinical supervision, and in functioning as peer supervisors on clinical teams.

More than 90% of students in practica receive mid-year and end-of-year practicum evaluations that indicate that their skills in these areas are satisfactory or better for their stage of professional development. 100% of the students that have applied for APA

approved internships since the APPIC National Match program began have received APPIC internships; most receive one of their top choices.

Mid-year and End-of-Year letters from Internship supervisors indicate that our students are well regarded and perform at very high levels of professional competence. Examples of typical internship reviews include the following:

"\_\_\_\_\_ is a seasoned clinician who is skilled in both psychodiagnostic assessment and psychotherapeutic intervention. As a clinician, he is non-judgmental in his approach and has an impressive ability to establish rapport and develop solid, constructive therapeutic alliances with patients in his role as either assessor or psychotherapist. .... [He] is also very cognizant of issues of diversity. This has been consistently reflected in his assessment of patients and in his very sensitive and respectful handling of diversity issues in his therapeutic work."

"\_\_\_\_\_ is a highly capable, competent, thoughtful, and committed clinician. She has the skill- and mind-set to be an independent practitioner. She was outstanding on our rotation. Her case conferences were excellent, she was engaged in supervision, and she managed and treated a difficult caseload with aplomb. I rank \_\_\_\_\_ in the top 1% of interns I have supervised in the last 19 years."

"\_\_\_\_\_ is able to conceptualize complex case presentations and to integrate information from many sources into her working knowledge of a case. Her intake presentations are always extremely well written and informative. Her diagnostic skills are impressive. [She] is current with the psychological literature and research and is able to base her interventions on her knowledge of this research. She brings thoughtfulness and a lot of energy to each of her cases. [She] is an honest, ethical professional. She is respected by her colleagues and trusted by her clients. She is a talented and skilled clinician."

In the last 7 years, there has been only one student who has gotten less than a glowing report of his internship performance. All other interns have received evaluations similar in nature to those briefly cited above.

Student evaluations of the quality of their clinical practice experiences on the anonymous survey conducted as part of the self-study process indicate that students are highly satisfied with this aspect of their training; 90% or more indicated that they were satisfied, highly satisfied, or completely satisfied with all aspects of their clinical practice training (e.g., working with diverse populations in a variety of clinical placements (98%); knowledge and skills in assessment and diagnosis (98%); knowledge and skills in Interventions/Therapy (98%); knowledge and skills in clinical supervision (93%); knowledge and skills in consultation and administration (92%); knowledge of issues related to cultural diversity in practice (100%) and understanding of professional ethics in practice (100%)). See Tables 13, Appendix G for responses to the entire survey.

For the last two years we have surveyed internship students about the quality of their internship experience and about the quality of their preparation at UMB for their

internship. We have had a 100% response rate from internship students to our surveys. They were asked to use a 10 - point rating scale to indicate the quality of various aspects of their internship (e.g., the quality of didactics, supervision, the cultural sensitivity of training, desirable rotations, workload). They used the same 10 - point scale to rate the quality of their UMB preparation for internship (e.g., in psychopathology, psychotherapy, assessment, ethics, cultural sensitivity, research knowledge that informs practice). The percentage of students who rated their internship experiences and their UMB training as a 7 or higher on a 10 - point scale is summarized in Table 15 in Appendix G. 100% of internship students rated the contribution of their UMB training to their internship experiences as a 7 or higher and 92.4% of students rated the contribution of their internship experience to their growth and competence in the delivery of psychological services as 7 or higher. Internship students did comment that they wish they had had more clinical theory courses prior to internship, an observation consistent with a conversation we are currently having about adding another required clinical theory course to the curriculum.

**Objective 3: To foster the integration of science and practice by teaching foundational knowledge and core skills essential to both clinical research and clinical practice and by providing mentoring relationships that model the integration of science and practice and service to underserved populations.**

We expect our students to demonstrate proficiency in evaluating the research literature for scientific rigor, clinical meaningfulness and relevance to diverse client and community populations and to apply research findings from the literature to their clinical practice. We also expect our students to demonstrate proficiency at designing research that draws on a broad array of methodological perspectives to address questions of relevance to diverse client and community populations. Furthermore, we expect students to contribute to the knowledge base in psychology and become proficient at presenting their research findings and clinical theoretical understandings at professional meetings, case conferences, and in peer-reviewed publications.

The evidence that students are acquiring these competencies and that the program is accomplishing these training objectives takes the following forms. First, all students receive grades of B or better in their required courses in Research Methods, Advanced Statistics, the Master's Research Seminar and one additional methods course (either Advanced Statistics II: Causal Modeling or Qualitative Research Methods in Psychology). Second, all write papers in their clinical courses that require them to take into account the existing empirical support for clinical practice issues that are deemed competent by their course instructors. Third, all students write critical literature reviews for their master's thesis, their qualifying exam, and their dissertation that have direct or indirect relevance to clinical issues and are deemed competent by the appropriate faculty review committee. Fourth, all students demonstrate that they can critically evaluate the appropriateness of research designs for questions of relevance to diverse client or community populations in their Research Methods course and their Master's Research Seminar. Fifth, all students employ research designs judged to be appropriate to the clinical questions they are addressing in their master's theses and dissertations by their

faculty review committees. Sixth, a review of ASRs and Table 4 indicates that 80% of advanced students regularly present their research in professional forums and 60% publish it in peer-reviewed journals. Students also draw on empirical research when making clinical presentations as evidenced in reports from faculty supervisors.

We offer our students high quality research and clinical supervision and mentoring that model the integration of research and clinical practice and service to underserved populations. We expect our students to become proficient at inviting feedback on their research ideas and clinical work and at dealing with it constructively. We also expect overtime that they will learn to provide similar feedback to junior graduate student colleagues and undergraduates on their research teams and in their classrooms.

Evidence of the effectiveness of our mentoring model can be found in the steady progress that students make toward the completion of their degrees and in their career success post-graduation (see below). In addition, a majority of current students indicated on the student survey that they are satisfied or better with the way the mentoring model has added value to their research (94%), to their clinical training (86%), to their training in cultural sensitivity (90%), to their academic progress (94%), and to their personal and professional development generally (92%).

#### **Objective 4: Providing a majority of students with opportunities to develop undergraduate teaching skills.**

We expect a majority of our students to function effectively as undergraduate teaching assistants in their first year and as teachers of their own undergraduate courses by their 4th year in the program. Evidence that students are developing competency in undergraduate teaching can be found in the positive teaching evaluations they receive from faculty mentors and undergraduates completing course evaluations (See Table 12).

#### Goal Attainment as Evidenced by the Performance of Alumni

Additional evidence that we are meeting the goals and objectives of the program can be found in: the timely completion of the program by its graduates; alumni satisfaction with the quality of the training they received and their perceptions of its relevance to their careers; and in the successful attainment by our alumni of post-doctoral fellowships and professional positions.

Since 2000, the average time it has taken students in the program to complete all degree requirements is 6.9 years; the median is 6.5. We currently have only one student who is beyond her 7th year in the program. She has successfully defended her dissertation and will begin her internship in Fall 2006. Assuming she completes her internship in 2006-07 as expected, she will have taken 8 years to complete her degree.

An alumni survey was conducted as part of the self-study process. Forty-eight out of 84 graduates of the program completed this survey (57%). They were asked to report on their current professional activities and to assess the quality of their training in the

program in relationship to their career goals. Findings from the survey are presented in Table 14 in Appendix G. In summary, 95.8% of the respondents indicated that they were satisfied, highly satisfied, or completely satisfied with the preparation they received at UMB. Ninety-eight percent indicated that the scientist practitioner model has been moderately or extremely important to their professional identity; 96% indicated that our mission of training culturally sensitive clinicians and researchers has been moderately or extremely important to their professional identity, and 94% indicated that a developmental model that emphasizes strengths-based interventions has been moderately or extremely important to their professional identity. Satisfaction with all aspects of the academic, research, and clinical training received, while not always as high as that of current students, was very high. Satisfaction with faculty as scientist-practitioner role models (91.5%) and as models of cultural sensitivity (100%) was also very high.

Postdoctoral employment data indicate that our graduates are doing very well (See Table 9). Of the 63 graduates between 2000 and 2006, 61 are currently in post-doctoral positions or employed. The two that are not employed are caring for young children. All employed graduates work as psychologists; 25% work in academic settings; 43% percent work in hospital settings; 8% work in Community Mental Health Centers and 10% in University Counseling Centers. Twenty two percent are involved in independent practice, many in combination with other employment. Graduates report engaging in the following activities, often in combination: 31% administration; 25% assessment; 42% consultation; 54% psychotherapy; 40% research; 42% supervision; 31% teaching; 19% other. Forty-two percent of graduates have published in peer review journals since graduating; 54% have published in either journals or edited books. Most graduates complete postdoctoral fellowships immediately upon graduation. Sixty-six percent of graduates report having become licensed since 2000, 96% report passing the EPPP on the first try. Thirty percent report they will take the EPPP in the next year or two once eligible. Approximately 94% of survey respondents reported providing services to underserved populations.

The Program's goals and objectives, training model and curriculum are in keeping with the university's mission and goals as a premier urban university that serves the needs of the Commonwealth, the region, and the nation.

### **Responses to Previous Feedback from CoA**

In July 2000, the CoA voted to award re-accreditation to the Program and scheduled the next site visit for 2007. The summary of the CoA's review was very positive. The CoA did suggest, however, that the Program's goals and objectives were too complex and included too many variables some of which were not measurable. The CoA recommended that the Program clarify its goals, making them easier to assess and use for program development. The articulation of goals and objectives contained within this self-study represents the Program's effort to be responsive to the feedback from the CoA.

## **Domain G: Public Disclosure**

Public access to information regarding the program and the university has greatly increased since the last accreditation review in 2000 due to improvements in departmental and university websites. The Graduate Bulletin and Clinical Program handbook are available at: <http://www.umb.edu/admissions/catalog.html> and <http://psych.umb.edu/dept/clinhndbk.htm> respectively. Application materials are contained within the Graduate Bulletin allowing applicants to apply to the program online. Grievance procedures, general operating procedures, and many other university policies and publications are also available online. The Psychology Department home page includes links to web pages for all psychology department faculty. Faculty members' web pages include their e-mail addresses and descriptions of their research and teaching interests. Most faculty web pages also include information about recent publications and course syllabi. The Clinical Program web site also includes information for the last five years on average GPAs and GRE scores of students admitted to the program as well as information about the percentage of students who obtain internships and the average number of years to graduation. The department web site includes links to the College of Liberal Arts, the UMB home page, the graduate admissions home page, and to the American Psychological Association as well as other psychology resources. Requests for information about the program in hard copy format are handled by Graduate Admissions.

Applicants who are invited to campus for interviews (approximately 35 of the 250-300 students that apply each year) are given the program handbook and are encouraged to read it before making their final decision about whether to accept an offer should they receive one from the program. In addition to interviewing with 3 faculty members, applicants interview with advanced graduate students and meet with them socially for lunch, dinner, and tours of the facilities. Students are also available to answer questions between interviews, and some host applicants overnight in their homes. When offers are made to applicants, they are given the names of advanced graduate students who are working with the faculty member making the offer and are encouraged to contact those students for information about the program. The admissions process thus provides applicants with student as well as the faculty perspectives regarding the program.

## **Domain H: Relationship with the Accrediting Body**

The program was initially accredited in 1995 and reaccredited in 2000. The program abides by all policies and procedures of the Committee on Accreditation of the American Psychological Association. The Program regularly completes annual reports and provides the Association with information regarding any changes that may have an impact on the Program's quality. The Program is in good standing in terms of the payment of fees associated with the maintenance of our accredited status. Annual reports from 2000 until the present can be found in Appendix H. Noteworthy changes between 2000 and 2006 include: changes in university leadership (Chancellor Michael Collins assumed leadership of the campus in September, 2005; Provost Paul Fonteyn joined the campus in August, 2002; Donna Kuizenga became Dean of Liberal Arts in 2004; and Emily McDermott became the Graduate Dean in 2001); a change in department leadership

(Steve Schwartz retired and Celia Moore became department chairperson in 2005); the retirement or resignation of six tenured clinical faculty members (Turner, Brome, Murdock, Rierdan, Golomb, and Blasi); and the addition of three new clinical faculty members (Rhodes, Donovan, and Perez). Changes in program requirements and other policies and procedures are summarized in Appendix F.



**TABLE 1**

**Doctoral Programs**  
**Domain A (Eligibility)**

Program Title: Clinical Psychology Substantive Area: Clinical

Degree(s) Awarded to Program Graduates - (Check all that apply)

Ph.D.  Psy.D.  Ed.D.

Date of Last Site Visit: **February 10-11, 2000**

Number of Program Students Awarded Degrees Each Academic Year for the Past 7 Years:

Degree	2006-2007	2005-2006	2004-2005	2003-2004	2002-2003	2001-2002	2000-2001	1999-2000
Ph.D.	8-10	4	10	7	11	5	6	12
Psy.D.								
Ed.D.								

Are any students in your program currently respecializing? Yes  No

A copy of the most recent program Handbook is provided in Appendix A.

A copy of the department/college/institutional Procedures and Policies applicable to students is provided in Appendix A.

**Table 2**

**Practicum Settings**

<b>Name of setting</b>	<b>Year(s) in which setting was used</b>	<b>Highest degree of supervisor</b>	<b>Credentials of that supervisor</b>	<b>Number of students placed each year</b>	<b>Type of setting</b>	<b>Services provided</b>	<b>Types of clients served</b>
Angier School, Waban, MA	2003-2004	Ph.D.	Licensed	1	11	2,4	Children, Families
Boston University School of Medicine/Boston Medical Center/Children's AIDS Program, Boston, MA	2004-2005	Ph.D.	Licensed	1	3, 13	2, 4, 5	Children, Adolescents, Families
Boston University School of Medicine/Boston Medical Center-Children/Autism, Boston, MA	2003-2004	Ph.D.	Licensed	1	3, 13	2, 5	Adults, Children
Boston Veteran's Administration, Boston, MA	2000-2001 2004-2005	Ph.D., Ed.D.	Licensed	1	7	2, 4, 5	Adults

Name of setting	Year(s) in which setting was used	Highest degree of supervisor	Credentials of that supervisor	Number of students placed each year	Type of setting	Services provided	Types of clients served
Bradley Hospital/Brown University Medical School - Child Assessment Unit, Providence, RI	2005-2006 2006-2007	Ph.D.	Licensed	1	8, 13	2, 4	Children, Families
Bradley Hospital/Brown University Medical School - Adolescents, Providence, RI	2006-2007	Ph.D.	Licensed	1	8, 13	2, 4	Adolescents
Brigham & Women's Hospital/Harvard Medical School - Pastoral Counseling, Boston, MA	2006-2007	Ph.D.	Licensed	1	3, 13	2, 4	Adults, Families
Brigham & Women's Hospital/Harvard Medical School - Behavioral Neurology, Boston, MA	2000-2001 2001-2002 2006-2007	Ph.D., Psy.D.	Licensed	1	3, 13	2	Adults

Name of setting	Year(s) in which setting was used	Highest degree of supervisor	Credentials of that supervisor	Number of students placed each year	Type of setting	Services provided	Types of clients served
Brookline Community Mental Health Center, Brookline, MA	2000-2001 2001-2002 2002-2003 2003-2004 2004-2005 2005-2006	Ph.D., LISCW, Psy.D.	Licensed	1	1	2, 3, 4, 33	Adults, Children, Couples, families
Brookside Community Health Center/Brigham & Women's Hospital/Harvard Medical School, Jamaica Plain, MA	2005-2006 2006-2007	Ph.D.	Licensed	1	1	2, 4	Children, Adults, Families
Cambridge Health Alliance/Cambridge Hospital/ Harvard Medical School - Outpatient Division, Cambridge, MA	2001-2002 2002-2003 2003-2004 2004-2005 2005-2006	Ph.D.	Licensed	1 2 2 2 2	6, 13	2, 4	Adolescents, Adults, couples
Cambridge Hospital/Harvard Medical School - Asian Mental Health, Cambridge, MA	2005-2006	Ph.D.	Licensed	1	6, 13	2, 4	Adults

Name of setting	Year(s) in which setting was used	Highest degree of supervisor	Credentials of that supervisor	Number of students placed each year	Type of setting	Services provided	Types of clients served
Cambridge Hospital/Harvard Medical School - Cambridge Youth Guidance Center, Cambridge, MA	2002-2003 2004-2005 2005-2006	Ph.D., Psy.D.	Licensed	1	6, 13	2,4	Children, Adolescents, Families
Cambridge Hospital/Harvard Medical School - Child Inpatient, Cambridge, MA	2003-2004	Ph.D.	Licensed	1	6, 13	2, 4	Children
Cambridge Hospital/Harvard Medical School - Latino Mental Health, Cambridge, MA	2002-2003	Ph.D.	Licensed	1	6, 13	2, 4	Adults
Cambridge Hospital/Harvard Medical School - Victims of Violence, Cambridge, MA	2006-2007	Ph.D.	Licensed	1	6, 13	2,4	Adults
Harvard Medical School, The Children's Hospital Boston, MA	2001-2002	Ph.D.	Licensed	1	6, 13	2,3,4	Children, Adolescents

Name of setting	Year(s) in which setting was used	Highest degree of supervisor	Credentials of that supervisor	Number of students placed each year	Type of setting	Services provided	Types of clients served
Martha Eliot Health Center/Harvard Medical School/Children's Hospital, Jamaica Plain, MA	2000-2001 2002-2003 2005-2006 2006-2007	Ph.D.	Licensed	1	2, 13	4	Children, Adolescents, Adults, Couples, Families
Massachusetts Mental Health Center/Harvard Medical School, Jamaica Plain, MA	2006-2007	Ph.D.	Licensed	1	1, 13	2,4	Adults
McLean Hospital/Harvard Medical School - Behavioral Health Partial Program, Belmont, MA	2000-2001 2001-2002 2002-2003 2005-2006	Ph.D.	Licensed	1 2 1 1	8	2, 3, 4	Adults, groups
McLean Hospital/Harvard Medical School - Bipolar and Psychotic Disorders, Partial Hospitalization Program, Belmont, MA	2000-2001	Ph.D.	Licensed	1	8, 13	3,4	Adults

<b>Name of setting</b>	<b>Year(s) in which setting was used</b>	<b>Highest degree of supervisor</b>	<b>Credentials of that supervisor</b>	<b>Number of students placed each year</b>	<b>Type of setting</b>	<b>Services provided</b>	<b>Types of clients served</b>
McLean Hospital/Harvard Medical School - Mood Disorders Unit, Belmont, MA	2001-2002	Ph.D.	Licensed	1	8, 13	2, 3, 4	Adults, groups
Harvard Medical School/Massachusetts General Hospital - Chelsea Memorial Health Center, Chelsea, MA	2001-2002 2002-2003 2003-2004 2006-2007	Psy.D.	Licensed	1	1, 13	2, 4, 33	Children, Adolescents, Adults, Couples, Families
New York-Presbyterian Hospital/Weill Cornell Medical Center, New York, NY	2003-2004	Ph.D.	Licensed	1	13	2,4	Children, Adolescents, Families
Ross Center for Disability Services, University of Massachusetts, Boston, MA	2005-2006 2006-2007	Ph.D., Ed.M.	Licensed	1 2	33	2, 3	Adults, Adolescents

<b>Name of setting</b>	<b>Year(s) in which setting was used</b>	<b>Highest degree of supervisor</b>	<b>Credentials of that supervisor</b>	<b>Number of students placed each year</b>	<b>Type of setting</b>	<b>Services provided</b>	<b>Types of clients served</b>
Roxbury Comprehensive Health Service/Specializing in African American clients, Roxbury, MA	2000-2001	Psy.D.	Licensed	1	1	2,3,4,33	Children, Adolescents, Adults, Families
South Cove Community Health Center/Specializing in Asian American clients, Boston, MA	2004-2005	Ph.D.	Licensed	1	1	2, 4	Adults, Adolescents, Children
South Shore Mental Health Center, Quincy, MA	2001-2002	Psy.D.	Licensed	1	2	2, 4	Children, Adults
The Walker School, Needham, MA	2000-2001 2001-2002 2002-2003 2005-2006	Ph.D., Psy.D.	Licensed	1	11,33	2,4	Children, Families
University of Massachusetts Counseling Center, Boston, MA	2000-2007	Ph.D., LICSW	Licensed	6-9 (52 total)	12	2, 4	Adults, Adolescents

Name of setting	Year(s) in which setting was used	Highest degree of supervisor	Credentials of that supervisor	Number of students placed each year	Type of setting	Services provided	Types of clients served
Wediko Children's Services, Boston, MA	2000-2001			2			
	2001-2002			2			
	2004-2005			1			
	2005-2006	Ph.D.,		1			
	2006-2007	Psy.D.	Licensed	1	11, 33	2, 4, 33	Children
Worcester State Hospital/U Mass Medical Center, Forensic Services Dept, Worcester, MA	2003-2004	Ph.D., Psy.D., MD	Licensed	1	9, 13	2, 4	Adults

**Table 3**

**Current Program Faculty**  
(Summary)

<b>CORE PROGRAM FACULTY:</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>% of time Devoted to Program [Must be &gt;50]</b>	<b>Role/Contribution to Program</b>	<b>Other Non-Program Responsibilities</b>
Alice	Carter	Professor	75%	Mentor/Research Supervisor, Clinical Supervisor; Teaches Cog/Affect Bases, Clinical Seminars III & IV and Third Year practicum, and Child Assessment	Undergraduate Teaching; PI on NIMH and NAAR Grants; NIH Grant Reviewer; Journal Editorial Boards
Roxanne	Donovan	Assistant Professor	55%	Mentor/Research Supervisor; Teaches Social/Cult. Bases; Gender	Undergraduate Teaching; UMB Professional Development Grant Recipient
Joan	Liem	Associate Professor	95%	Mentor/Research Supervisor, Clinical Supervisor; Teaches Intervention Strategies, Clinical Seminars I & II and Second Year Practicum; MA Research Seminar	Undergraduate Honors Mentor; U56 Training Grant; Executive Committee Division 35 of APA

<b>CORE PROGRAM FACULTY:</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>% of time Devoted to Program [Must be&gt;50)</b>	<b>Role/Contribution to Program</b>	<b>Other Non-Program Responsibilities</b>
David	Lisak	Associate Professor	55%	Mentor/Research Supervisor; Teaches Trauma; Gender	Undergraduate Teaching; Forensic Consultations; Consultant U.S. Air Force and Department of Defense
Paul	Nestor	Professor	75%	Mentor/Research Supervisor; Teaches Forensic Psychology, Neuropsych Assessment; Testing and Assessment I, and Clinical Seminars and Practicum I & II; Clinical Supervisor	PI on 2 Grants; Director Post Doc Program in Forensic Psychology
John	Perez	Assistant Professor	55%	Mentor/Research Supervisor; Teaches Developmental Psychopathology II; Personality Assessment	Undergraduate Teaching; NIH/NIMH National Research Service Award; IAC UMB/DF U56 Health Disparities Grant
Jean	Rhodes	Professor	55%	Mentor/Research Supervisor; Teaches Master's Research Seminar; Adolescent Development	Undergraduate Teaching, PI NSF and WTG Grants; Board of Directors, National Mentoring Partnership; Journal Editorial Boards

<b>CORE PROGRAM FACULTY:</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>% of time Devoted to Program [Must be&gt;50]</b>	<b>Role/Contribution to Program</b>	<b>Other Non-Program Responsibilities</b>
Lizabeth	Roemer	Associate Professor	75%	Mentor/Research Supervisor; Clinical Supervisor; Teaches Clinical Seminars and Practicum I & II; Research Methods; and Cognitive Behavior Theory and Therapy; Co-Chairs Admissions Committee, Advises Diversity Committee	Undergraduate Teaching, PI NIH Grant; NIH Scientific Review Committee; Journal Editorial Boards
Ester	Shapiro	Associate Professor	75%	Mentor/Research Supervisor; Clinical Supervisor; Teaches Clinical Seminars and Practicum III & IV; Field Coordinator	Undergraduate Teaching; Gaston Institute Latino Leadership Program; Program Evaluation
Karen	Suyemoto	Associate Professor	75%	Mentor/Research Supervisor; Teaches Culture and Mental Health; Social Construction of Self and Identity; Co-Chairs Admissions Committee; Advises Diversity Committee	Undergraduate Teaching; Co-Director Asian American Studies Program; Vice President & Program Committee Chair, Asian American Psychological Association; Consultant & Trainer on Diversity Issues

<b>ASSOCIATED PROGRAM FACULTY:</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>% of time Devoted to Program</b>	<b>Role/Contribution to Program</b>	<b>Other {Non-Program Responsibilities</b>
Jane	Adams	Professor	33%	Mentor/Research Supervisor; Teaches Psychopharmacology	Undergraduate Teaching; Associate Chair of Department; PI NICHD/NIH Grant; Journal Editor
Erik	Blaser	Assistant Professor	10%	Serves on MA and Dissertation Committees	Undergraduate Teaching; Cognitive Science Program; NIH Co-PI; Journal Reviewer; Journal Editor
Sheree	Conrad	Lecturer	33%	Mentor/Research Supervisor; Teaches History and Systems	Undergraduate Teaching; Director of Communications Program; UMB Research; Grant Recipient
Tiffany Cunningham	Donaldson	Assistant Professor	33%	Mentor/Research Supervisor; Teaches Biological Bases of Behavior	Undergraduate Teaching; NIMH Grant Reviewer; Ad hoc Journal Reviewer
Alice	Frye	Lecturer	50%	Teaches Developmental Psychopathology I; Testing and Assessment I; Interventions with Children, Adolescents & Families	Undergraduate Teaching; Research Consulting
Zsuzsa	Kaldy	Assistant Professor	25%	Teaches Cog/Affect Bases of Behavior; Serves on MA and Dissertation Committees	Undergraduate Teaching; Cognitive Science Program; UMB Internal Grant Recipient

<b>ASSOCIATED PROGRAM FACULTY:</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>% of time Devoted to Program</b>	<b>Role/Contribution to Program</b>	<b>Other {Non-Program Responsibilities</b>
Michael	Milburn	Professor	33%	Mentor/Research Supervisor; Teaches Advanced Statistics; Causal Modeling	Undergraduate Teaching
Cass	Turner	Emeritus Professor	100%	Teaches Clinical Seminars I & II and Practicum; Professional Standards and Ethics; Clinical Supervisor	Journal Editorial Boards; Clinical Practice
Laurel	Wainwright	Lecturer	33%	Mentor/Research Supervisor; Teaches Advanced Statistics; Biological Bases of Behavior	Undergraduate Teaching

<b>OTHER CONTRIBUTORS:</b>					
<b>First</b>	<b>Name</b>	<b>Title</b>	<b>% of time Devoted to Program</b>	<b>Role/Contribution to Program</b>	<b>Other {Non-Program Responsibilities</b>
Deborah	Cohen	Director of Training, UMB Counseling Center	20%	Clinical Supervisor	Staff Clinical Social Worker at the UMB Counseling Center
Brenda	Hamady	Staff	20%	Clinical Supervisor	Staff Clinical Social Worker at the UMB Counseling Center
Modesto	Hevia	Director of UMB Counseling Center	20%	Clinical Supervisor	Director of UMB Counseling Center; Clinical Psychologist
Edna	Pressler	Assistant Director of UMB Counseling Center	20%	Clinical Supervisor	Assistant Director of UMB Counseling Center; Clinical Psychologist

**TABLE 3 Continued (Part 2)**

**Faculty Demographics (number of Current Faculty who identify themselves as):**

		<b>Core Program Faculty</b>	<b>Associated Program Faculty</b>	<b>Other Contributors</b>
African-American	M		1	
	F	1	1	
Caucasian	M	2	2	
	F	4	5	3
Hispanic/Latino	M	1		1
	F	1		
Asian/Pacific Islander	M			
	F			
Multiethnic	M			
	F	1		
Other	M			
	F			
<b>Total</b>	M	3	3	1
	F	7	6	3
Total Number Subject to Americans with Disabilities Act	M			
	F			
Foreign Nationals	M			
	F			

**Table 3 Continued**

**Professional Activities for the Past Seen Years**  
**(for current faculty only – the number who):**

	<b>Members of Professional Societies</b>	<b>Authors/Co-authors of Papers at Professional meetings</b>	<b>Authors/Co-authors of Articles in Professional/Scientific Journals</b>	<b>Recipients of Grants or Contracts</b>	<b>Engaged in Delivery of Direct Professional Services</b>
<b>Core Program Faculty</b>	10	10	10	8	5
<b>Associated Faculty</b>	9	9	8	4	1
<b>Other Contributors</b>	4	2	2	0	4

**Table 4**

**Student Statistics**

<b><u>Please report the number of students in the last seven years who:</u></b>							
(Year entering program)	<b>2006 - 2007</b>	<b>2005 - 2006</b>	<b>2004 - 2005</b>	<b>2003 - 2004</b>	<b>2002 - 2003</b>	<b>2001 - 2002</b>	<b>2000- 2001</b>
Applied to program:	296	253	287	339	286	274	247
Were offered admission:	17	10	12	14	10	8	9
Enrolled In Academic year	9	8	9	8	9	8	9
Of total enrolled, number admitted as "respecialization"							
<b><u>Student Professional Activities Since Enrollment in the Program (based on students entering during each academic year, consistent with the above table):</u></b>							
Of students entering each year, how many are:	<b>2006 - 2007</b>	<b>2005 - 2006</b>	<b>2004 - 2005</b>	<b>2003 - 2004</b>	<b>2002 - 2003</b>	<b>2001 - 2002</b>	<b>2000 - 2001</b>
Members of Professional Societies	N/A	4	8	6	9	8	8
Authors/Co-authors of Papers at Professional meetings	N/A	1	6	7	8	8	5
Authors/Co-authors of Articles in Prof/Scientific Journals	N/A	0	5	3	4	7	7

**Table 4 Continued**

**Student Demographics (number of students entering the program during the noted academic year who identify themselves as):**

		2006 - 2007	2005 - 2006	2004 - 2005	2003 - 2004	2002 - 2003	2001 - 2002	2000 - 2001
African American/Black	M				1			
	F		1					1
Caucasian	M	1		1		3	2	1
	F	5	4	6	3	3	4	5
Hispanic/Latino	M							
	F				1		1	1
Asian/Pacific Islander	M				1			
	F	1	1	1	1	1	1	
Multiethnic *	M		1	1				
	F	1				2		
Other **	M							
	F		1					
Total	M	1	1	2	2	3	2	1
	F	7	7	7	5	6	6	7
Total Number Subject to Americans with Disabilities Act	M							
	F							
Foreign Nationals (individuals who are not U.S. Citizens or resident Aliens)	M	1			1	1		
	F							1
Number of students enrolled who are respecializing	M							
	F							
<p>* The five multiethnic students represent the following ethnicities: Chilean/Palestinian; Japanese/Caucasian; African American/Caucasian; Korean/Caucasian; Latina/Caucasian. ** Cape Verdean</p>								

**Table 4 Continued**

**Please report on students applying for internships for the last seven academic years:**

(Year of Internship)	2006-2007	2005-2006	2004-2005	2003-2004	2002-2003	2001-2002	2000-2001
# of Students Who Applied for Internship:	8	7	6	10	7	11	4
# Who Received Funded Internships:	8	7	6	10	7	11	3
# Who Received Unfunded Internships:	0	0	0	0	0	0	1
# Who received Accredited Internships	8	7	6	10	7	11	2

**Table 5**

**Educational History of Student Admitted to Doctoral Program**

ID #	Undergrad Institution	Undergrad Major	Undergrad Degree	Yr. Undergrad Degree	Undergrad GPA	GRE Verbal	GRE Quantitative	Grad Inst	Grad Major	Grad Degree	Yr Grad Degree	Grad GPA
06.009	U Mass Amherst	Psychology	BA	2003	3.77	470	540	NA				
06.008	Loyola Marymount U	Psychology	BA	2002	3.89	710	680	NA				
06.007	Cornell U	Human Dev.	BS	2003	3.93	700	790	NA				
06.006	Tufts U	Biology Psychology	BS	2004	3.24	570	760	NA				
06.005	U of Chicago	Anthropology	BA	2004	3.58	710	710	NA				
06.004	Harvard U	Psychology	AB	2003	3.78	800	750	NA				
06.003	Ithaca College	Psychology	BA	2001	3.68	540	520	Harvard U	Human Dev /Psychology	M.Ed	2005	3.93
06.002	Tufts U	Psychology	BA	2005	3.94	610	730	NA				
06.001	McGill U	Psychology	BA	2003	3.33	610	770	NA				
05.008	Georgetown U	Foreign Service	BS	1999	3.57	700	720	NA				
05.007	Brown U	Psychology	BA	2005	3.29	530	620	NA				
05.006	Drew U	English	BA	1995	3.49	640	690	NA				
05.005	Brandeis U	Psychology	BA	2001	3.92	620	670	NA				
05.004	Boston U	Psychology	BA	1998	3.55	580	660	Boston U	Psychology	MA	2003	3.96
05.003	Tufts U	Psychology	BA	2000	3.56	580	610	Boston U	Public Health	MPH	2005	3.94
05.002	U Texas, Arlington	Info Systems	BS	2001	3.96	560	700	Columbia U	Cognition & Learning	MA	2004	3.9
05.001	U Cal, Santa Cruz	Psychology	BA	2003	3.65	580	600	NA				
04.009	U Mass Boston	Psychology	BA	2003	4	560	690	NA				

ID #	Undergrad Institution	Undergrad Major	Undergrad Degree	Yr. Undergrad Degree	Undergrad GPA	GRE Verbal	GRE Quantitative	Grad Inst	Grad Major	Grad Degree	Yr Grad Degree	Grad GPA
04.008	U of Utah	Spanish Psychology	BA/BS	2002	3.94	670	790	NA				
04.007	U Connecticut	Psychology	BA	2003	3.89	410	630	NA				
04.006	Harvard-Radcliff College	Psychology	AB	2002	3.75	700	720	NA				
04.005	Northwestern	Psychology	BS	2000	3.57	550	740	Northwestern U	Learning Disability	MA	2001	3.56
04.004	Bryn Mawr C	Psychology	BA	1998	3.35	570	560	NA				
04.003	U Oregon	Psychology	BS	2003	3.94	640	680	NA				
04.002	U Alberta	Psychology	BA	2000	3.04	680	640	U Central FL	Clinical Psychology	MA	2003	4.0
04.001	Boston U	Psychology	BA	2002	3.62	760	680	NA				
03.008	Boston U	Psychology	BA	2000	3.11	550	710	NA				
03.007	Drexel U	Psychology	BS	2001	3.45	550	630	NA				
03.006	U Houston	Psychology	BS	2000	3.61	490	580	Stephan F. Austin State U	Psychology	MA	2003	3.91
03.005	Yale U	Psychology	BA	2003	3.83	630	750	NA				
03.004	Boston College	Psychology	BA	2001	3.64	610	680	NA				
03.003	Brown U	Cross-Cultural Psychology	BA	1997	3.6	740	700	NA				
03.002	St. Mary's College	Psychology	BA	1998	3.33	600	690	NA				
03.001	Harvard U	English Literature	AB	1998	3.55	710	640	NA				
02.009	DePaul U	Psychology	BS	1996	3.93	420	680	NA				
02.008	U Michigan	Philosophy	AB	1990	2.77	630	760	Stanford U Columbia U	Art Psychology	MFA MA	1994 2002	3.92 3.89

ID #	Undergrad Institution	Undergrad Major	Undergrad Degree	Yr. Undergrad Degree	Undergrad GPA	GRE Verbal	GRE Quantitative	Grad Inst	Grad Major	Grad Degree	Yr Grad Degree	Grad GPA
02.007	U California	Psychology	BA	1997	3.65	690	780	U of London	Medical Anthropology	MA	2000	Pass
02.006	Harvard U	Psychology Biology	AB	2001	3.38	640	730	NA				
02.005	Concordia U	Psychology	BA	2000	3.71	600	630	McGill U	Psychiatry	MSc	2003	3.58
02.004	Boston College	Human Dev.	BA	1998	3.4	400	430	Boston College	Counseling	MA	2001	3.7
02.003	Williams C	English Psychology	BA	2001	3.66	680	720	NA				
02.002	Columbia U	Comm., Lit. & Society	BA	1996	3.48	710	710	NA				
02.001	Wheaton C	Psychology	BA	2001	3.43	530	620	NA				
01.008	U of Puerto Rico	Psychology	BA	1999	3.81	430	460	NA				
01.007	Hamilton College	Psychology	BA	1996	3.48	610	710	NA				
01.006	Princeton U	Psychology	AB	2000	3.68	700	670	NA				
01.005	Stanford U	Psychology	AB	1992	3.44	740	770	NA				
01.004	U of Mich.	Anthropology	BA	1996	3.9	630	710	Tufts U	Child Development	MA	2000	4.0
01.003	Wesleyan U	Social Studies	BA	1995	3.56	660	760	NA				
01.002	Bates C	Psychology	BA	1999	3.14	530	600	NA				
01.001	Wesleyan U	Psychology	BA	2001	3.7	470	570	NA				
00.009	Brown U	Urban Studies	BA	1996	3.23	630	660	NA				
00.008	Wake Forest U	Psychology	BA	1998	3.03	580	650	Southern Methodist U	Psychology	MA	1999	4.0
00.007	U of Michigan	Psychology	BA	2000	3.74	440	530	NA				
00.006	U of Vermont	Psychology	BA	1998	3.58	560	490	NA				

ID #	Undergrad Institution	Undergrad Major	Undergrad Degree	Yr. Undergrad Degree	Undergrad GPA	GRE Verbal	GRE Quantitative	Grad Inst	Grad Major	Grad Degree	Yr Grad Degree	Grad GPA
00.005	Oberlin College	History Psychology	BA	1997	3.25	670	740	NA				
00.004	Wesleyan U	Psychology	BA	1998	3.7	540	600	NA				
00.003	St. Andrews U, Scotland	Psychology	BA	1998	3.89	680	700	NA				
00.002	Vassar College	Psychology	AB	1992	3.17	600	710	NA				
00.001	Cornell U	Psychology	BA	1996	4	680	640	NA				

**Table 6****Students' present status**

ID #	For students still in program		For Students that graduated:	For students that did not complete degree	
	Year in Prog.	Full or Part-time	Year of graduation	Date left program	Reason for leaving
96.002	1996	All program requirements met	Will graduate 12/06		
99.003	1999	All program requirements met	Will graduate 12/06		
99.004	1999	All program requirements met	Will graduate 12/06		
99.005	1999	Full-time			
00.001	2000	Full-time			
00.002	2000	Full-time			
00.003	2000	Full-time			
00.004	2000	Graduated	2005		
00.005	2000	Full-time			
00.006	2000	All program requirements met	Will graduate 12/06		
00.007	2000	Full-time			
00.008	2000	Graduated	2005		
00.009	2000	Full-time			
01.001	2001	All program requirements met	Will graduate 12/06		
01.002	2001	All program requirements met	Will graduate 12/06		
01.003	2001	All program requirements met	Will graduate 12/06		
01.004	2001	Full-time			
01.005	2001	Full-time			
01.006	2001	All program requirements met	Will graduate 12/06		
01.007	2001	Full-time			
01.008	2001	Full-time			
02.001	2002	Full-time			
02.002	2002	Full-time			
02.003	2002	Full-time			

ID #	For students still in program		For Students that graduated:	For students that did not complete degree	
	Year in Prog.	Full or Part-time	Year of graduation	Date left program	Reason for leaving
02.004	2002	Full-time			
02.005	2002	Full-time			
02.006	2002	Full-time			
02.007	2002	Full-time			
02.008	2002	Full-time			
02.009	2002	Full-time			
03.001	2003	Full-time			
03.002	2003	Full-time			
03.003	2003	Full-time			
03.004	2003	Full-time			
03.005	2003	Full-time			
03.006	2003	Full-time			
03.007	2003	Full-time			
03.008	2003	Full-time			
04.001	2004	Full-time			
04.002	2004	Full-time			
04.003	2004	Full-time			
04.004	2004	Full-time			
04.005	2004	Full-time			
04.006	2004	Full-time			
04.007	2004	Full-time			
04.008	2004	Full-time			
04.009	2004	Full-time			
05.001	2005	Full-time			
05.002	2005	Full-time			
05.003	2005	Full-time			
05.004	2005	Full-time			
05.005	2005	Full-time			
05.006	2005	Full-time			
05.007	2005	Full-time			
05.008	2005	Full-time			
06.001	2006	Full-time			
06.002	2006	Full-time			
06.003	2006	Full-time			
06.004	2006	Full-time			
06.005	2006	Full-time			

	For students still in program		For Students that graduated:	For students that did not complete degree	
ID #	Year in Prog.	Full or Part-time	Year of graduation	Date left program	Reason for leaving
06.006	2006	Full-time			
06.007	2006	Full-time			
06.008	2006	Full-time			
06.009	2006	Full-time			

**Table 7**

**Current Students Matriculating Beyond Their 7<sup>th</sup> Year in the Program**

<b>ID #</b>	<b>Unfinished Requirements</b>	<b>Expected Graduation Date</b>	<b>Current Financial Support</b>
99.005	Internship (will be done during the academic year 2006-2007)	Dec-07	Internship provides financial support
96.002	Requirements completed May 17, 2006 but too late for June graduation	Dec-06	None

**Table 8****Program Graduates: Internship and Dissertation/Final Project**

<b>ID #</b>	<b>Year of Grad</b>	<b>Internship</b>	<b>Accredited</b>	<b>Funded</b>	<b>Title of Dissertation</b>	<b>Dissertation Advisor</b>
90.005	12/99	The May Institute, Norwood, MA	Yes	Yes	A Transactional Dyadic Intervention for Foster Providers and Infants Prenatally Exposed to Illegal Drugs	Ester Shapiro
91.006	6/01	UCLA Neuropsychiatric Institute, Los Angeles, CA	Yes	Yes	Empathy and Personal Distress in Young People with Williams Syndrome	Alice Carter
91.007	12/99	VA Medical Center, San Francisco, CA	Yes	Yes	Depression and Hostility: The Role of Moderating Factors	Jill Rierdan
91.009	12/03	Cambridge Hospital/Harvard Medical School, Cambridge, MA	No	No	Childhood Gender Nonconformity and Peer Victimization of Males	David Lisak
92.002	6/01	Mass Mental Health Center/Harvard Medical School, Jamaica Plain, MA	Yes	Yes	Body Image in Infancy: Adult Body Weight-Related Biases Applied to Infants	Don Kalick
92.004	6/00	VA Medical Center, San Francisco, CA	Yes	Yes	Schizotypy and Emotional Experience Versus Expression	Joan Liem
92.006	6/00	Palo Alto VA Medical Center, Palo Alto, CA	Yes	Yes	Dispositional Empathy, Racial Attitudes, and Affective Responding to Racial Minorities	Castellano Turner
92.008	12/01	South Shore Mental Health Center, Quincy, MA	Yes	Yes	Racial Oppression as a Form of Insidious Trauma Among African Americans	Deborah Brome
93.001	6/00	Harvard Medical School/Mass Mental Health Center, Jamaica Plain, MA	Yes	Yes	Cultural Differences in the Relationship Between Shame and Anger	Castellano Turner
93.002	6/01	The May Institute, Norwood, MA	Yes	Yes	Sibling Support and Sibling Attachment: Promoting the Adjustment of Children in High-Conflict Families	Joan Liem

<b>ID #</b>	<b>Year of Grad</b>	<b>Internship</b>	<b>Accredited</b>	<b>Funded</b>	<b>Title of Dissertation</b>	<b>Dissertation Advisor</b>
93.003	12/99	Cambridge Hospital/Harvard Medical School, Cambridge, MA	Yes	Yes	Shame, Anger, and Perpetration Outcomes in Male Survivors of Childhood Abuse	David Lisak
93.004	12/00	Franciscan Children Hospital for Children, Child and Family Services, Brighton, MA	Yes	Yes	The Consequences of Depression for the Transition to Adulthood	Susan Gore
93.005	6/00	Boston University School of Medicine/Boston Medical Center, Center for Multicultural Training in Psychology, Boston, MA	Yes	Yes	Counselor and client factors affecting black students' counseling expectations	Castellano Turner
93.006	6/00	Mass Mental Health Center/Harvard Medical School, Jamaica Plain, MA	Yes	Yes	The role of experience and integrative complexity in ethnic identity development	Deborah Brome
93.007	6/00	Boston Consortium in Clinical Psychology/VA Medical Center, Boston, MA	Yes	Yes	Differences in Cognitive-Emotional Functioning as a Mechanism in the Cycle of Violence Among College Males Abused as Children.	David Lisak
94.001	12/05	Danielsen Institute at Boston University, Boston, MA	Yes	Yes	Understanding Women's Emotions: Breadth or Distress?	Karla Murdock
94.003	12/03	Harvard Medical/Mass General Hospital, Boston, MA	Yes	Yes	The Association Between Child Behavior Problems, Parenting Practices, and Dysfunction in Sensory Integration	Deborah Brome
94.005	5/03	Beth Israel Medical Center/Harvard Medical Center, Boston, MA	Yes	Yes	Political Efficacy and Psychosocial Adaptation of African International Students in the United States: An Ecological Approach	Ester Shapiro
94.009	6/00	VA Los Angeles Ambulatory Care Center, Los Angeles, CA	Yes	Yes	Investigating the Cycle of Violence in Men: Psychophysiology of Vicarious Emotional Arousal	David Lisak
94.010	12/99	St. Francis Medical Center, Pittsburgh, PA	Yes	Yes	Individual Differences in Traumatic Experiences: Antecedents of Ego Development in Adulthood	Jill Rierdan

<b>ID #</b>	<b>Year of Grad</b>	<b>Internship</b>	<b>Accredited</b>	<b>Funded</b>	<b>Title of Dissertation</b>	<b>Dissertation Advisor</b>
94.013	12/00	Beth Israel Deaconess Medical Center/Harvard Medical School, Boston, MA	Yes	Yes	Alternative Medicine and Mental Health: A Clinical Trial of Homeopathic Treatment for Depression	Michael Milburn
95.002	6/00	Harvard Medical/McLean Hospital, Belmont, MA	Yes	Yes	Body Image and Masculinity in College Men	Castellano Turner
95.005	5/03	North Shore University Hospital NY School of Medicine/Psychiatry	Yes	Yes	Evidence of equivalence Between the Mattis Dementia Rating Scale and an Alternate Form	Jane Adams
95.006	12/02	Cambridge Hospital/Harvard Medical School, Cambridge, MA	Yes	Yes	Subtyping Borderline Personality Disorder	Joan Liem
95.008	6/01	Columbia Presbyterian Hospital, NY	Yes	Yes	Examining the Contribution of Ethnic Attitudes, Collective Self-Esteem, and Spirituality to Delinquent Behavioral Outcome Among Cambodian Adolescents: An Exploratory Study	Deborah Brome
95.009	12/03	Edith Nourse Memorial VA Medical Center, New Bedford, MA	Yes	Yes	The Relationship Between Adult Attachment Styles and Psychosocial Outcomes of African American Males	Deborah Brome
95.010	12/01	Harvard University, Bureau of Study Counsel, Cambridge, MA	No	Yes	Integration of Religious Commitment in Personality: Its Relation to Ego Development and Cognitive Complexity	Augusto Blasi
96.001	5/03	University of Washington, Seattle, WA	Yes	Yes	Navigating Disrupted Transitions from Adolescence to Adulthood: Cumulative Adversity, Social Capital, and Psychosocial Outcomes	Joan Liem
96.002	12/06	South Shore Mental Health Center/Child Psychology Internship,	Yes	Yes	Children's worries, experience of life stress, and coping responses: A contextual approach	Ester Shapiro

<b>ID #</b>	<b>Year of Grad</b>	<b>Internship</b>	<b>Accredited</b>	<b>Funded</b>	<b>Title of Dissertation</b>	<b>Dissertation Advisor</b>
96.003	5/03	University of North Carolina, Chapel Hill	Yes	Yes	Variability in the Development of Social Behavior Among Children with Autism	Alice Carter
96.005	12/02	Cambridge Hospital/Harvard Medical School, Cambridge, MA	Yes	Yes	The Pornographic Retreat: Contemporary Patterns of Pornography Use and the Psychodynamic Meaning of Frequent Pornography Use for Heterosexual Men	Joan Liem
96.008	8/02	The May Institute, Norwood, MA	Yes	Yes	The Relationship Between Possible Selves, Impulsivity, Peer Refusal, School Competence, And Sexual Risk Taking Behavior Among Urban Middle School Adolescents	Deborah Brome
96.009	12/03	University of Pennsylvania, Philadelphia, PA	Yes	Yes	Self-Construal Priming and Emotional Distress: Testing For Cultural Biases in the Concept of Distress	Don Kalick
97.001	12/03	Rush-Presbyterian-St Luke's Medical Center, Chicago, IL	Yes	Yes	Memory Change Following Tailored Resection of the Mesial Temporal Lobe	Paul Nestor
97.002	6/05	Brockton VA Medical Center, Brockton, MA	Yes	Yes	Adoptive Gay Fathers: Transformation of Hegemonic Masculinity and the Emergence of the Fathering Self	Ester Shapiro
97.003	8/02	Franciscan Children Hospital for Children, Child and Family Services, Brighton, MA	Yes	Yes	Social Communication in Autism: The role of theory of mind in discourse development.	Helen Tager-Flusberg
97.005	8/02	Mass Mental Health Center/Harvard Medical School, Jamaica Plain, MA	Yes	Yes	Conflict From the Word Go: Ubiquity and Influence of Affect Regulatory Conflict in Mother-Infant Interaction	Alice Carter
97.006	5/03	Cambridge Hospital/Harvard Medical, Latino Mental Health Clinic, Cambridge, MA	Yes	Yes	Patterns of Excitation and Inhibition in Patients with Schizophrenia	Paul Nestor

<b>ID #</b>	<b>Year of Grad</b>	<b>Internship</b>	<b>Accredited</b>	<b>Funded</b>	<b>Title of Dissertation</b>	<b>Dissertation Advisor</b>
97.007	12/04	San Francisco VA Medical Center, San Francisco, CA	Yes	Yes	Coping With Transitions: The Role of Religion in the Immigrant Experience	Joan Liem
97.008	5/03	Duke University, Durham, NC	Yes	Yes	Vicarious Traumatization of Psychotherapists: Risk and Resiliency Factors	Ester Shapiro
97.009	12/03	The May Institute, Norwood, MA	Yes	Yes	Outcome assessment of Boston's <i>Emerging Leaders Program</i> : Evaluating effectiveness of training in collaboration and diversity	Ester Shapiro
98.001	5/03	Cambridge Hospital/Harvard Medical School, Cambridge, MA	Yes	Yes	Factors associated with urban youth violence: Childhood traumatic stress, ethnic identity, cultural legacy of violence and intentionality	Deborah Brome
98.002	12/04	Mass Mental Health Center/Harvard Medical School, Jamaica Plain, MA	Yes	Yes	The Facing and Coping Together (FACT) Program: A Brief Psychoeducation Program for Relatives of Individuals with Schizophrenia	Amy Weisman
98.003	5/03	McLean Hospital/Harvard Medical, Belmont, MA	Yes	Yes	A Theoretically-Based Etiological Model of Deliberate Self-Harm: The Role of Childhood Maltreatment, Affect Intensity/Reactivity, Emotional Inexpressivity, and Emotion Dysregulation in Self-Harm Behavior	Liz Roemer
98.004	12/04	University of California San Francisco/Clinical Psychology, San Francisco, CA	Yes	Yes	An Auditory-Verbal Levels of Processing Task using fMRI	Paul Nestor
98.006	5/03	Brown University, Providence, RI	Yes	Yes	Building Roads to Resiliency in Urban Children with Asthma: Linking Research with Intervention	Karla Klein Murdock

<b>ID #</b>	<b>Year of Grad</b>	<b>Internship</b>	<b>Accredited</b>	<b>Funded</b>	<b>Title of Dissertation</b>	<b>Dissertation Advisor</b>
98.007	12/04	Albany Consortium/Albany Medical Center, Albany, NY	Yes	Yes	An Exploratory Analysis of God Image and Possible Selves on Sexual Risk Taking Behavior Among Individuals with a History of Child Sexual Abuse (CSA)	Deborah Brome
98.009	6/05	Suffolk University Counseling Center, Boston, MA	Yes	Yes	Correlates of worry and GAD in Black/African Americans	Liz Roemer
98.010	6/04	VA Medical Center, Seattle, WA	Yes	Yes	Emotionality and Shame in Men: Linking Emotional Suppression and Shame to Men's Aggression and Violence	Liz Roemer
98.011	12/04	VA Medical Center, W. Los Angeles, CA	Yes	Yes	Self-Construal and Expressed Emotion in Black, Latino, and White Family Members of Patients with Schizophrenia	Amy Weisman
99.001	6/05	Cornell University/Payne Whitney/NY Hospital, NY	Yes	Yes	Trauma, Culture, and Disordered Eating	Sheree Conrad
99.002	12/04	University of California San Diego Medical Center– Consortium/VA Medical/VA Neuropsychiatric, La Jolla, CA	Yes	Yes	Semantic Priming in Schizophrenia: A Functional Magnetic Resonance Investigation	Paul Nestor
99.003	12/06	Children's Hospital, Denver, CO (2 half years)	No	No	Examining Trajectories of Marital Quality: A Longitudinal, Risk, and Resiliency Approach	Ester Shapiro
99.004	12/06	Harvard Med/Cambridge Hospital - Adult/Child Outpatient Division	Yes	Yes	The Co-Construction of Racial and Ethnic Identities and Self-Esteem in Asian American Youth: Effects of Belonging and Exclusion	Karen Suyemoto

<b>ID #</b>	<b>Year of Grad</b>	<b>Internship</b>	<b>Accredited</b>	<b>Funded</b>	<b>Title of Dissertation</b>	<b>Dissertation Advisor</b>
99.006	12/05	Boston Consortium in Clinical Psychology/PTSD, Women's Health Sciences	Yes	Yes	Inflexibility in state and trait worry: Implications for adaptive functioning	Liz Roemer
99.007	12/05	The May Institute, Behavioral Health Sciences, Norwood, MA	Yes	Yes	Quality of Life After Exposure to Trauma: Moving Beyond Symptom Assessment and Exploring Resilience Factors	Liz Roemer
00.004	6/05	St. Lukes/Roosevelt Hospital Center - Adult track, NY	Yes	Yes	Bereavement During the Adolescent to Young Adult Transition: A Developmental Resilience Model	Joan Liem
00.006	12/06	Boston Consortium	Yes	Yes	Parent-child interaction, child effortful control and emotional and behavioral outcomes in children at-risk for Tourette's and Obsessive Compulsive Disorder	Alice Carter
00.008	12/05	Boston Consortium in Clinical Psychology, Boston, Outpatient Clinic	Yes	Yes	A Preliminary Investigation of Emotional Avoidance and Emotional Awareness Among a Sample of Non-Treatment Seeking Panickers	Liz Roemer
01.001	12/06	Harvard Medical/Children's Hospital	Yes	Yes	Development of racial and/or ethnic identities of Asian American women and White European American men experiencing interracial dating	Karen Suyemoto
01.002	12/06	Boston Consortium	Yes	Yes	Transdermal Nicotine Effects on Attention in Schizophrenia	Paul Nestor
01.003	12/06	U Mass - Worcester	Yes	Yes	The Neuropsychology of Risky Decision-Making: The Ecology of Relapse and Recidivism	Paul Nestor
01.006	12/06	Harvard Medical/Cambridge Hospital	Yes	Yes	The Gateway Theory and Adolescent Substance Use	Jean Rhodes

**Table 9****Program Graduates: Employment**

<b>ID#</b>	<b>Initial employment setting</b>	<b>Initial job title</b>	<b>Current employment setting</b>	<b>Current job title</b>	<b>Licensure and state</b>	<b>Other Achievements</b>
90.005	5	Child Psychologist	14, 5	Child Psychologist, Staff Psychologist	Yes, RI	
91.006	15	Assistant Research Psychologist/Project Manager	3	Psychologist, autism	Yes, CA & OH	National Williams Syndrome Grant
91.007	2	Intake Manager	2	Intake Manager		
91.009	12	Post doctoral fellow	2	Post doctoral fellow		
92.002	1	Psychological Consultant	1	Clinician	Yes, MA	
92.004			99			
92.006	2, 13e	Post Doctoral Fellow	2, 13e	Psychologist, Adjunct faculty, researcher	Yes, CA	Garfield Memorial Fund Grant to pilot a brief depression screening tool
92.008	1, 13c, 15	Assistant Director of Research Compliance, Adjunct faculty, Staff clinician	1, 13c	Assistant Professor of Psychology, Staff Clinician		

<b>ID#</b>	<b>Initial employment setting</b>	<b>Initial job title</b>	<b>Current employment setting</b>	<b>Current job title</b>	<b>Licensure and state</b>	<b>Other Achievements</b>
93.001	2	Clinician	2	Clinician	Yes, MA	
93.002	13d	Assistant Professor	13d	Assistant Professor		
93.003	3, 16	Supervising Psychologist & Director, Adult Inpatient Psychology Training	3, 16, 14	Staff Psychologist, Private Practice	Yes, MA	
93.004	2	Psychological Assistant	2	Psychologist	Yes, CA	
93.005	3, 16, 14	Staff Psychologist, Private Practice	3, 16, 14	Staff Psychologist, Private Practice	Yes, MA	
93.006	1	Staff Psychologist	3, 2,1	Staff Psychologist, Supervisor of testing	Yes, MA	
93.007	16	Postdoctoral fellow	2	Clinical Psychologist	Yes, MA	NIMH Award
94.001	12	Postdoctoral fellow	12	Postdoctoral fellow		
94.003	3, 16	Postdoctoral fellow	3, 16	Instructor	Yes, NY	NIMH Award, Institutional NRSA Fellowship from Judge Baker children's Center/Harvard Medical School

<b>ID#</b>	<b>Initial employment setting</b>	<b>Initial job title</b>	<b>Current employment setting</b>	<b>Current job title</b>	<b>Licensure and state</b>	<b>Other Achievements</b>
94.005	7, 13e	Psychosocial Rehabilitation Fellow, Adjunct Faculty	7, 13e	Program Manager, Adjunct Faculty		Part of a group that was recently awarded the first prize for integrating issues of diversity into the health care at the VA
94.009	5, 14	Per Diem Psychologist, Independent Psychologist	14	Independent Psychologist	Yes, CA	
94.010	16, 3	Staff Psychologist, Assistant Professor	16, 3	Staff Psychologist Assistant Professor	Yes, RI	
94.013	3	Director Consultation Services	14	Psychologist	Yes, MA	
95.002	3, 14, 16	Private Practice, Staff Psychologist	14	Private Practice	Yes, MA	
95.005	5, 14	Staff Neuropsychologist, Independent Neuropsychologist	5, 14	Staff Neuropsychologist, Independent Neuropsychologist	Yes, PA	Delaware Valley Geriatrics Society Research Award, UMDNJ Center for Aging Award for Excellence in Research
95.006	3, 14, 16	Staff Psychologist, Private Practice	3, 14, 16	Staff Psychologist, Private Practice	Yes, MA	American Psychoanalytic Association Fellowship

<b>ID#</b>	<b>Initial employment setting</b>	<b>Initial job title</b>	<b>Current employment setting</b>	<b>Current job title</b>	<b>Licensure and state</b>	<b>Other Achievements</b>
95.008	3, 14	Clinical Director, Private Practice	3, 14	Director, Service Systems Core, Natl Ctr for Child Traumatic Stress, Private Practice	Yes, NY & CA	
95.009	7, 13e	Psychosocial Rehabilitation Fellow, Adjunct Faculty	7, 13e	Program Manager, Adjunct Faculty	Yes, MA	CDC Father Friendly Initiative Grant; Division 18 Public Service Award
95.010	12	Staff Psychologist	12	Staff Psychologist	Yes, MA	
96.001	15	Research Postdoctoral Fellow/Clinical Postdoc	15	Research Postdoctoral Fellow/Clinical Postdoc		
96.002	6	Postdoctoral fellow	6	Postdoctoral fellow		
96.003	15	Researcher	16, 13a	Clinical Assistant Professor	Yes, NC	
96.005	33	Clinical Director in skilled nursing facility	3, 14, 16	Private Practice, Group Practice, Clinical Instructor	Yes, MA & NY	
96.008	1	Staff Psychologist	11	Clinical Consultant and Therapist		
96.009	15	Doctoral Fellow	13b, 13c	Assistant Professor		Faculty Research Grant, Japan Foundation Doctoral Fellowship

<b>ID#</b>	<b>Initial employment setting</b>	<b>Initial job title</b>	<b>Current employment setting</b>	<b>Current job title</b>	<b>Licensure and state</b>	<b>Other Achievements</b>
97.001	3, 16	Pediatric Neuropsychology post doctoral fellow	3	Neuropsychology Consultant		Stanley Fellowship, Harvard Medical School
97.002	10	Fellowship, Unit therapist	10	Fellowship, Unit therapist		
97.003	3, 16	Psychologist	14, 13c	Private practice, Assistant Professor	Yes, MA, ME	
97.005	1	Clinical Associate	12, 14	Private Practice, Learning Specialist	Yes, MA	Chancellor's Dissertation of Year Award
97.006	15	Multicultural training fellowship/Latino access to health care	15	Child Trauma researcher	Yes, CA	
97.007	3, 7, 16	Postdoctoral fellow	7	Staff Psychologist	Yes, CA	
97.008	12	Staff Psychologist	12, 14	Director, Counseling Services, Private Practice	Yes, VA	Anne Alonso Group Psychotherapy Scholarship
97.009	7, 1, 14	Research fellow, Clinical Psychologist	7, 1, 14	Research fellow, Clinical Psychologist	Yes, MA	
98.001	5	Staff Psychologist	3, 16	Staff Psychologist	Yes, MA	
98.002	3, 16	Clinical Research Training Program Fellow	3, 16	Clinical Research Training Program Fellow		NIMH 2005 Clinical research Training Program Fellowship, Harvard Medical School

<b>ID#</b>	<b>Initial employment setting</b>	<b>Initial job title</b>	<b>Current employment setting</b>	<b>Current job title</b>	<b>Licensure and state</b>	<b>Other Achievements</b>
98.003	15	Post Doctoral Fellow then Assistant Research Psychologist	15, 13a	Director, Personality Disorders Division, Ctr for Addictions & Assistant Professor		National Education Alliance for Borderline Personality Disorder (NEA-BPD) Young Investigator's Award, 2005
98.004	3, 16	Postdoctoral fellow	3, 16	2nd Postdoctoral Fellow		
98.006	16	Child and Family Psychiatry Fellow	13a, 16	Assistant professor (Research)	Yes, RI	Community Trust Fund Grant for Study of Asthma; Scott Mesh Honorary Scholarship for Research in Psychology; Albert Schweitzer Fellowship
98.007	9	Therapist	33	Senior Research Associate		
98.009	2	Post Doctoral Fellow	2	Psychological Associate	Yes, NC	NIH Minority Supplement Grant
98.010	7	Post Doctoral Fellow	7	Staff Psychologist, Post Deployment Clinic	Yes, WA	
98.011	1	Staff Psychologist	7	Staff Psychologist		
99.001	12	Postdoctoral Fellow	12	Supervising Psychologist	Yes, NY	

<b>ID#</b>	<b>Initial employment setting</b>	<b>Initial job title</b>	<b>Current employment setting</b>	<b>Current job title</b>	<b>Licensure and state</b>	<b>Other Achievements</b>
99.002	15	Biological Psychiatry and Neuroscience Fellow	13a	Assistant Professor		2006 International Neuropsychological Society Nelson Butters Award for Best Postdoctoral Presentation
99.003	99					Jean Humphrey Block Dissertation Award
99.004	12	Staff Psychologist fellow	12	Staff Psychologist fellow		
99.006	7, 15	Behavioral Science Fellow	7, 15	Behavioral Science Fellow		NIMH NRSA Predoctoral Fellowship
99.007	7	Postdoctoral fellow, Project coordinator for Pathways of Risk and Resilience in Firefighter Recruits	7	Postdoctoral fellow, Project coordinator for Pathways of Risk and Resilience in Firefighter Recruits		
00.004	3, 16	Research/Clinical fellowship	3, 16	Research/Clinical fellowship		1st recipient of Combined Research/Clinical Fellowship at St. Luke's Roosevelt Hospital & Addictions Institute of NY

<b>ID#</b>	<b>Initial employment setting</b>	<b>Initial job title</b>	<b>Current employment setting</b>	<b>Current job title</b>	<b>Licensure and state</b>	<b>Other Achievements</b>
00.006	7	Postdoctoral fellow for a study on mindfulness intervention for veteran's with posttraumatic stress disorder	7	Postdoctoral fellow for a study on mindfulness intervention for veteran's with posttraumatic stress disorder		
00.008	15	Post-doctoral Fellow and Director of Basic Emotion Research	15	Post-doctoral Fellow and Director of Basic Emotion Research		
01.001	3, 16	Postdoctoral fellow, Researcher	3, 16	Postdoctoral fellow, Researcher		
01.002	3, 16	Postdoctoral fellow, Staff Psychologist	3, 16	Postdoctoral fellow, Staff Psychologist		Division 40 Neuropsychology Fellowship; Scottish Rite Schizophrenia Dissertation Fellowship; Stanley Foundation Fellowship
01.003	3, 16	Postdoctoral fellow, Staff Psychologist	3, 16	Postdoctoral fellow, Staff Psychologist		
01.006	1	Postdoctoral fellow, Neuropsychology assessment	1	Postdoctoral fellow, Neuropsychology assessment		Maxwell Schleifer Memorial Prize

**Table 10**

**Student Attrition**

	2007-2008	2006-2007	2005-2006	2004-2005	2003-2004	2002-2003	2001-2002	2000-2001	1999-2000	Total
Total number of entering students Program by year		9	8	9	8	9	8	9	7*	60
# of students withdrawing in:										
<b>2006-2007</b>										
<b>2005-2006</b>										
<b>2004-2005</b>										
<b>2003-2004</b>										
<b>2002-2003</b>										
<b>2001-2002</b>										
<b>2000-2001</b>										
<b>Total</b>		0	0	0	0	0	0	0	0	0
* 1 student entering 8th year while completing internship.										

**Table 11**

**Student Degree Completion**

	<b>2007-2008</b>	<b>2006-2007</b>	<b>2005-2006</b>	<b>2004-2005</b>	<b>2003-2004</b>	<b>2002-2003</b>	<b>2001-2002</b>	<b>2000-2001</b>	<b>1999-2000</b>	<b>Total</b>
Total number of entering students Program by year		9	8	9	8	9	8	9	7	67
# of students graduating in:										
<b>2006-2007</b>							4	1	2	7
<b>2005-2006</b>								1	2	3
<b>2004-2005</b>								1	2	3
<b>2003-2004</b>										
<b>2002-2003</b>										
<b>2001-2002</b>										
<b>2000-2001</b>										
<b>Total</b>		0	0	0	0	0	4	3	6	13

**Table 12**

**Summary of Goals, Objectives, Competencies, Activities, Assessments, and Outcomes**

**Goal 1:** To produce graduates who are ready for entry-level positions as clinicians, clinical researchers, and academics that embrace the integration of science and practice in their multiple professional roles; and

**Goal 2:** To produce graduates who are knowledgeable about and skilled at engaging in developmentally appropriate and culturally sensitive clinical practice, and conducting developmentally and culturally competent clinical research, and who are committed in their work to serving underserved populations.

**Objective 1: To provide students with foundational knowledge in the science of psychology with special attention to training in culturally competent and developmentally appropriate conceptual and methodological skills.**

**Competency 1.1:** We expect students to demonstrate knowledge of the breadth of scientific psychology, its history of thought and development, its research methods, and its applications.

Activity 1: Students complete required courses in the biological, cognitive/affective and social/cultural bases of behavior.

Activity 2: Students complete required courses in research methodology and techniques of data analysis.

Activity 3: Students complete required courses in the history and systems of psychology and in professional standards and ethics.

Activity 4: Students complete required courses covering theories and methods in culture and mental health, developmental psychopathology, testing and assessment, and intervention strategies including those based on empirically supported principles.

Assessments:

- Course grades in the required courses in activities 1-4 above
- Survey of current students
- Survey of program graduates

Outcomes:

- 100% of students receive grades of B or better in the required courses listed above
- 90% or more of current students rate the quality of coursework including the inclusion of theory, of science, and of critical thinking skills as satisfactory or better.
- 
- 90% or more of program graduates rate the quality of coursework including the inclusion of theory, of science, and of critical thinking skills as satisfactory or better.
- 
- 96% or more of current students and program graduates rate the cultural self-awareness encouraged by course work and the knowledge of issues related to cultural diversity provided in research and clinical practice training as satisfactory or better.

**Competency 1.2:** We expect students to acquire the basic research skills necessary to critically evaluate the existing research literature, identify gaps in that literature, design rigorous research projects, and conduct them effectively.

Activity 1: Students serve as research apprentices to their mentors.

Activity 2: Students complete an empirical master's thesis.

Activity 3: Students complete a critical literature review for their qualifying exam.

Activity 4: Students complete an empirical doctoral dissertation.

Assessments:

- Evaluation by Mentor
- Evaluation by Master's Thesis Committee
- Evaluation by Qualifying Exam Committee
- Evaluation by Dissertation Committee

Outcomes:

- 100% of students judged competent as research apprentices by their Faculty Mentor.
- 100% of students have master's theses approved by committee.
- 80% of students pass the qualifying exam on their first try.
- 100% of students have dissertations approved by committee.

**Competency 1.3:** We expect our students to contribute to the knowledge base in psychology by disseminating their research findings and theoretical understandings through professional presentations and publications.

Activity 1: Students present their work at professional meetings.

Activity 2: Students author or co-author publications.

Assessments:

- Review of Annual Student Reports
- Survey of Current Students
- Survey of Program Graduates

Outcomes:

- 80% of advanced students present their work at professional meetings.
- 60% of advanced students publish their research.
- 42% of program graduates publish their research.
- 44% of program graduates present their work at professional meetings.
- 81.6% of current students indicate satisfaction or better with opportunities to present their research.
- 82.6% of program graduates indicate satisfaction or better with opportunities to present their research.

**Competency 1.4:** We expect our students to become proficient at critically evaluating research for its attention to issues of developmental and cultural diversity and at designing research that helps advance the field in its attention to these issues.

Activity 1: Course assignments in Culture and Mental Health, Research Methods, and the Master's Research Seminar.

Activity 2: Students complete a critical literature review for the qualifying exam that pays special attention to issues of developmental and cultural diversity.

Assessments:

- Grades in Culture and Mental Health, Research Methods, and Master's Research Seminar
- Evaluation of Qualifying Exam performance

Outcomes:

- All students get grades of B or better in Culture and Mental Health and Research Methods.
- All student receive a grade of satisfactory in the Master's Research Seminar.
- 80% of students Pass the qualifying exam on first try.

**Objective 2: To provide students with training in culturally sensitive and developmentally appropriate assessment and intervention skills and opportunities to acquire introductory level supervision and consultation skills.**

**Competency 2.1:** We expect students to demonstrate proficiency in testing and assessment skills that are informed by scientific knowledge and are culturally sensitive and developmentally appropriate. This means we expect students to be knowledgeable about the limitations of standardized tests for diverse populations and to be able to select and employ the most appropriate tests available for the clients with whom they are working.

Activity 1: Students complete a required Testing and Assessment Course.

Activity 2: Students complete one Testing and Assessment Elective.

Activity 3: Students are supervised in testing and/or assessment at their practica.

Activity 4: Students are supervised in testing and/or assessment at their APA approved internship.

Assessments:

- Grades in testing and assessment courses
- Mid-year and end-of-year evaluations by practicum supervisors
- Mid-year and end-of-year evaluations by internship supervisors
- Current Student Survey
- Alumni Survey
- Internship Evaluations
- Success in obtaining APA Internships

Outcomes:

- 100% of students receive grades of B or better in Testing and Assessment Courses
- 90% of students judged proficient in testing and/or assessment by Practicum Supervisors
- 90% of students judged proficient in testing and/or assessment by Internship Supervisors
- 98% of current students rate their knowledge and skills in assessment and diagnosis as satisfactory or better.
- 91.5% of alumni rate their knowledge and skills in assessment and diagnosis as satisfactory or better.
- 92.4% of internship students judge their internship's contribution to their competence in the delivery of psychological services as 7 or higher on a 10 point scale

- 100% of internship students judge the contribution of UMB training to their internship experience as 7 or higher on a 10 point scale
- Since the beginning of the National Match Program, 100% of students applying for APA internships have obtained them

**Competency 2.2:** We expect students to demonstrate proficiency in intervention skills that are informed by scientific knowledge and are culturally sensitive and developmentally appropriate. This means we expect students to become familiar with the developmental and cultural complexities of clinical interventions and to design or tailor interventions that are developmentally and culturally sensitive and informed by empirical research, including research on relevant populations.

Activity 1: Students complete a required Intervention Strategies Course.

Activity 2: Students complete one elective principles of therapy course.

Activity 3: Students complete Clinical Practicum Seminars I, II, III, and IV.

Activity 4: Students are supervised in intervention strategies at a minimum of two half time practica with diverse client caseloads.

Activity 5: Students are supervised in intervention strategies at an APA approved internship with diverse client caseloads.

Activity 6: Students complete intake assessments/case formulations that include an understanding of the client's presenting problem and its history; the client's personal strengths, social resources, and cultural context; a diagnostic formulation; and a treatment plan.

Assessments:

- Grades in Intervention Strategies/Principles of Therapy Courses
- Evaluations by faculty teaching Clinical Practicum Seminars I-IV
- Mid-year and end-of-year evaluations by practicum supervisors
- Mid-year and end-of-year evaluations by internship supervisors
- Survey of Current Students
- Survey of Program Graduates
- Internship Survey
- Success in obtaining APA Internships

Outcomes:

- 100% of students receive grades of B or better in Intervention Strategies/Principles of Therapy courses
- 100% of students receive grades of satisfactory in Clinical Practicum Seminars I-IV
- 90% of students judged proficient in clinical interventions by Practicum Supervisors
- 90% of students judged proficient in clinical interventions by Internship Supervisors

- 86.3% of current students rate the inclusion of clinical practice in coursework as satisfactory or better
- 93.7% of program graduates rate the inclusion of clinical practice in coursework as satisfactory or better
- 90% or more of current students rate their service delivery/clinical practice opportunities as satisfactory or better
- 85% of program graduates rate their service delivery/clinical practice opportunities as satisfactory or better (except for consultation/administration which is only at 60% satisfaction)
- 92.4% of internship students judge internship's contribution to their competence in the delivery of psychological services as 7 or higher on a 10 point scale
- 100% of internship students judge the contribution of UMB training to their internship experience as 7 or higher on a 10 point scale
- 97.8% of current students rate their opportunities to work with diverse client populations as satisfactory or better
- 100% of alumni rate their opportunities to work with diverse client populations as satisfactory or better
- Since the beginning of the National Match Program, 100% of students applying for APA internships have obtained them

**Competency 2.3:** We expect students to develop introductory level competencies in supervision and consultation skills.

Activity 1: Students serve as peer supervisors on clinical teams.

Activity 2: Students provide outreach consultations to campus groups in the Counseling Center practicum.

Activity 3: Students provide supervision to junior graduate students and undergraduates on their research teams.

Activity 4: Faculty members and clinical supervisors serve as research and clinical role models.

Assessments:

- Mid-year and end-of-year practicum evaluations
- Evaluations by Faculty Mentors
- Current Student Survey
- Program Graduate Survey

Outcomes:

- 90% of students receive satisfactory practicum evaluations of their peer supervision and consultation work.
- 90% of students receive positive evaluations of their peer supervision on research teams.

- 92% of current students report being satisfied or better with their knowledge and skills in supervision and consultation/administration.
- 88% of program graduates report being satisfied or better with their knowledge and skills in supervision.
- 60.5% of program graduates report being satisfied or better with their knowledge and skills in consultation and administration.
- 91.3% of current students are satisfied or better with faculty and supervisors as clinical role models.
- 91.7% of current students and 91.5% of alumni are satisfied or better with faculty as scientist-practitioner role models.
- 93.9% of current students and 100% of alumni are satisfied or better with faculty as models of cultural sensitivity.

**Objective 3: To foster the integration of science and practice by teaching foundational knowledge and core skills essential to both clinical research and clinical practice and by providing mentoring relationships that model the integration of science and practice and a commitment to social justice.**

**Competency 3.1:** We expect students to become competent in conducting research on clinically relevant social and individual problems with sensitivity to social, cultural, and political contexts.

Activity 1: Students critically evaluate the appropriateness of research designs for clinical questions of relevance to diverse client populations in Research Methods and in the Master's Research Seminar.

Activity 2: Students develop appropriate research designs for their master's theses.

Activity 3: Students develop appropriate research designs for their dissertations.

Assessments:

- Grades in Research Methods and the MA Research Seminar
- Evaluations by Master's Thesis Committees
- Evaluations by Dissertation Committees
- Current Student Survey
- Alumni Survey
- Internship Survey

Outcomes:

- 100% of students get grades of B or better in Research Methods
- 100% of students get grade of Satisfactory in MA Research Seminar
- 100% of students have the research design of MA Thesis judged appropriate by thesis committee

- 100% of students have the research design of dissertation judged appropriate by dissertation committee
- 98% of current students rate the program as meeting its goal of delivering the scientist practitioner model of clinical training moderately or extremely well
- 98% of alumni report that the scientist practitioner model of clinical training has been moderately or extremely important to their professional identity
- 94.1% of current students and 93.6% of alumni rate the integration of science and practice across courses as satisfactory or better
- 92.4% of internship students rate their UMB research training in preparation for internship as 7 or higher on a 10 point scale

**Competency 3.2:** We expect students to become competent in clinical practice that is informed by science and incorporates cultural and developmental considerations.

Activity 1: Students develop the ability to critically evaluate treatment and other clinical research in Research Methods; students apply these abilities in reviewing literatures in Developmental Psychopathology I and II, and Intervention Strategies

Activity 2: Students become knowledgeable about the theoretical and empirical literature on U.S. ethnic minority groups in Culture and Mental Health and in the Social and Cultural Bases of Behavior, and learn to critically review research from a cultural perspective in Culture and Mental Health and Research Methods.

Activity 3: Students apply this empirical knowledge to their clinical work in Practica I-IV; faculty teaching Practicum Seminars, supervisors and mentors encourage and facilitate this application.

Activity 4: Assignments in Intervention Strategies and Cognitive Behavioral Theory and Therapy encourage the application of coursework material to ongoing clinical cases.

Assessments:

- Student performance on assignments in Developmental Psychopathology I and II, Intervention Strategies, Cognitive Behavioral Theory and Therapy, and Research Methods
- Student performance on assignments pertaining to the theoretical and empirical literature on U.S. ethnic minority groups in Culture and Mental health and Social and Cultural Bases of Behavior and in one Diversity elective.
- Evaluations by faculty teaching Clinical Practicum Seminars I-IV
- Mid-year and end-of-year evaluations by practicum supervisors
- Internship Survey

Outcomes:

- All students obtain grades of B or better in Developmental Psychopathology I and II, Intervention Strategies, Cognitive Behavioral Theory and Therapy, and Research Methods
- All students obtain grades of B or better in Culture and Mental health and Social and Cultural Bases of Behavior and one Diversity elective.
- All students receive grades of satisfactory in Clinical Practicum Seminars I-IV.
- 90% of students judged proficient in clinical interventions by Practicum Supervisors
- 61.6% of internship students rate the application of empirically supported approaches to services and delivery at their internship at 7 or higher on a 10 point scale

**Competency 3.3:** We expect students to acquire the following core skills essential to effective clinical research and clinical practice and to their integration: knowing how to collect and integrate information from multiple sources, critically evaluate that information, formulate and test hypotheses, conceptualize and explore questions that may not be hypothesis driven, and express ideas clearly in oral and written form.

Activity 1: Students complete critical writing assignments in all required courses

Activity 2: Students complete an empirical master's thesis

Activity 3: Students complete a critical literature review for their qualifying exam.

Activity 4: Students complete an empirical dissertation.

Activity 5: Students complete comprehensive and well written clinical intake summaries/case formulations at their practica and on internship.

Assessments:

- Grades in all required courses
- Evaluation by Master's thesis committee
- Evaluation by qualifying exam committee
- Evaluation by dissertation committee
- Evaluation by practicum supervisors
- Evaluation by internship supervisors

Outcomes:

- All students obtain grades of B or better in all required courses
- All theses judged satisfactory by master's thesis committees
- 75% of qualifying exams passed on first try
- All dissertations judged satisfactory by dissertation committee

- 90% of intake summaries judged satisfactory by practicum and internship supervisors

**Competency 3.4:** We expect students to conduct themselves in accordance with the professional and ethical standards of the discipline.

Activity 1: Student complete a required Professional Standards and Ethics course

Activity 2: Students review research ethics in Research Methods and the Masters Research Seminar

Activity 3: Students review professional and ethical standards of clinical behavior in Practicum Seminars I-IV

Activity 4: Students are supervised in professional and ethical standards of clinical behavior in their two half time practica

Activity 5: Students are supervised in professional and ethical standards of clinical behavior in their APA approved internship

Assessments:

- Grades in Professional Standards and Ethics
- Grades in Research Methods and the MA Research Seminar
- Grades in Practicum Seminars I, II, III, and IV
- Evaluations by Practicum Supervisors
- Evaluations by Internship Supervisors
- Current Student Survey
- Alumni Survey
- Internship Survey

Outcomes:

- All students get grades of B or better in Professional Standards and Ethics
- All Students get grades of B or better in Research Methods
- All students get grades of Satisfactory in the MA Research seminar
- All students get grades of Satisfactory in Practicum Seminars I-IV
- 100% of students judged professional and ethical by practicum supervisors
- 100% of students judged professional and ethical by internship supervisors
- 98% of current students rate professional standards and ethics training as satisfactory or better
- 98% of alumni rate professional standards and ethics training as satisfactory or better
- 100% if internship students rate their UMB preparation in ethics and professional standards at 7 or higher on a 10 point scale

**Competency 3.5:** We expect students to develop research skills within their mentoring relationship, learn to conduct collaborative research, and eventually learn to supervise more junior colleagues in research activities.

Activity 1: Students serve as research apprentices in their first year.

Activity 2: Students are members of vertical research teams.

Activity 3: Students supervise more junior graduate students and undergraduates on their research teams.

Assessment:

- Evaluation by Faculty Mentor
- Current Student Assessment of the Mentoring Model
- Research productivity of current students and program graduates.

Outcomes:

- 100% of students receive favorable reviews by faculty mentor
- 86% or more of current students express satisfaction or better with contributions from the mentoring model to their research training (93.9%), clinical training (86%), training in cultural sensitivity (89.7%), academic progress (93.7%), and personal and professional development in general (91.7%).
- 80% of advanced students present their work at professional meetings.
- 60% of advanced students publish their research.
- 44% of program graduates present their work at professional meetings.
- 42% of program graduates publish their research.

**Objective 4: Providing a majority of students with opportunities to develop undergraduate teaching skills.**

**Competency 4.1:** We expect a majority of our students to function effectively as undergraduate teaching assistants in their first year and as teachers of their own undergraduate courses by their fourth year in the program.

Activity 1: A majority of students earn their stipends in the first year by serving as Teaching Assistants in undergraduate courses.

Activity 2: Students who wish to teach their own courses in their 4th year take a required teaching seminar.

Activity 3: A majority of students earn their stipend in their 4th year by teaching undergraduate courses.

Assessments:

- Evaluation of TAs by faculty instructor
- Observations of teaching and evaluations by Faculty Member leading the Teaching Seminar
- Undergraduate course evaluations

Outcomes:

- 100% of TAs receive satisfactory evaluations by Faculty Instructors
- 100% of students in Teaching Seminar receive satisfactory evaluations by Seminar Leader based on reviews of their teaching materials and observations of their classroom teaching
- 90% of students receive very favorable undergraduate course evaluations