

## *UM Clinical Program Philosophy, Goals, and Steps to the Ph.D.*

### *I. Philosophy and Model of Training*

The mission of the Department of Psychology is to acquire, advance, and disseminate knowledge within the Psychological and Biobehavioral Sciences (<http://www.psy.miami.edu/departments/mission.phtml>). The *philosophy and model of training* for the UM clinical psychology program is a scientist-practitioner model, as elaborated at the Boulder Conference in 1949, *with a somewhat greater emphasis on the clinical science component*. To facilitate the clinical science component, we use a “mentor model” for research training: applicants are admitted to the program partly by a “match” with the research interests of a specific faculty mentor; mentors closely supervise their students’ research. The UM program prepares students to contribute to the advancement of knowledge in the field and to the practice of clinical psychology. Beyond broad and general training in clinical psychology, the program provides training in one of the following areas of focus within clinical psychology: adult, child/family, pediatric, and health psychology. The philosophy and model of training is compatible with the mission, goals, and culture of UM and is appropriate to promote the science and practice of psychology.

***Integration of Science and Practice.*** Following from the program’s philosophy, the educational model and curriculum plan *integrate science and practice* in its two goals: 1) to produce graduates who have the knowledge and skills to produce and disseminate knowledge in clinical science and who understand the interface between science and practice, and 2) to produce graduates who have the knowledge and skills for entry into the practice of clinical psychology with a track-specific area of focus (adult, child/family, pediatric, or health psychology) and who understand and value the importance of a scientific basis to clinical practice. We integrate science and practice via coursework, practicum, and research training.

***Means to Integrate Science And Practice.*** In **coursework**, required and elective clinical courses in psychopathology, assessment, and intervention emphasize empirical findings that are pertinent to clinical practice, and the literature reviewed in these courses is critiqued from a science perspective. In **practicum** training, students spend at least one year at the Department’s Psychological Services Center (PSC), where they use evidence-based<sup>1</sup> (EB) assessments in evaluating clinical cases, and incorporate EB treatment strategies. Several primary external practicum placements, such as the Mailman Center for Child Development, the University of Miami Counseling Center, and the Miami VA Healthcare System, are also APA-accredited clinical internships that emphasize the scientific basis of practice. In **research**, the emphasis is on important clinical issues in psychopathology, assessment, and/or intervention and prevention with community, clinical, or health populations. With the exception of a rare student with interests in animal models, all students engage in clinically-relevant research activities (for thesis and for dissertation) that involve clinical populations, investigate clinical treatments, and/or have direct implications for clinical practice.

***Training Is Sequential, Cumulative, And Graded In Complexity.*** With respect to **coursework**, **1st year** students begin with foundation courses in statistics and research design, as they begin research involvement, with more advanced courses in statistical methods occurring during the 2nd or 3rd year. Students typically take introductory clinical courses in psychopathology, assessment and intervention during the 1st year, *prior to beginning* practicum training or taking advanced clinical courses. In the **2nd year** students take track-specific intervention courses, and begin taking their foundation courses in the basic psychological sciences (e.g., Social Psychology, Cognitive Neuroscience). **The 3rd and 4th year** students take remaining required and elective courses (e.g., advanced statistical methods) that build on earlier coursework and prior clinical and research experiences. Additionally, all students are required to teach an undergraduate course, which is typically done during the **3rd year** of training.

With respect to **practicum**, **1st year** students take the introductory course (PSY 657: *Introduction to Psychotherapy, Ethics, and Professional Issues*) and a required course on intervention (PSY 656: *Introduction*

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<sup>1</sup> We use the term “evidence-based” to include “empirically-supported” (assessments and interventions) as well as other evidence of “best practices” in cases where empirically-supported assessments or interventions are not available.

to *Evidence Based Psychological Treatments*). Students begin practicum in their **2nd year** in the PSC (training clinic), a “protected” clinical setting, under the close supervision of the UM faculty and PSC staff who are trained in EB treatments. The **3rd year** students typically are placed at an external practicum site that focuses on more advanced, track-specific assessment and therapy cases. Such practica include the Mailman Center for Child Development, the Miami VA Healthcare System, and the UM Counseling Center; several external sites are also APA-accredited clinical internships. The **4th year** students typically complete an advanced external practicum and/or conduct advanced clinical activities at the PSC (e.g., intakes, complex assessments, supervision of less experienced students). Practicum is not required for **5th year** students (the 5<sup>th</sup> year is research-focused), but many continue with limited practicum activities, such as clinical research projects or advanced clinical activities at the PSC that offer students opportunities to participate in “supervised” supervision of junior classmates.

**Research training** is also sequential, cumulative, and graded in complexity. At program entry, students attend a workshop on research ethics (taught by an expert ethicist and UM faculty member), and complete the CITI certification course (renewed every 2 years) that is required by our IRB before conducting research involving human subjects. Given our “mentor model,” students are involved with their faculty mentor’s research immediately upon program entry. Mentors meet with students at the *beginning and end of every semester* to establish appropriate and achievable research goals and to evaluate progress on those goals. Students assist their mentor’s projects before they are expected to develop their own projects. Students form ideas for their master’s thesis during the **1st year**; they also take PSY 601 (*Issues in Professional Development*) that covers preparation of research proposals, abstracts, and poster presentations; research ethics; IRB applications; and issues around authorship. The seminar ensures that all students understand basic research/professional issues at the beginning of the program. Finally, students take courses in statistics and research methods (PSY 631, 632) that cover basic research skills.

The **2nd year** students gradually assume more responsibility and independence with respect to research. They continue collaborative research with their mentor while working on their master’s thesis. The thesis may be an independent research project or a study that is part of a larger research project. The thesis focus should be compatible with the student’s primary area of clinical emphasis (i.e., adult, child, pediatric, or health). Students are expected to establish a thesis committee and defend a formal thesis proposal early in their 2nd year, with the successful project completion and oral thesis defense expected no later than the fall of the 3rd year. Students take a lighter course load (2 rather than 3 courses) for two semesters while conducting their thesis research to facilitate the project’s completion. During this year, *and in each subsequent year*, students are expected to submit their research (or a project in collaboration with their mentor’s research) for presentation at a scientific conference (e.g., American Psychological Association).

The **3rd year** students complete and defend their thesis (if have not done so), and are expected to work on a thesis-related publication. (Students who do not defend by the middle of the third year take a reduced course load until this requirement has been met.) Students also begin to formulate dissertation ideas, which may be an independent research project or part of a larger project, and which is compatible with the student’s primary area of emphasis. The **4th year** (and **5th year**, if applicable) students devote substantial time to their dissertation, while continuing other collaborative research with their mentor. Students who stay for a **5th year** are expected to devote time to building a research portfolio. Students are required to establish a dissertation committee and defend a proposal *prior to* applying for internship (by October 1 of their 4<sup>th</sup> or 5<sup>th</sup> year), and are encouraged to complete their dissertations prior to internship.

## ***II. Goals and Competencies.***

The UM clinical program specifies education and training objectives in terms of the competencies expected of our graduates. Two interrelated goals focus on research training and clinical training; their specific objectives and competencies were developed over time and were largely drawn from the APA Competency Benchmarks. Below we provide a *brief overview* of program goals and competencies.

**Research training (Goal 1)** occurs through structured and sequential **coursework, clinical qualifying**

**procedures**, and a structured sequence of **research requirements and activities**. Statistics and research methods *courses* taken in the 1st year help prepare students for research activities, as does the seminar for incoming students (PSY 601), and several orientation activities (ethics workshop; CITI Certification). Advanced courses in statistics and elective seminars that pertain to students' research interests are taken later in the program. After defending their master's thesis, students complete the **clinical qualifying procedures**, which include submitting a first-authored empirical paper to a journal and completing a portfolio consisting of an updated CV, APPIC-formatted essays on research goals and theoretical orientation, and a clinical case analysis. *Structured research activities* include ongoing research in a mentor's lab; proposing, writing, and defending a thesis and a doctoral dissertation; and submitting abstracts for conference presentations and papers for publication.

**Clinical training (Goal 2)** is accomplished through structured and sequential coursework, the clinical qualifying procedures, and a structured sequence of practicum requirements and activities. Students take introductory *courses* in assessment (PSY 645), intervention (PSY 656), psychopathology (PSY 640/641), and clinical methods (PSY 657) *before* beginning practicum. Students also subsequently take courses in assessment, intervention, and pathology at a track-specific level. The clinical qualifying procedures are another way we train and evaluate competencies, both for general clinical psychology and for track-specific areas of focus. The structure and *sequence of practicum activities* follow the rule that more general, closely supervised training precedes more advance and track-specific practicum. Training activities are evaluated via grades in courses and clinical qualifying procedures, and via ratings of skills and competencies provided by practicum supervisors.

*The UM program's objectives and competencies are consistent with our philosophy and training model.* The goals, objectives, and competencies prepare students for the entry level of practice in clinical psychology, and also to be clinical researchers. Moreover, the program prepares its students to have a specific research and clinical focus within clinical psychology, via one of the four program tracks.

The program's education and training objectives *promote an understanding of legal, ethical, and quality assurance principles*. Specific program objectives include a focus on ethical issues in practice and in research. Issues pertaining to legal and quality assurance principles, such as ethical standards for research and practice and state laws on child abuse reporting and custody evaluations, are incorporated through coursework (e.g., PSY 601, PSY 657, PSY 645), discussions in required Case Conferences at the PSC, and other research and practicum activities.

## Clinical Programs Goals and Competences

**Goal 1: To produce graduates who have the requisite knowledge and skills to produce and disseminate knowledge in clinical science and who understand the interface between science and practice.**

1. Ability to conduct a scientifically sound research project in your track specific area of focus
2. Ability to present research findings at a scientific meeting
3. Ability to publish findings in peer-reviewed journals
4. Ability to design research studies and to understand and implement data analyses relevant to clinical research
5. Ability to evaluate assessment instruments relevant to the field of clinical psychology and to your track-specific focus of research
6. Ability to critically evaluate research
7. Knowledge in clinical psychology as well as in your “track specific” area of focus
8. Knowledge of individual differences and diversity, as it applies to research in clinical psychology
9. Knowledge (both general principles and practical application) on the protection of human subjects and on ethical conduct of research (maintaining confidentiality, detecting and reporting adverse events, assuring the quality of data collection and entry, and monitoring integrity in data reporting) and competence in preparing and submitting research projects for approval by an IRB

**Goal 2: To produce graduates who have the requisite knowledge and skills for entry into the practice of professional clinical psychology, with a track-specific area of focus (adult, child, pediatric, or health clinical psychology), and who understand and value the importance of a scientific basis to clinical practice.**

1. Proficiency in the psychometric bases of assessment and selecting adequate assessment instruments for specific uses
2. Proficiency in administering and interpreting widely used assessment instruments that assess psychopathology, symptomatology, personality, and cognitive and intellectual functioning
3. Proficiency in administering and interpreting widely used assessment instruments that are pertinent to your track-specific area of focus
4. Proficiency in the use of the DSM-IV-TR and the ability to understand and adapt to changes in the diagnostic manuals that may be used in the future
5. Understanding of the empirical literature on psychosocial interventions, particularly cognitive and behavioral treatments, including research on how and for whom these treatments work
6. Understanding of the evidence-based literature on psychosocial interventions relevant to your track-specific area of focus
7. Ability to think critically about psychosocial theories of intervention
8. Ability to evaluate evidence for and against new and existing therapeutic strategies, to identify gaps in existing knowledge, and to select treatment strategies accordingly
9. Proficiency in entry-level intervention skills, including attending and active listening
10. Proficiency in advanced intervention skills such as effective case conceptualization and presentation, and developing a treatment plan
11. Awareness of individual differences that may influence assessment outcome, including issues of language, ethnicity/culture, age or sexual orientation
12. Ability to maintain rapport with a wide range of others, and to select and apply interventions in a sensitive and appropriate manner
13. Knowledge of the APA Ethical Principles of Psychologists and Code of Conduct
14. Awareness of legal and quality assurance issues as they pertain to clinical practice, such as mandatory reporting laws for abuse