

IUPUI GAC Reviewer Form

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Documents Reviewed: Packet sent to me by Beth Young

Summary of Proposal:

1. Are the goals clear and achievable?

The goals are clear and reasonable. At IUPUI, we offer a masters in clinical psychology and some of our applicants have desired an LMHC following training. Our program is not geared to address all of these requirements. Having a masters program at IUPUC directly addressing LMHC needs would be a good addition to our university system.

I have some concerns about the feasibility as currently described. Is it feasible to recruit two PhD psychologists as faculty members in the first year, and expect them each to teach 5-6 courses/year as well as provide clinical work and supervision in the proposed clinic? Someone will need to oversee practicum/internship placements as well. I am not familiar with the average teaching load at IUPUC, but this would be extremely high, particularly for new faculty in our department.

Not much detail is provided on the practicum and internship requirements, but these will be critical to professional development for the students. One concern may be the requirement of 5 courses in the 1st semester, followed by 3 courses and one day/week practicum experience. If students are not receiving assistantship or fellowship funding, will they be able to afford to complete this program? If they have to work part time, will they have time to devote to the program?

Practicum placements in the community are great opportunities, but also take a large amount of time to identify, evaluate, and maintain over time. Who in the program will oversee this? Are there really going to be enough placements and supervisors available for this? The connection with Centerstone appears strong, but other solid relationships with community providers will be important (with letters of support). For example, by year 3, there will be approximately 49 students who will require practicum and/or internship opportunities.

The proposal says that 100 hours of face-to-face supervision will occur in internship and practicum settings. These seems extremely high and given the timing of the clinical opportunities, it is unclear how and when this will occur (e.g., often supervision is 1 hour a week).

2. Is the program academically sound?

Yes. The curriculum looks strong. The clinical practicum and internship opportunities could be very rich, but need more details on the settings and specific types of opportunities that will be available.

There may be some disconnect between program objectives as stated and courses as currently described. For example, the objectives refer to theories of personality, interpersonal relationships, and psychopathology. Some of the courses are related, but as currently described, may not address these areas in detail.

3. Are faculty resources available to offer this certificate without undercutting other key missions of the unit?

This is unclear as currently written. New faculty will be recruited, but as mentioned above, the teaching load sounds very high. The majority of current faculty are junior – will they be able to take on the additional load? It would be helpful to have a specific plan for who will teach each course, and a fall-back plan if new faculty are not both in place by fall 2012.

4. Is there overlap, either real or potential, with any other unit that could harm the program or be exploited to help the program?

There is overlap with the masters program in clinical psychology at IUPUI. Although some of our courses are listed, the overlap is not described in section C1c. Some of the courses are already being offered at IUPUI as mentioned, but it is not clear if their students would be expected to enroll in Indianapolis course, or if IUPUC will also be offering the courses directly. Also, some of the other new courses sound similar to existing IUPUI courses (e.g., assessment, research/program evaluation), and so it is not clear how these differ.

5. My recommendation, comments/concerns regarding this proposal...

I believe this program could be a useful addition to the university offerings, and could address a need in our state for training targeting the LMHC. The current faculty and adjuncts are appropriate, and if new faculty with clinical expertise are recruited, the full cadre of faculty will be available.

More details addressing feasibility concerns described above would be helpful, and greater clarification of how this program relates to the program at IUPUI.

Expansion of clinical sites in the community, and a plan for the in-house counseling center will be important.

Some smaller concerns:

- Admission criteria of 3.0 GPA may be low given research on undergraduate grade inflation.
- The program may want to specify the maximum length of time a student can be considered actively enrolled.
- The program may consider forming an explicit steering committee to help oversee program development (if this is not already the case), with community partners involved.
- Outline a plan for achieving certification. The program is slated to begin in 2012, however, the in-house clinic will not be ready then (which is stated as a requirement for certification). Having a detailed plan and timeline for seeking certification will be important, and may help recruit faculty as well.
- Support staff are not in the budget until year 2, however, the program will need assistance with developing program materials, recruitment, responding to applicants, screening, interviewing, etc. Having an identified support person will be helpful even in the first year.