

Model of Training and Program Aims

Program Philosophy and Model of Training

The philosophy and model of training for the UM program in clinical psychology is that of a clinical science model; additionally, the program provides strong training in evidence-based practice. The UM program uses a “mentor model” for research training, in that applicants are admitted to the program based in part on their “match” with the research interests of a specific faculty mentor. Mentors closely supervise the research activities of the students working in their laboratories.

The UM clinical psychology program prepares students to contribute to the advancement of knowledge in the field and to the practice of clinical psychology. In addition to providing broad and general training in clinical psychology, the program provides training in one of the following substantive areas of focus within clinical psychology: adult clinical, child/family clinical, pediatric health clinical, and health clinical psychology. The UM clinical program’s philosophy and model of training is compatible with the mission of the Psychology Department, which is “to acquire, advance, and disseminate knowledge within the Psychological and Biobehavioral Sciences.” It is also consistent with the definition of Health Service Psychology as “the integration of psychological science and practice in order to facilitate human development and functioning.”

Integration of Science and Practice

Following from the program’s philosophy, the educational model and the curriculum plan focus on **two major and interrelated aims that integrate science and practice**:

- 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 (**clinical science aim**), and
- 2) to produce graduates who have the requisite knowledge and skills for entry into the practice of professional clinical psychology with a major area of focus within clinical psychology (adult, child/family, pediatric health, or health psychology), and who understand and value the importance of a scientific basis to clinical practice (**clinical practice aim**).

Pertinent to the first aim (clinical science)¹, the program’s objectives for students are to:

¹ The objectives for the two program aims are met through the attainment of Discipline-Specific Knowledge and multiple Profession-Wide Competencies, as defined by the American Psychological Association’s Standards of Accreditation 2017.

- a) develop competence in planning, conducting, and disseminating empirical research relevant to the field of clinical psychology and to their major area of focus (adult, child/family, pediatric health, and health psychology),
- b) acquire knowledge in research methods and statistics necessary to conduct, evaluate, and disseminate empirical research relevant to clinical psychology,
- c) acquire a depth of knowledge in clinical psychology as well as in the student's major area of focus (e.g., adult, child/family, pediatric health, or health psychology),
- d) acquire a depth of knowledge in issues related to individual differences and diversity that are pertinent to conducting or understanding clinical research, and
- e) develop competence in the ethical conduct of research.

Pertinent to the second aim (clinical practice), the program's objectives for students are to:

- a) develop knowledge and skills related to evidence-based psychological assessment, diagnosis, and psychosocial intervention, as well as issues related to individual differences and diversity in these areas, and
- b) develop competence in the ethical conduct of psychotherapy and assessment.

Central to the program is the importance of basing clinical practice on empirical research findings and acquiring research skills that can inform clinical practice. The *integration of science and practice* takes place through coursework, practicum, and research training.

First, in required **coursework**, faculty instructors use updated original-source readings and materials that are evidence-based. Successful completion of course assignments (e.g., writing assignments and presentations) and exams often requires that students review the current evidence-base. Second, in **practicum training and related case-conferences**, students must use the current evidence-base in psychopathology, diagnosis, assessment, and intervention (often learned in relevant coursework) to develop case conceptualizations, assessment plans, and interventions. Furthermore, the interventions they use with clients are evidence-based. In case conference, students present individual assessment or therapy cases, using current empirical findings (relevant to diagnosis, assessment, and/or intervention) to justify their treatment or assessment plans and conclusions/recommendations. Third, in **research labs**, students work under the direction of their faculty mentor (an active researcher) on the development, implementation, analysis, and dissemination of original research, which builds on the current evidence-base in their particular area of research focus. Students also must complete and defend two empirical research projects (a master's thesis and a dissertation) that build on and contribute to the evidence-base in psychology.

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 professional issues during the 1st year, *prior to beginning* practicum training or taking advanced clinical courses. They may also take foundation courses related to the DSK areas during year 1. In the **2nd year** students take intervention courses, and continue taking

foundation courses (e.g., Social Psychology, Cognitive Neuroscience). **The 3rd and 4th year** students (and occasionally **5th year** students) take remaining required and elective courses (if any) that build on earlier coursework and prior clinical and research experiences.

With respect to **practice training**, **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 to Evidence Based Psychological Treatments*). Students begin practicum in their **2nd year** in the PSC (our training clinic), a “protected” clinical setting, under the close supervision of the UM faculty and PSC staff who are trained in evidence-based treatments. The **3rd year** students typically are placed at an external practicum site that focuses on more advanced, assessment and therapy cases consistent with their major area of focus (i.e., adult, child/family, pediatric health, or health). Such practica include the Mailman Center for Child Development, the Miami VA Healthcare System, and the UM Counseling Center (see **Table 5**). These three 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 the **5th year**, which is research-focused, but some students 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. Mentors and students also discuss their expectations for how to proceed in research lab and other activities. Students assist with their mentor’s projects before they are expected to develop their own research projects and are actively encouraged to begin collaborating on conference presentations and publications. Students form ideas for their master’s thesis during the **1st year**; they also take PSY 601 (*Issues in Professional Development and Research*) that covers issues such as the preparation of research proposals, abstracts, and poster presentations; research ethics; 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 major area of clinical focus (i.e., adult, child/family, pediatric health, 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, Society of Behavioral Medicine), and to work on publications.

The **3rd year** students complete and defend their thesis, if they have not already done so in the 2nd year. (Students who do not defend by the middle of the third year must take a reduced course load starting in the spring semester of their third year and until this requirement has been met.) Students also are expected to work on a thesis-related publication, or an empirical publication based on work in their mentor's lab. Students' submission of a first-authored publication is required for the research component of the Quals (see below). 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 major area of focus.

During the **4th year** (and **5th year**, if applicable) students devote substantial time to their dissertation, while continuing other collaborative research with their mentor. The dissertation focus should be compatible with the student's major area of clinical focus (i.e., adult, child/family, pediatric health, or health). 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 (i.e., by September 15 of their 4th or 5th year), and are strongly encouraged to complete their dissertation prior to internship.

Our program is designed to develop knowledge, skills, and competencies that allow our graduates to contribute to and advance the evidence base of the field and to engage in a wide range of professional activities relevant to prevention, consultation, assessment, and treatment for psychological and other health-related disorders. By emphasizing reciprocal relationships between science and practice, we develop clinical scientists who can function in a wide range of research and practice settings, including academic, research, medical, and community settings. Our program orientation is consistent with the clinical psychology Ph.D. degree as one that reflects both scientific and applied training, as well as their integration.

After program completion, our graduates are not only competent scientists but also have been trained to be eligible for licensure as doctoral-level psychologists. Consistent with our training model and aims, the majority of our graduates establish their careers in academic settings, medical school/hospital settings, or in community practice settings.