

PROGRAM REVIEW REPORT SUMMARY

1. **Reporting Institution:** Eastern Illinois University
2. **Program Reviewed:** Clinical Psychology M.A. Program
3. **Date:** 01-16-13
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5. Overview

Our program has developed the following Mission Statement, which is reviewed annually and revised accordingly:

The Master's of Arts in Clinical Psychology is designed for students with career interests in master's-level clinical practice or those who plan to obtain a Ph.D. or Psy.D. The foundation of the Clinical Psychology program is the scientist-practitioner model with training rooted in theoretical knowledge and ethical practice. The clinical training component provides students with instruction in empirically-based psychotherapies, assessment, and diagnosis, culminating in a practicum and a two-semester internship. The research focus of the program is designed to develop students' critical thinking and quantitative skills, and includes coursework in research design and analysis, and a required thesis.

Since the last IBHE review, our program received First Choice designation from the EIU Graduate School, demonstrating that our Mission Statement and activities to uphold that statement are consistent with the Mission of the Graduate School.

Graduate programs achieving the distinction of "First Choice" have applied for and been subjected to rigorous review from EIU's Council on Graduate Studies — with oversight from The Graduate School — to ensure they meet the highest standards of scholarly excellence as evidenced through sustained achievement of criteria developed and adopted by the council in 2006 (EIU Graduate School Website).

Specifically, programs must meet the following five criteria by documenting sustained achievement in: (1) strengthening the quality, diversity, and internationalization of the University's student body by attracting candidates who have the potential for academic and professional achievement and who complete degrees and succeed as alumni; (2) fostering advanced scholarship through a depth of knowledge, critical thinking, problem solving, oral and written communication, application of technology, research/creative activity, and commitment to professional ethics; (3) expanding the curriculum with rigorous advanced courses and options offered through lectures, laboratories, seminars, forums, practicum field experiences, internships, and partnerships with education, business, and industry; (4) research/creative activity with graduate students and faculty; and (5) developing opportunities for the discovery and application of knowledge with graduate faculty members who reflect the University's teaching and mentoring priority and who have a record of research/creative activity and professional service.

To ensure that we are upholding our Mission Statement, we have developed the following learning objectives, each of which are addressed didactically in courses as well as through capstone experiences (i.e., practicum/internship and thesis): (1) students will develop the theoretical knowledge and skills related to the assessment and diagnosis of clinical disorders; (2) students will develop theoretical knowledge and skills related to clinical treatment and treatment planning; (3) students will develop a thorough understanding of statistics and research methodology; (4) students will demonstrate ethical reasoning and ethical behavior related to clinical practice and research as reflected in American Psychological Association Ethical Standards; (5) students will demonstrate oral, written, and critical thinking skills at the graduate level; and (6) students will develop computer skills and technological proficiency, including use of statistical and data management software, use of technology for research, and word processing software.

In terms of strengths, our emphasis on the scientist-practitioner model and upholding high academic rigor has allowed us to excel in student training. To this end, our curriculum is designed to provide in the classroom both the science and applied elements of clinical psychology. For example, to increase integrated learning, many of our courses have applied components such as role plays. Likewise, the internship and thesis requirements, which serve as our capstones, exemplify integrated learning and provide both aspects of the scientist-practitioner model. Our program also is competitive in attracting quality graduate students. Over the last 5 years, the average GRE score for our incoming students has been 1100; for the 2012 incoming class of 12 students, the average GRE score was 1219. We also have had success in attracting diverse graduate students. Over the last 5 years, we have had at least two minority students in each incoming class; in addition, we have been very successful at attracting international students, with at least one in each of the last five cohorts. The 2012 incoming class consisted of four international students from a variety of places (Ireland, Jamaica, Papua New Guinea, South Korea).

A large part of our success at attracting such strong students is attributable to our corresponding success in helping students obtain Graduate Assistantships. We currently have 4.75 departmental GA positions, which we use for recruitment purposes. We augment these with GA positions in other departments (e.g., CATS) and external agencies. We are particularly pleased with the strong relationships between the program and external agencies in the region, who consistently hire our students for external GAs. This year, 23 of our 24 students (96%) have a GA position, which includes placements at seven external agencies. Furthermore, our recent alumni survey revealed that many students were hired by either their GA or internship sites, demonstrating how well-respected our students are in the area.

Our program is one of three terminal Master's-level Clinical Psychology programs in Illinois, along with Western Illinois University and Southern Illinois University at Edwardsville. Each of these programs, including EIU, are a member of the Council of Applied Master's Programs in Psychology, which certifies that programs meet standards of training and education. Our program differs because of its emphasis on rural mental health. We have internship sites throughout central Illinois, most of which are small community mental health centers in rural areas. Many of our students stay in this region and continue working at these agencies; thus providing vital services to under-served areas of the state.

With regard to changes since the last IBHE report, our program has continued to refine our comprehensive assessment plan to ensure that we are meeting our program goals. We have received the highest scores the last several years from EIU's Committee for the Assessment of Student Learning. One concern in the program has been students not completing the thesis in a timely manner. Last year, we moved the thesis process forward by one semester; we are currently assessing the success of this change. In terms of future plans, we have discussed a number of initiatives to continue to strengthen the program. One plan is to develop in coordination with the School Psychology Program a mental health clinic that would be open to the community. As discussed previously, this area of Central Illinois is under-served in terms of mental

health resources, and a clinic staffed by second year graduate student interns supervised by clinical and school faculty could serve a vital need and connect EIU to the Charleston and surrounding community.

6. Major Findings and Recommendations

- a. Description and assessment of any major changes in the program/disciplinary context, e.g., (1) changes in the overall discipline or field; (2) student demand; (3) societal needs; (4) institutional context for offering the degree; (5) other elements appropriate to the discipline in question; and (6) other.

The Graduate Coordinator regularly monitors and reviews changes in the field (e.g., requirements for master's level licensure). For example, the Graduate Coordinator routinely attends the biennial meeting of Council of Applied Master's Programs in Psychology, which focuses on professional issues for master's-level clinicians. This information is passed along to students and faculty and used to implement curriculum changes as needed. For example, for those students interested in obtaining licensure, appropriate curricular changes have been made while maintaining the scientist-practitioner foundation of the program. Specifically, we added elective summer seminars to address the licensing concerns of the M.A. Clinical Psychology students. Another change in our field is the increasing demand for empirically-supported treatments (ESTs); agencies now routinely require that clinicians be conversant in ESTs, and managed care often demands that clinicians use these treatments with their clients. These interventions have also been included in the program, but we have consistently increased the degree to which they are emphasized across our assessment and treatment courses. In addition, the program used our First Choice funds to purchase a set of EST manuals, which can be used by students at their internship sites.

Student demand for our program remains high. The M.A. Clinical Psychology program receives approximately 45 to 60 applications per year. The program typically makes offers to the top 16 applicants with the goal of admitting 10 to 12 students each Fall semester. If needed, offers are made after April 15 (our acceptance deadline) to students on the wait list. Due to program needs, we have decided that 10-12 students is a practical incoming class, given that students have a thesis requirement and also require a great deal of clinical supervision during their internship. The only way we could increase these numbers and still maintain the high academic rigor of the program would be to drastically increase the number of clinical faculty.

Students in our program serve an important societal need in providing clinical services during their internship at a range of external agencies across Central Illinois. Likewise, after graduation many of our students start providing mental health services (or pursue a doctorate). Of the 28 respondents to our 2009-10 alumni survey, all but four are employed full time (75%) or part-time (11%). It appears that those who are not employed are currently enrolled full time in school or have opted, for various reasons, not to be employed at this time. All of the respondents indicated they found a job within seven months of beginning their search. The individuals who are employed in clinical settings are employed in 8 different states, predominantly in rural areas or small communities (50%). The alumni indicate working with a variety of different client populations ranging from child (29%) to geriatric (14%). Six individuals are working in a non-clinical setting and 8 indicate that they are engaged in full- or part-time teaching.

The program is one of two graduate programs in the Department of Psychology. Psychology is a popular major at EIU, and we routinely admit EIU students into our program. In the last five years, we have admitted between one and four EIU students into our program each year. The program graduates an average of 10 students each year at a per-credit-hour cost that is 119% of the statewide average.

- b.** Description of major findings and recommendations, including evidence of learning outcomes and identification of opportunities for program improvement;

The M.A. Clinical Psychology program conducted a major revision to the assessment program during the 2006-2007 academic year. During the past few years, the program has made significant progress in implementing the assessment program and utilizing the assessment data. Currently, we have several methods by which we assess whether the learning goals of the program are being met. These include: (1) faculty ratings; (2) Comprehensive Examinations; (3) internship supervisor ratings; (4) thesis projects; (5) exit survey ratings; and (6) an alumni survey conducted in 2009-2010. Our assessment data continues to be comprehensive and complete. We gather information from a wide variety of sources. Over the course last two years, we have assessment data for 100% of the courses taught, 90% response rate from graduate students (exit survey), and 95% response rate from internship supervisors.

The program has received consistently favorable reviews on our assessment efforts by CASL. In 2008, the Program was awarded a Provost's Assessment Award (the Clinical Committee used the Assessment Award to fund a two day retreat in June 2009, at which program issues were discussed and long-term planning for the program was conducted). In 2012, our program was found to have a strong assessment program and to be in "mature" standing and, therefore, was exempt from submitting a report for the 2013-2014 academic year, although we will continue the data collection during this period.

The results of our assessment methods demonstrate the success of our learning objectives and our students. Benchmarks are set for each area we assess, which are being met by 90% or more of our students each year. For example, during the most recent evaluation period (2010-2012), 100% of our students received a score of three or greater on a five-point scale for their critical thinking skills, which was rated by class instructors as well as internship supervisors.

Despite the strength of our assessment, we are continually improving our methods. For example, in Fall 2011 we developed in conjunction with School Psychology an evaluation form for departmental GAs, which is completed by the faculty members with whom they work. We conduct this evaluation three times a year, including mid-way through the Fall semester in order to catch early any potential problems and put an action plan into place. Likewise, we are currently developing a similar evaluation form for external GAs that will be completed by their agency supervisors. In Spring 2012, we began having faculty supervisors evaluate interns (previously we had only had on-site agency supervisors do intern evaluations). Finally, starting in Spring 2013, we are requiring that students complete an Activity Report each semester regarding their progress in the program, particularly on the thesis project. This form will help us better evaluate on an on-going basis when students are having difficulties in the program and need assistance or remediation.

- c.** Description of actions taken since the last review, including instructional resources and practices, and curricular changes; and

To help increase student training in ESTs, several courses have been changed. For example, the Family Therapy course previously focused on traditional family therapy models that largely lack empirical support. The course now covers those therapies in a condensed fashion to allow detailed coverage of EST family therapies. Likewise, changes have been made in the content of several courses to allow greater coverage of child therapies, given that students have increasingly had child cases while on internship. Finally, a series of Clinical Brown Bags have been implemented; these meetings allow faculty to present on ESTs and their research, helping to increase the students' exposure to the scientific aspects of our profession.

The Clinical Program has used data from our assessment program to make changes to the program and curriculum. Prior to Fall 2006, one of the main challenges to our assessment efforts was obtaining the

assessment data. The primary way in which we have improved assessment data collection is that the majority of our measures are now administered online, resulting in a near 100% response rate for all assessment instruments.

Based on feedback from students and their performance on questions in recent years, we changed the date of Comprehensive Exams to finals week each Fall rather than in January. This change allows students to focus on their thesis rather than preparation for comprehensive exams during the winter break and Spring semester. We added new items to our assessment instruments based on feedback from internship sites, students and faculty. These additional items assess critical thinking, use of technology, and understanding of research methodology/statistics.

Finally, because students in our program sometimes took longer than two years to graduate due to not completing their thesis in a timely manner, we have shifted the thesis process up by one semester such that students now start taking credits in the Spring semester of their first year. We moved one of their other courses (Group Therapy) to the second year to help ensure that they would actually have more time to devote to thesis during the first year. Although these changes have not been in place long enough to affect thesis completion, the early feedback has been positive. One student successfully proposed his thesis in the Spring semester of his first year, and most students made significant progress before summer. In addition, this year, we had second year students do a Fall thesis presentation during a Clinical Brown Bag attended by students and faculty. Student feedback was positive about the presentation process; several second year students indicated that they liked having explicit deadlines to help guide them, many first year students reported that they now had a better idea of what a thesis project entails as well as a sense of urgency in initiating their project in order to be able to have a strong Fall presentation.

- d.** Description of actions to be taken as a result of this review, including instructional resources and practices, and curricular changes.

Plans for developing a departmental Clinic have already begun. The current plans involve using current psychology space and departmental monies. Resources from the University would be helpful in establishing the clinic (e.g., money for staff, GA lines). Given the benefits that such as clinic would have in terms of raising EIU's community profile, these resources would be an excellent investment for EIU.

Our high rates of obtaining external GA positions has been a tremendous strength of our program and helped us attract extremely strong graduate students; this has been accomplished by carefully cultivating relationships with local agencies over the years and having our students do excellent work for these agencies. However, external GA positions come at a cost to our program, in that students are off-campus for significant chunks of time each week and therefore away from the academic milieu, which makes it more difficult for them to fully immerse themselves into their academics. In particular, during their second year when they should be working on their thesis, we find that most of our students are on campus no more than one day a week. A much needed increase in departmental GA lines would allow our extremely strong students to spend more time working on their thesis and conducting research with faculty, which would also help to increase the research productivity of the clinical psychology faculty.

On a related note, since Dr. John Mace has become Chair of the Department, psychology lab space has increased dramatically. However, the quantity and quality of lab space in psychology is still subpar compared to competing institutions (e.g., Western Illinois University). Having more lab space would allow the clinical faculty to be more productive in their research and would also attract top-notch graduate students, given that the strongest students aspire to go on for a doctorate, which requires extensive research experience. Indeed, in recent years, an increasing number of our graduate students have expressed interest in pursuing doctoral study in clinical psychology. To facilitate this process, we have encouraged these students

to do Independent Study with faculty during their first semester in order to start gaining research experience, as well as possible conference presentations and/or publications. In addition, The Graduate Coordinator has started meeting with this group of students on a regular basis to discuss strategies for applying to doctoral programs. However, with limited lab space and resources, this process is difficult. Small research grants for graduate student thesis, for example, would help alleviate some burden.

Finally, we are currently functioning with only three clinical psychology faculty, after losing a long-time faculty member last year. Given the numerous other unfilled vacancies in the department, we are unsure when we will be able to fill that empty position and return to a minimum of four faculty. Having at least four clinical psychology faculty is particularly important in terms of making sure that we provide students will research opportunities that will allow them to be competitive if they opt to apply for doctoral programs. Competing institutions (e.g., SIUE) have far more clinical faculty, which puts us at a disadvantage both in attracting students as well as providing them with adequate research opportunities.

7. Responses to Institution-Assigned Issues

8. Outcome

8.1 Decision:

- _____ Program in Good Standing
- _____ Program flagged for Priority Review
- _____ Program Enrollment Suspended

8.2 Explanation