Indiana State University
Psy.D. in Clinical Psychology
Self-Study (August 2015)

*NOTE: this is NOT a copy of the full self-study. Rather this is a copy of the content in response to the 42 standards (see A1 through H A1 below). The self-study also included approximately 40 tables and appendices that are not included in this document).*

# Domain A: Eligibility

*A.1*
The primary goal of Indiana State University's Clinical Psychology Doctoral Program (Psy.D.) is to prepare individuals to become competent professional psychologists through balanced training in clinical competencies and ability to make use of applied skills to contribute to the science of psychology

*A.2*
The Psy.D. Program is located in the Department of Psychology, in the College of Arts and Sciences of Indiana State University. Indiana State University is a state funded university with an enrollment of 10,801 undergraduate students and 2,302 graduate students (Fall 2014). Indiana State University is accredited by the Higher Learner Commission (formerly North Central Association of Colleges and Schools) to offer bachelor and master's degrees, the educational specialist degree, and doctoral degrees. ISU was last reviewed by NCA in 2010 and the next evaluation will occur in 2020. ISU has been recognized by the Carnegie Foundation for the Advancement of Teaching as a community engagement institution and has also been ranked first in the nation for the past two years by Washington Monthly's College Guide for the community service performed by students.

*A.3*
The Psy.D. Program is located in the Department of Psychology, in the University's College of Arts and Sciences (CAS). The College of Graduate and Professional Studies (CGPS) provides administrative oversight and is responsible for setting policies and procedures in such areas as admissions; Graduate Faculty status; assistantships, fellowships, and scholarships; degree requirements; preliminary examinations; dissertation style and review; standards for graduate student conduct; and resolution of graduate student grievances beyond the Program and the Department.

The values of the program, which include focus on active inquiry and critical thinking and social responsibility, are consistent with the Department's mission (see Psychology Department webpage: http://www.indstate.edu/psychology/index.htm).The Program's focus on critical thinking and the faculty/student research collaboration is consistent with

the College's mission of promoting "innovative and integrative inquiry" and involving students as collaborators.

The clinical psychology training program is an integral part of the mission of the University to combine "a tradition of strong undergraduate and graduate education with a focus on community and public service." Students in the program provided more than 8,000 hours of clinical service in the community (and surrounding communities) in 2014-2015. The structure of the doctoral program, which is based on a practitioner-scientist model of professional training, is consistent with the goals of the University, particularly Goal 3: advancing experiential learning; and Goal Two: enhancement of community engagement. The Program is designed and implemented in a manner that advances the University's statements of Mission, Vision, and Values (see online: http://irt2.indstate.edu/cms/sp/mission-vision-and-values/)

The Program is represented in the institution's budget and the budget and resources provided are sufficient for the Program to achieve its goals (see Domain C).

The chair of the Psychology Department for the past 10 years is Dr. Virgil Sheets who reports to the Dean of the College of Arts and Sciences, Dr. John Murray. As mentioned, the Dean of the College of Graduate and Professional Studies, Dr. Lynn Maurer, provides administrative oversight. The Program is reviewed every three years through the CGPS, and both the CGPS Dean and the CAS Dean participate in the review process. The Director of Clinical Training, Dr. Liz O'Laughlin, and Program Director, Dr. June Sprock, work in collaboration with the Clinical Faculty to provide oversight of the Program. Both report to the Department Chair. The Director of the Psychology Clinic, Dr. Rebecca Murray, manages the Clinic budget and allocates funds in consultation with clinical faculty and also consults with clinical faculty in regard to any decisions that impact clinical training. The Clinic Director reports to the chair for issues not related to clinical training (i.e., teaching responsibilities, supervision of clinic staff).

*A.4*

The Psy.D. Program requires a minimum of four years of full-time on-campus study and completion of a full-time one year internship in the fifth year.

*A.5*

Indiana State University is committed to inclusion and respect for people from diverse ethnic, cultural, and racial backgrounds and individual diversity. This is reflected in its diversity statement, commitment to affirmative action, and a comprehensive set of policies that foster inclusion and ensure protection of individual rights and due process. The Program has a comprehensive plan to promote diversity and inclusion in the faculty and admitted students. Training advances cultural competence through specific course work and infusion of content throughout the curriculum. Specific efforts are

directed at providing supervised practicum and experiences that address the needs of the local community where low income and poverty and lack of support services are significant difficulties. These efforts are discussed throughout the self-study and particularly within Domain D. The Program's Policy on Diversity can be found in Appendix D.1.1.1.

A.6

Policies and procedures for application to the Program are posted on the webpage for the Program and also contained in the *Program Guide.* The website has a link for the *Program Guide* which has detailed information on the Program and its policies and procedures that is easily accessed by applicants and current students. The *Program Guide* includes information on: admissions and degree requirements; administrative and financial assistance; student performance evaluation, feedback, advisement, retention and termination decisions; and due process and grievance procedures for students. As noted above (A.3), the CGPS provides administrative oversight for the Program and also sets policies, procedures and standards for graduate programs at ISU which are available on the CGPS website and the Graduate catalog, which is also online. Policies and procedures for faculty rights and responsibilities, retention and termination decisions, due process and grievance procedures can be found in the Psychology Department's Personnel Policy (Appendix A.6.2.4) and the *University Handbook*.

Current students are informed of program policies and procedures through several means. First year students review the *Program Guide* in the Psy 690J course and have quizzes on the content to ensure that they are familiar with the policies and procedures of the Program. In addition to online access to the *Program Guide*, hard copies are available in the clinic library. Furthermore, the DCT or Program Director meets with each cohort of students at the beginning of the year and provides a handout of requirements and expectations for the coming year. This information is also contained in an appendix in the *Program Guide (*Appendix A.6.2.1).

A.(AI)

No issues related to Domain A were noted in the last review.

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

*B.1.a*
The practitioner-scientist model of clinical training on which the Program is based has as its foundation the development of practicing clinical psychologists who possess, value, and pursue:

1. Excellence in clinical practice,
2. A spirit of active inquiry and critical thought,
3. A commitment to the development and application of new knowledge in the field,
4. An active sense of social responsibility,

5. An appreciation and respect for the significant impact of cultural and individual differences in all aspects of practice and inquiry, and
6. An enduring commitment to personal and professional development.

As stated on our program web site, the program philosophy is to prepare all students as broad-based general clinicians, while encouraging specialization through electives, research area, internship selection, and post-doctoral training. The program philosophy and values are consistent with a focus on community and public service which is a central aspect of the university's mission. The Program is tightly structured and has a clear sequence in which coursework, experiential program elements, and practica/fieldwork build sequentially (see typical program sequence in Program Guide, A6 tab, p.32, Appendix M: pp. 125-126). All students are full-time and are in residence for four years before internship. The location of the Program in a university department of psychology introduces resources and shapes expectations for faculty and students that foster an emphasis on applied research as the foundation of practice.

The Program philosophy has been influenced by both the National Council of Schools and Programs of Professional Psychology (NCSPP) (Peterson, R. L., Peterson, D. R., Abrams, J. C., & Stricker, G., 1997) and the concepts of the local clinical scientist articulated by Stricker and Trierweiler (1995). The competencies articulated in the NCSPP model have informed the approach adopted by the Program. The local clinical scientist model is a core element in how the Program approaches the integration of science and practice in training and the professional identity of our graduates.

The influences noted above have led the Program to articulate a Practitioner-Scientist model that reflects the Program's emphasis on applied training and research as a foundation of practice and the requirement that students complete an empirical dissertation. The Program is located in a university department of psychology that allows for a class size of approximately 8-9 students per year and for student support through assistantships, fellowships, and tuition waivers. Students are in small classes that build cohesion among classmates, foster socialization and group learning, and allow for close supervision and guidance by program faculty.

*B.1.b*

Students follow a structured sequence in progressing through the program that is sequential, cumulative, and graded in complexity (See *Program Guide*, pp. 18-25). First year students take coursework in psychopathology as well as foundations of assessment and treatment. The first year seminar (Psy 690J) provides an introduction to the training model and the program goals and objectives, as well as review of the Program Guide and introduction to ethics and professional issues. First year students begin clinical work by participating in group supervision and observation of clinical services provided in the Psychology Clinic and through practice in assessment and treatment as part of their courses. Foundational courses in assessment and treatment taken during the first year of the program include coverage of diversity perspectives (i.e., Ability Assessment, Foundations of Psychotherapy, Advanced Psychopathology). Their assistantship may involve assisting faculty with research or course instruction or

working in the clinic.

In the second year, students complete foundational (Core Psychology) courses and also begin the research sequences (i.e., research methods and statistics). They are encouraged to select a Dissertation Chair and to begin developing their dissertation focus/topic with faculty, either individually or through working on faculty research teams. Students have the opportunity to take clinically-focused electives in their second year. Students are also assigned to a practicum team and begin practicum, providing assessment and treatment to individuals in the community through the Psychology Clinic. In addition, second year students take Multicultural Counseling, which focuses on cultural self-awareness of counselors in multi-cultural situations, development of sensitivity to the special needs of persons with different cultural backgrounds, and multi-cultural interaction. Their assistantship may involve teaching, research or working in the Psychology Clinic. Students complete a portfolio documenting specific research and clinical skills at the end of the second year as a requirement for the master's degree.

Third year students complete advanced courses in assessment, treatment, professional issues in psychology, and ethics. They develop their dissertation proposal as part of the required Clinical Research course (PSY 680). Students can also take clinically-focused electives. Third year students are assigned to a new supervision team for the year and continue seeing clients in the Psychology Clinic. Third year students who are approved for clinical placement (based on an evaluation of clinical skills competency near the end of their second year) begin seeing clients at external placement sites approved by the Program. Most students defend their dissertation proposal during spring semester of their third year. In August following the 3rd year, students complete written and oral preliminary examinations which examine both knowledge and skills (application).

Fourth year students take a course in supervision and consultation and provide peer supervision for a 2nd year student during fall and spring semesters as part of the Psy 671 course. Students can also take clinically-focused electives in the fall. Placement is required in the fourth year and students are not assigned to a practicum team in the Psychology Clinic. Fourth year students work a maximum of 20 hours a week at an approved external placement site. For most students, this is their second external placement and it is generally at a different site than the third year placement so that students can get a wider range of experiences. They take a one-credit practicum each semester that functions as a professional development seminar and provides an opportunity to discuss clinical and ethical issues from their placement, and also provides support for the internship application process during the fall semester. Most 4th year students complete data collection for their dissertation by the spring of their 4th year and many defend prior to leaving for internship.

Students in the fifth year complete internship and defend their dissertation if they have not already done so. Fifth year students also participate in an online discussion of the internship experience and the discussion posts are shared with 4th year students in the professional development seminar.

The Program achieves the goals and objectives of the practitioner-scientist model by training students who are prepared to practice research-informed clinical psychology at the entry level. The broad goals of the program are to 1) produce professional psychologists who understand and apply scientific knowledge and principals; 2) produce graduates who are effective and competent clinicians; and 3) prepare graduates to contribute to the field of psychology in the practitioner-scientist tradition.

Integration of science and practice is achieved through the following components:

**Coursework**: During the first three years of the program, students are exposed to literature that informs clinical practice in courses such as Theories of Personality, Ability Assessment, Advanced Psychopathology and Cognitive Behavioral Therapy. For example, students learn the principles of reliability and validity in considering assessment, diagnosis, and outcome measures. Likewise, students have several readings on the topic of setting goals and evaluating outcomes in Cognitive Behavior Therapy. Students gain information on evidence based interventions in Foundations of Psychotherapy, Advanced Psychopathology, Advanced Assessment and Treatment, and through practicum (Psy 696).

**Practicum**: Student gain experience in the integration of science and practice in selecting interventions and evaluating outcomes when seeing clients in the Psychology Clinic and on external placement. Students are evaluated based on their ability to develop treatment plans based on theoretical and empirical rationale as well as the ability to assess treatment progress based on observations and assessment measures. Students are also required to document their ability to "implement and evaluate outcomes for at least three empirically supported interventions" as part of the portfolio required for the master's degree. Students are provided with the opportunity to learn and implement evidence based interventions through practicum as well as groups offered in the Psychology Clinic. For example, second year students have the opportunity to facilitate a DBT skills group under the supervision of the Clinic Director.

**External Placement**:  Several external placement sites provide training in specific evidence-based interventions. For example, some students on placement at the Roudebush VA have gained training in CBT for Insomnia, implementing and evaluating outcomes for an intervention being developed for adults with SMI, and Mindfulness-Based Cognitive Couples Therapy.

The Psy.D. program at ISU fills an important niche as the only doctoral program at ISU that prepares graduates for professional practice in psychology in a wide variety of professional settings, and the ability to work with populations ranging from child through older adult.  There is an APA-accredited School Psychology Ph.D. program at ISU that prepares graduates to provide school psychological services to school-age and college-age clients.

*B.2*
The goals, objectives and competencies for the program are presented in Table B.2. These goals are consistent with our practitioner-scientist model given our emphasis on scientific knowledge and principles as the foundation of clinical practice and long term goal of producing effective and competent clinicians.

The Program does not have any required distance education courses. The University uses Blackboard (Blackboard Academic Suite), an Internet-based course-management system, for the delivery of on-line courses and materials. The majority of courses in the University and the Program use some form of electronically mediated education methods to supplement traditional classroom instruction. In nearly all courses, the Internet component includes providing on-line copies of materials distributed in class (i.e., the syllabus, handouts, assignments) and supplementary materials (e.g., articles, supplementary notes, and guides) on Blackboard. In a few courses, the Internet is also used to administer and score quizzes and exams (i.e., Psy 604: Advanced Statistics) and for discussion boards (i.e., Psy 784: Clinical Internship).  An elective in Neuropsychology (Psy 654) was offered as a distance course in the spring of 2012. This course was then offered as a face-to-face course in the fall of 2014 by an adjunct instructor. It is our hope to continue to offer this elective as a face-to-face course, rather than distance education course, pending availability of a qualified instructor.  Students are made aware of the distance education fee ($50) at the time that they sign up for any distance education course. With the exception of the elective course mentioned above, students in the program over the past seven years have not paid distance education fees.

Upon admittance to the University, students receive an online account (i.e., Sycamore Login). Students are required to provide their university identification number (provided on their letter of acceptance from the University), their date of birth, and the last four digits of their social security number to activate their Sycamore Login. Students select a password to protect the privacy of their account. To enroll in a Distance Education course, students login to the MYISU portal. To participate in a Distance Education course or to access online materials in Blackboard, students and faculty login with their university user name and password. Only the instructor and students who have formally enrolled in the course have access to the online portion of the course.

*B.3*
As can be seen in the 2015 Curriculum Map (Appendix B.3.1.2), students are exposed to the broad theoretical and scientific foundations of psychology through specific coursework in social psychology, lifespan development, biological psychology, history and systems and learning and cognition. Affective bases of behavior are covered across three courses (Psy 608: Biopsychology, Psy 566: Ontogeny, Psy 668: Advanced Psychopathology). Research methodology and techniques of data analyses are introduced in Psy 602 (Theoretical and Methodological Foundations of Psychology) and Psy 604 (Statistics), respectively. Research skills are reinforced in Psy 680 (Research in Clinical Psychology) and practiced through completion of a dissertation (Psy 799). Knowledge and skills in psychological measurement and methods of assessment and diagnosis are introduced in Psy 664A (Ability Assessment) and Psy 668 (Advanced Psychopathology), and reinforced in Psy 676 (Advanced Assessment and Treatment). These skills are practiced in Psy 696 (Practicum) and Psy 796 (Field Placement). Knowledge and skills in effective intervention and evaluating treatment outcomes is introduced in Psy 665A (Foundations of Psychotherapy) and Psy665B (Cognitive Behavioral Therapy). These skills are reinforced in Psy 676 (Advanced Assessment and Treatment) and practiced in Psy 696 (Practicum) and Psy 796 (Field Placement).

Professional standards and ethics are introduced in Psy 690J (Psychological Sciences Seminar), reinforced in Psy 663 (Ethics and Professional Issues), and practiced in Psy 696 (Practicum) and Psy 796 (Field Placement). Individual differences and issues of cultural and individual diversity are introduced in Psy 665A (Foundations of Psychotherapy), Psy 664A (Ability Assessment), and Psy 668 (Advanced Psychopathology), and reinforced in Coun 666 ( Multicultural Counseling). Cultural competence is further reinforced and practiced in Psy 696 (Practicum) and Psy 796 (Field Placement). Lastly knowledge and skills in supervision and consultation is introduced and practiced in Psy 671(Clinical Supervision and Consultation).

See Appendix Appendix B.3.2.1 for a listing of syllabi that have been uploaded.

*B.4*
Students develop their clinical skills through practicum and placement experience over all four years of on-campus training. The goal of both practicum and placement experiences is to provide students with the opportunity to integrate academic training with clinical experience in applied settings. The Program uses the term "practicum' to refer to clinical training experiences that are part of a course (e.g., one credit practicum that is associated with Ability Assessment) as well as clinical experience gained through work in the ISU Psychology Clinic. The Program uses the term "placement" to refer to clinical experiences that occur in settings outside of the department, supervised by licensed psychologists that are "other contributors" rather than core faculty. Both practicum and placement experiences are developed in accordance with the Association of State and Provincial Psychology Boards (ASPPB) guidelines on practicum experiences intended to prepare students for licensure. For example, students work with supervisors to develop a written training plan (Appendix B.(AI).1.2) that outlines goals for the training experience.

First year students administer, score, and interpret tests, and write reports as part of the assessment sequence; conduct practice interviews and role play therapy interventions for the therapy courses; observe the clinical work of advanced students and participate in group supervision. Second and third year students enroll in practicum and see clients in the Psychology Clinic for assessment and therapy. Clients are from the community and present with a variety of issues typically seen in an outpatient setting. Students are assigned to a vertical team (i.e., $2^{nd}$ and $3^{rd}$ year students) of 3-4 students and supervised by a licensed psychologist (usually a core Clinical Faculty member). All sessions are digitally recorded for supervision purposes. Students are given feedback on specific clinical competencies at mid-semester and summative evaluations are conducted at the end of each semester. In addition, clinical competencies are documented for assessment and therapy, including empirically supported interventions, for the master's degree portfolio. In addition to 1 hour of individual supervision, the team meets for 1 hour of group supervision for case presentations, discussion, and presentation of didactic material (e.g., readings, training videotapes). Further description of practicum can be found in the Psy 696 syllabi, *Program Guide* (Appendix A.6.2.1), and the *Clinic Manual* (Appendix A.6.2.2).

Third year students approved for clinical placement (based on evaluation of their clinical skills competency near the end of the second year) also begin seeing clients at approved external placement sites for 14-16 hours a week. Fourth year students are required to complete an external placement for 18-20 hours a week but do not see clients in the Psychology Clinic. They enroll in a 1-credit practicum that is a professional development seminar which provides an opportunity to discuss placement experiences and better integrate student experiences at external sites with the Program's overall clinical training. The Program has placement policies and procedures (see *Program Guide,* pp.22-23, 46-51, Appendix A.6.2.1) that include criteria for student eligibility, site selection and eligibility; a placement training plan; a form for evaluating performance on placement; and policy and procedures for monitoring clinical activities and maintaining contact between the on-site supervisors and the Program. A list of placement settings over the past seven years can be found in Table 2, and a description of currently available placements can be found in the *ISU Psy.D. Program External Placements* document (Appendix B.(AI).1.1).

The program currently has approximately 23 external placement sites, several with more than one placement position possible. Consistent with trends in professional practice, approximately half of our external placement sites have a behavioral health focus. External placement settings include VA hospitals, community mental health, private practice, federally qualified health clinic, student counseling centers, correctional facility, medical center/medical school, and a psychiatric hospital.  The program requires that all placement supervisors are licensed and endorsed as a Health Service Provider in Psychology (HSPP). Placement supervisors agree to meet with students for a minimum of one hour a week of individual supervision and many also provide an additional hour of group supervision. Students submit a Placement Agreement form that includes placement training goals that are developed in consultation with the placement supervisor. Students are encouraged to discuss placement experiences in Psy 696 (practicum) and present case examples from placement (de-identified) in Ethics (Psy 663), Advanced Assessment (Psy 676), and the 4th year practicum (Psy 696). The DCT communicates regularly with external placement supervisors and also makes them aware of the program goals and objectives. Students provide ratings of the placement experience (and supervision on placement) at the end of each semester and the DCT consults with students and placement supervisors in the event of any concerns regarding the training experience. Placement supervisors complete an evaluation of the student's performance at the end of fall and spring semesters, and this is reviewed with the student as part of their end of the semester evaluation with their Dissertation Chair (or Clinical Advisor).

Students in the program must complete a minimum of 500 hours of intervention (direct client contact hours) and 50 hours of direct assessment experience prior to applying for

internship. The annual self-evaluation completed by students is used to monitor student progress towards this goal. Based on the recent alumni survey, 87% of graduates (since 2012) agree that their practicum experiences were valuable. Among current students, 82% reported feeling satisfied or very satisfied with opportunities to develop competence related to intervention and psychotherapy through external placements. Since the last self-study, 91% of students who applied for internship obtained an internship,100% of the positions were full time paid internships, and 84% of the positions were APA-accredited.

 The ISU PsyD program does not make use of telesupervision.

*B.4 (MLA)*

The program makes use of a range of outcome measures to evaluate progress in meeting program goals, objectives and competencies including performance in required courses, ratings of student's academic and clinical skills performance, development of a portfolio documenting specific research and clinical skills for the master's degree, performance on preliminary exams, successful completion of a dissertation, ratings of student performance by internship supervisors, results from a survey of alumni of the program, and performance on the EPPP. The minimum levels of achievement (MLA) required for satisfactory progress were established based on the expectation that students will demonstrate a high level of competence in all areas as reflected through performance based outcomes as well as ratings of student performance in multiple settings (e.g., classroom, in-house clinic, external placement, internship). Ninety-two percent of alumni reported feeling well-prepared for practice and 80% or more reported feeling well trained, or very well trained, in assessment, intervention and supervision/consultation skills, providing support for the rigor of the training provided. Students that do not meet MLA's are placed on remediation and/or probation and a plan is developed to assist the student in addressing areas of deficit.  Students that fail to meet MLA's following a period of probation are dismissed from the program.

*B.4(AI)*

Domain B issues from last review:

The CoA noted four issues for Domain B that needed to be addressed. Narrative responses and supporting materials were submitted by the requested date. The response from the CoA indicated that each of the four issues was satisfactorily addressed.

*Issue #1: Discuss how the program has ensured that all students are exposed to the current body of knowledge in the required area of affective aspects of behavior and provide recent copies of syllabi mentioned in your response by 9/1/12.* The program responded on 8/29/12 noting that content was added to Psy 608 (Biopsychology) as well as Psy 566 (Ontogeny) to provide additional coverage of affective aspects of behavior. As noted in our last self-study, applied aspects of affective behavior are

covered in Psy 668 (Advanced Psychopathology). Revised syllabi for both Psy 608 and Psy 566 were submitted to CoA.The response from the CoA indicated that this issue was satisfactorily addressed.

*Issue #2: By 9/1/12, discuss how the program has ensured that all students are exposed to the current body of knowledge in the required area of human development and provide a recent of any syllabi mentioned in the response*. At the time of the last self-study, students were taking a course in human development outside of our department and concern was noted about the textbook used for this course. Since hiring a new faculty member with expertise in developmental psychology (Dr. Brez) in the Fall of 2012, all students have taken Dr. Brez's Psy 566 (Ontogeny) course. Dr. Brez uses a well-respected graduate level textbook. Competency related to knowledge of human development is included in our program goals (Goal 1, objective 1.1). A copy of our revised Program Goals and competencies as well as Psy 566 syllabus was submitted to CoA. The response from the CoA indicated that this issue was satisfactorily addressed.

*Issue #3: By 9/1/12 provide an updated syllabi for the Psy 671: Supervision and Consultation course and discuss how broad and general coverage of theories and methods of consultation is provided*. The program developed a new course (Psy 672: Consultation and Collaboration) that was first taught in Fall 2012 and a copy of this syllabus was provided to CoA. When the faculty member that taught the Consultation course left the institution in Spring of 2014, it was decided to resume teaching supervision and consultation content in the same course. Thus, starting in fall 2014, 4th year students are required to take Psy 671 (Clinical Supervision and Consultation). The Program recently submitted a final copy of the Psy 671 syllabus to the CoA and made note of the positive student evaluations for this course.

*Issue #4: by 9/1/12 provide a copy of the updated syllabi for Psy 668: Advanced Psychopathology and Psy 665B: Cognitive Behavior Therapy that highlights coverage of evidence-based practice*.  A copy of both syllabi was submitted to CoA with content related to evidence-based practice highlighted. Appendix B.(AI).1.1 In addition, we noted that content related to evidence-based practice is introduced in a first year course (Psy 665A: Foundations of Psychotherapy) and reinforced in a 3rd year course (Psy 676: Advanced Treatment and Assessment).  We also revised one of the criteria for the master's degree portfolio from "implement three empirically supported interventions" to "implement and evaluate outcomes for at least three empirically supported interventions." In addition, we now require students seeing clients in the ISU Psychology Clinic to administer the Outcome Questionnaire (OQ-45) to all clients during intake, every third session after the intake, and at termination. Students thus monitor client progress through use of the OQ and adapt interventions as necessary. Students are also evaluated on the Student Evaluation form on use of evidence-based practice, their ability to assess treatment progress from observation and other measures, and evaluation of treatment outcome.  The response from the CoA indicated that this issue was satisfactorily addressed.

# Domain C: Program Resources

*C.1.a-b*

Table 3a-c summarizes information for all core faculty and associated faculty for the Program, and abbreviated curriculum vitae are provided under C1a-b. The Department of Psychology has ten tenured or tenure-track faculty members and two faculty members that are on 3-year appointments.  With the addition of a new clinical faculty member in August 2015, the program has seven Core Faculty, six of whom are tenured or tenure track. Associated faculty include four tenured or tenure-track members of the department.  All of the core and associated faculty have Graduate Faculty membership through the College of Graduate and Professional Studies (CGPS). In addition, all of the core faculty hold doctorates in clinical psychology with APA-accredited internships, and 5/7 are licensed Psychologists in Indiana and also endorsed as Health Service Providers in Psychology by the Indiana Psychology Board. One core faculty member is not licensed and our newest clinical faculty member is completing paperwork for licensure and anticipates being fully licensed by late fall of 2015.

The Clinical Faculty has responsibility for the Program.  This responsibility is exercised through the Clinical Committee under the leadership of the Director of Clinical Training (DCT). The DCT is assisted by the Program Director. Both the DCT and Program Director have regular faculty appointments and both have more than 20 years of experience with the Program. The DCT has training and experience as a CoA site visitor and regularly attends CUDCP annual meetings to remain current on developments and trends as well as best practices in training.

In addition to exercising responsibility for the Program, the Clinical Faculty provide instruction in clinical courses, supervise practica in the Psychology Clinic for the first three years of the students' training, and serve as the students' advisors and directors for their dissertations. Several members of the Clinical Faculty engage in clinical practice in the Psychology Clinic through the Faculty Practice Plan. The Associated Faculty provides support for the Program by teaching courses in the psychology core of the Program, such as social psychology, cognitive psychology, developmental psychology, biopsychology, and research methods.  Associated Faculty also support the Program by serving on and chairing dissertation committees.  Associated Faculty also participate in various committees that address issues related to the general psychology core and research components of the Program. A member of the

Associated Faculty is represented on the Preliminary Examination Committee. One of the members of the Associated Faculty chairs the Department.

The teaching load for Graduate Faculty in the Department is three courses each semester for those engaged in research. The DCT and the Program Director are granted a one-course reduction in load each year due to their administrative appointments. Most of the Clinical Faculty teach two courses a semester (two graduate or one graduate and one undergraduate) and supervise a practicum team. The usual teaching load for faculty not involved in clinical supervision is three courses.  One of these courses is usually a small laboratory course or specialized seminar. The load of Program faculty allows them to effectively attend to the instruction, supervision, and advisement needs of the students and maintain an active commitment to professional, scholarly, and service activities.

The Core Faculty meets once a month during the academic year and also meets for a 2-3 hour Program Assessment retreat at the end of the spring semester. In addition, the DCT and Program Director meet on a weekly basis. Decision making procedures were approved by the Clinical Committee during the January 25, 2012 meeting and specify that for any situation not covered by the current Program Guide, the clinical faculty will be informed and asked to provide input. Decisions are made based on majority vote of the Clinical Faculty. In addition, a majority vote by the Clinical Faculty is needed to approve any new policies.

*C.1.c-f*
The Program has had 6-7 core faculty for the past twenty years and has found this number to be sufficient, given the smaller size of our program (e.g., 8-9 students per cohort), to be able to provide quality instruction, research supervision and mentoring. We currently have seven core faculty members, six of whom are tenured or tenure-track (Clinic Director is in a 3-year instructor position). The Program has requested an additional tenure-track line (starting in fall 2016) in anticipation of the retirement of a long-term core faculty member. Consistent with the program's Practitioner-Scientist model, all but one core faculty member is licensed and several engage in clinical practice in the ISU Psychology Clinic through the Faculty Practice Plan. The Faculty Practice Plan (FPP) allows regular and part-time faculty of the Department of Psychology to utilize the Clinic for professional practice. The FPP was developed based on the following principles: *1) faculty in doctoral training programs should practice the professional skills that they teach. 2) Modeling of clinical practice is a basic teaching/training activity in a doctoral program in clinical psychology. 3) Professional development of clinical faculty is best articulated when research, teaching and training, and professional practice are integrated.*

All tenure track Clinical Faculty are engaged in research programs in areas of clinical application that support the goals and objectives of the Program, and with the exception of our newest clinical faculty member, all have presented or published with students. Consistent with our Practitioner-Scientist model, our core faculty have significant applied experience. Dr. June Sprock has expertise in assessment, diagnosis and

psychopathology, and has more than 25 years of experience. Dr. Tom Johnson has expertise in treatment of addictions as well as music and psychology, and has more than 20 years of experience. Dr. Liz O'Laughlin has expertise in assessment and treatment of ADHD in children and has directed an ADHD Evaluation Clinic (housed in the ISU Psychology Clinic) for 17 years. Dr. Kevin Bolinskey has expertise in assessment, the MMPI, and schizophrenia, and has more than 10 years of experience. Dr. Rebecca Murray has been involved in clinical training in two academic settings for more than 20 years and has 15 years of experience using an integrative approach in private practice. Dr. Jennifer Schriver has clinical and research experience in correctional and forensic psychology as well as health psychology. Lastly, our newest clinical faculty member, Dr. Kevin Jordan completed a post-doctoral fellowship in integrated primary care and has research and clinical experience in interpersonal psychology and incorporating religious and spiritual beliefs into psychotherapy.

The most common theoretical perspective among the core faculty is an integrative approach with an emphasis on Cognitive Behavior Therapy. Several incorporate interpersonal and behavioral perspectives into their clinical supervision. The Clinical Faculty function as role models for our students through engagement in research and clinical activities and by modeling integration of science and practice in our teaching, supervision and clinical work. Students reported a high level of satisfaction (4.5/5) in regard to accessibility of faculty on the spring 2015 Student Satisfaction Survey. In addition, 87% of students who responded to the 2015 Alumni survey agreed that faculty provided sufficient support to facilitate success in the program, 87% also agreed that faculty modeled involvement in research and 80% reported that faculty model involvement in clinical practice.

*C.1.g*

The four General Psychology faculty members that serve as Associated Faculty for the program have expertise in core areas of psychology including social psychology, research methodology, biopsychology, cognitive psychology, and developmental psychology. All four are active in research in their area and two have published or presented with students in the program. Students have the option of choosing an Associated Faculty member to direct the dissertation, in which case the Associated Faculty member is the Dissertation Chair and a Clinical Faculty member serves as the Clinical Advisor. Currently, two of the Associated Faculty (Sheets and Anderson) serve as Dissertation Chairs for one or more students in the Program. The DCT reviews course evaluations for all courses taught in the Psy.D. program and consults with instructors as needed if/when concerns arise in regard to content or quality of instruction.

Practicing psychologists from the community provide an additional pool of instructors for selected courses. These adjunct faculty include a Doctor of Pharmacy who instructs Clinical Psychopharmacology and a Health Psychologist employed at a local hospital who has taught our Health Psychology elective and provided supervision when a core

faculty member was on sabbatical. All of our placement supervisors have a doctoral degree from an APA-approved program and are fully licensed. The majority of our placement supervisors have more than five years of supervision experience and a few have more than 20 years of supervision experience. In addition to placement supervisors providing feedback each semester on their supervisees, students also provide ratings of the placement site and supervisor at the end of the fall and spring semesters.  The DCT reviews the student evaluations of placement sites and consults with supervisors as needed if/when any concerns arise (See *Student Evaluation of Placement* form, Appendix C.(AI).1.3).

*C.2*
The process of student selection is described in the *Program Guide* (Appendix A.6.2.1 pg. 7). In addition, information regarding admission criteria is provided on the Program website. The process is designed to identify outstanding applicants who are committed to pursuing a career in professional practice and who also show a background and interest in applied research. Furthermore, there is strong investment in ongoing efforts to recruit and retain a diverse group of students.  Approximately 8-9 students are admitted to the Program each year, which provides an excellent opportunity for close interaction with Clinical Faculty throughout the Program.

Students are selected based on GRE scores, GPA (undergraduate and graduate grades if applicable), three letters of recommendation, personal statements, significant accomplishments, and interviews.  Each application file is reviewed by two Clinical Faculty members. Applicants that are identified as potentially contributing to diversity are reviewed by a third faculty member. If nominated by two or more faculty members, the student applicant is invited for an in-person interview.  Approximately 25% of applicants are invited for an in-person interview. Opportunity for a phone interview (e.g., Skype) is provided to applicants who cannot come to campus. Prerequisites for admission are a minimum of 24 undergraduate credit hours in psychology at an accredited university or college including coursework in Abnormal Psychology, Research Methods or Experimental Psychology, and Statistics. In addition, it is preferred that students have taken courses in learning or cognition and personality. Applicants must have completed the prerequisites before beginning the program. An undergraduate GPA of at least 3.0 or graduate GPA (at least 9 hours) of 3.5 on a 4.0 scale is expected. GRE scores from exams taken within the last five years are required; scores above 150 on both the Verbal and Quantitative portions and a writing score of 4.0 or above is preferred. The GRE advanced test in psychology is not required. Indiana State University does not discriminate on the basis of race, sex, sexual orientation, religion, handicap, veteran status, or age. The Program defines diversity broadly and considers gender, ethnicity, race, culture, sexual orientation, age, religion, disability and personal experience in recruiting academically qualified applicants that can contribute to diversity of the student body.

Examination of information regarding student statistics and professional activities (Table 4a), demographics (Table 4b), and educational history (Table 5) demonstrates that the Program has been successful in attracting well qualified and prepared applicants and has made progress in the area of increasing the diversity of students in the Program. In addition, students make satisfactory progress through the program (Tables 6 and 7), are successful in gaining APA approved and funded internships (Tables 4c and 8), and complete substantive dissertations (Table 8). Graduates of the Program are successful in obtaining employment consistent with the Practitioner-Scientist model (i.e., majority engaged in professional practice, see Table 9).

*C.3*
**Financial Support for training and educational services**

Students in the first and second year receive full-time (15-20 hours per week depending on yearly budget) assistantship/fellowship stipends (currently $6,400 to $8,400 each academic year). The majority of third year students and all of the fourth year students complete external placements. Both paid and unpaid placements are available. Students accepting an unpaid placement may have the opportunity to obtain a teaching assistantship if the student has the necessary availability (e.g., on campus on days the class is taught) and teaching experience (i.e., appropriate prior experience required to teach an upper level course). Students may also have the opportunity to teach an online undergraduate course as part of an assistantship typically in the 3rd or 4th year. Students receive a scholarship (fee waiver) for up to 18 hours per academic year through the internship year. Students applying to the program, as well as current students, have cited availability of assistantships and tuition waivers as a strength of the Program given that many Psy.D. programs do not provide this level of financial support. In the 2015 Student Satisfaction Survey, the mean in regard to satisfaction with Graduate Assistantship stipends was 4.03/5. Upper year students (3rd/4th) reported a higher level of satisfaction with graduate assistantship stipends (4.3/5) as compared to junior (1st/2nd) year student (3.85/5), likely due to the fact that 1st year assistantships are based on 15 rather than 20 hours a week and thus stipends are lower. Students reported slightly greater satisfaction with tuition waivers (4.41/5).

**Clerical and Technical Support**

The Department has two full-time secretaries, one of whom is assigned primarily to provide support for the graduate programs (Psy.D. and General Master's program). The graduate secretary maintains the Psy.D. student folders, processes all paperwork for assistantships and tuition remissions, assists with responding to inquiries about the program, processes applications for admissions, takes minutes at Clinical Faculty meetings, and assists with collection of data for program assessment. The two secretarial positions are supplemented by undergraduate work-study students who aid

with clerical work. The Psychology Clinic is staffed by a full-time Clinic Services Assistant and a full time Clinic Director. The Clinic Director is a doctoral level psychologist who is in a 3-year Instructor position. The Clinic Director oversees the operation of the Clinic, provides clinical supervision, teaches one course a semester in addition to supervision, and contributes to the Program as Core Faculty member (i.e., voting member of the Clinical Faculty). The Clinical Services Assistant/Office Manager is responsible for the reception desk operations, direct supervision of Graduate Assistants assigned to the Clinic, collecting fees, and billing related to Faculty Practice Plan. These positions are supplemented by two graduate assistants who are assigned to the Clinic.

**Training Materials and Equipment**

A strength of the Program involves student access to a range of training materials and equipment. The Psychology Clinic is funded through a combination of client fees and a percentage of the fees collected through the Faculty Practice Plan, providing sufficient budget for training materials as well as updates to the Clinic décor and maintenance. The Psychology Clinic has multiple copies of the major intellectual and ability measures (e.g., Wechsler scales), as well as self-report and performance based measures of personality and psychopathology. The Psychology Clinic also maintains a library of therapy and assessment related books as well as evidence-based treatment manuals. Requests for specific training materials made by faculty or students are generally approved. The therapy, assessment and group rooms in the Psychology Clinic are all equipped with digital cameras and microphones.  All client sessions are digitally recorded and faculty are able to access the recorded sessions in their offices for supervision purposes. Students can also access and view current and past client sessions through any computer in the Clinic.

In terms of physical resources, the Psychology Clinic has eight therapy rooms, two rooms configured for assessment, a group therapy room, and a room set up for play interventions with children. The Clinic has a copy/fax machine for confidential transmissions, and two shredders. There are three computers in one work room, two more computers in a second workroom, and a computer in each of two individual workrooms (i.e., former observation rooms), all connected to a high speed printer. The larger workroom also serves as a lounge with refrigerator and microwave oven, and the Psychology Graduate Student Organization (PGSO) is given space to run a small store with snacks. Two laptop computers, that are set up to access recorded client sessions, are also available for student use. Several of the former observation rooms have also been reconfigured as individual work spaces.

The Program uses a system for electronic record keeping and scheduling (Titanium), and students are required to use an encrypted memory stick (assigned to individual

student clinicians) for all Clinic documentation (i.e., prior to uploading documents onto Titanium). The Psychology Clinic also has two clinical research suites. There is a classroom in the Psychology Clinic and a set of mailboxes for Clinical Faculty and clinical students for confidential material. In addition to storage space, the Clinic has a small library and a room where the paper files of former clients are stored. Lastly, both the Clinic Director and Clinic Secretary have offices in the Psychology Clinic. The design of the Clinic effectively separates areas used for administrative and instructional aspects of the Clinic from areas used for clinical services.

**Physical Facilities**
The Program has outstanding physical facilities which meet all instructional, clinical, administrative, and research needs.  The Psychology Department is housed in the B wing of Root Hall. The basement level of the Department has four laboratory suites, faculty research carrels, classroom and meeting space for the Department, and storage. The first floor of the building is occupied by the Psychology Clinic. The second floor of the Department is occupied by departmental, student, and faculty offices and houses additional faculty research carrels. In addition to office space, each member of the Department is assigned either a carrel or a laboratory suite.  All faculty have laptop computers in their offices that have both wireless and LAN (local area network) connections to the University network. Faculty laptops are connected to a high speed printer. All students in the Program are provided office space. Mailboxes are provided for faculty and students.

The Department has adequate resources for equipment and supplies for teaching, research, and clinical needs.  A photocopier (that also has fax and scanner capability) and a high speed printer are located in the Department. The Department has a shredder, fax machine, and speakerphone for conference calls. The Department also has a large format printer (42") for high quality posters for professional presentations. The second floor lounge is equipped with a refrigerator, stove and microwave oven. In addition to daily use by faculty and students, the kitchen facilities are used 1-2 times a semester for department wide lunches.

The University's library, Cunningham Memorial Library, provides materials including serial publications and books. The library also provides computerized data base searches (e.g., PsycINFO, PsycARTICLES, PubMed, Medline, ERIC, etc.), electronic full-text for many journals, electronic access to many books, and interlibrary loan services that are typically free for faculty and students. The library further supports research and instruction through reference assistance, on-line tutorials, and research support services.

ISU is a laptop campus; thus, all undergraduates and most graduate students have their own laptops. Students in the program most often have their own laptops and/or make use of computers in the Clinic for clinic related work. Each student is given an account

and can access e-mail and the network from on or off campus. The University's Office of Information Technology (OIT) provides consultation and technical support for faculty and student computers and software problems and questions, research and statistical analyses, web-based projects, technology-enhanced classrooms, and electronic course delivery and management (i.e., Blackboard). They also provide free training workshops for students, staff and faculty and maintain a Help Desk for assistance. The University has site licenses for the major word-processing, data management, statistical analysis, and online survey programs. Students can access SPSS remotely through the portal. Students have access to a laser printer in the department and can also print documents for a small fee at several printers across campus available 24 hours a day.

Student Support Services

The College of Graduate and Professional Studies provides support for grant development and funding for assistantships and tuition remission. The CGPS slightly increased the floor for graduate student assistantships in the spring of 2015. The CGPS also provides financial support for graduate student research through the Graduate Student Research fund which provides up to $500 to fund research or travel to conferences to present research. The Office of Financial Aid assists with student loans. The Office of Sponsored Programs also provides support for faculty and student research, including training and assistance in project development and grant applications. It also offers small grants to support faculty and student travel and other research expenses.

Students may receive medical care through the Student Health Center. A student health insurance policy is available for students to purchase, or students may use their own insurance. Counseling services are available through the Student Counseling Center. Students are provided with information about services at the ISU Student Counseling Center, as well as importance of self-care, in the Program Guide (Appendix A.6.2.1, pg. 14). The University also provides a range of recreational, fitness, and sports facilities. The Student Recreational Center is a state-of-the-art facility that is open to students, staff, and faculty, and there are additional indoor as well as outdoor facilities. The Student Recreation Center offers free exercise classes for faculty/staff/students as well as massage therapy and the services of a personal trainer for a reasonable fee.

A list of colloquia, guest lectures, workshops, and special events arranged or co-sponsored by the Program since the last site visit is presented in Appendix C.(AI).1.4. In addition to those offered by the Department, the Department co-sponsors continuing education workshops with the Social Work Department and Hamilton Center, the local community mental health center. These workshops are partially funded by a grant and are offered for a fee to professionals in the community, but are free to ISU students and provided at minimal cost ($25) to faculty. Students may apply for funding to support

travel to conferences or workshops (up to $200) through the Michael J. Murphy Travel Scholarship. In addition, the department provides funding (up to $200) for students presenting research at a conference. Faculty may also apply for Clinic funds for travel and attendance at conferences related to clinical training. Faculty members receive $700 a year for travel through the department. Students can apply for funding to offset the cost of travel for internship interviews through the recently developed Internship Travel Fund.

**Practicum/ Placement Training**

Supervision of the practicum training in the Psychology Clinic is performed by members of the Clinical Faculty, who supervise a team of 3-4 students. The Clinic Director is in a 3-year instructor position and teaches one course a semester and provides supervision during the academic year and over the summer in addition to managing the Clinic. Students are assigned to vertically organized teams composed of second and third year students, and first year students rotate through the teams. A description of policies and procedures related to practicum is contained in the *Program Guide* (Appendix A.6.2.1,, pp. 28-31). Students are rotated each academic year to a new supervisor.  In the spring semester, students are asked to rank their choice of supervisor for next year from among those supervisors with whom they have not worked in the past.  The Program Director and DCT make initial assignments taking into consideration student preferences. Final assignments to teams are then approved by the Clinical Faculty. Students are evaluated twice a year by the Faculty, including their clinical supervisor, and faculty supervision is evaluated twice a year by the students through the course evaluation process (i.e., PGSO supervision evaluations, Appendix C.(AI).1.6).

The policies and procedures for assigning students to external placements are presented in the *Program Guide* (pp. 47-48). The DCT provides an updated description of possible placement sites in January and also coordinates a meeting between 2nd, 3rd and 4th year students during which students on placement share information about their current placement experience. Students apply to the placement sites and interview for available positions. Both students and placement supervisors submit rankings and the DCT matches the students and placements on the basis of the ratings and submits them for approval to the Clinical Faculty. Placements must offer an array of clinical services and the student must receive at least an hour of individual supervision a week from a fully licensed (i.e., HSPP) clinical psychologist. A placement agreement (i.e., training plan) is developed by the student and the supervisor at the site and submitted to the DCT. The activities on placement are documented by students using MyPsychTrack orTime2Track. Supervisors evaluate student performance by completing the Placement Progress Report at the end of the fall and spring semesters through Qualtrics (online survey program).  Close communication is maintained with the sites by the DCT via personal contacts and emails.  A listing and descriptions of 2015 placement

sites is provided under Appendix B.(AI).1.1. The Program has a range of placement sites that provide opportunity to work with child through older adult populations in a variety of settings (i.e., correctional, community mental health, Federally Qualified Health Center (FQHC), integrated primary care, VA Medical Center and Outpatient Clinic, independent practice, student counseling center). External supervisors are made aware of program goals and expectations in regard to placement training through the *ISU Clinical Psy.D. Program Expectations for Practicum/External Placement* document (Appendix C.(AI).1.5) which is shared with placement supervisors in the summer prior to the start of new placements.

C.*4*
Program is not part of a consortium

*C.(AI)*
No Domain C issues from last review.

# Domain D: Cultural and Individual Differences and Diversity

*D.1*
A core value of the program is to train practicing psychologists who have an appreciation and respect for the significant impact of cultural and individual differences in all aspects of practice and inquiry. The Program pursues this goal through a commitment to affirmative diversification and through a program policy and action plan that addresses our commitment to incorporating diversity and individual differences in all aspects of the Program (see *Policy on Diversity for Graduate Programs in Psychology*, Appendix D.1.1.1).

The Program's commitment to diversity is articulated in our Diversity Statement (Appendix D.1.1.2) as well as our Policy on Diversity for Graduate Programs in Psychology (Appendix D.1.1.1). Both documents place emphasis on thoughtful training in diversity issues and the importance of respect and appreciation for cultural and individual issues.  In addition, the Policy on Diversity outlines goals to increase diversity among student and faculty applicants as well as retention of current faculty and students from diverse backgrounds. It is the position of the clinical faculty that all students, particularly majority students, benefit from the opportunity to interact with students and faculty from diverse backgrounds to facilitate development of sensitivity, awareness, appreciation and respect for cultural and individual differences.

**Efforts to attract and retain a diverse faculty**
The *University Handbook* (http://www.indstate.edu/administration/ogc/policy-index) contains the University's policies and structures regarding affirmative action. It contains sections that address the Affirmative Action Committee (Section 920) as well as the Affirmative Action Statement (Section 920.4). University programs that support diversity include the African-American Cultural Center, the Woman's Studies Program, and the Office of Diversity. In addition, a Council on Diversity was established in 2008 to assist with

development of policy related to diversity and to offer recommendations to increase cultural and gender diversity at ISU (Council on Diversity 2013-2014 annual report). The University has asked that each college develop a Diversity plan to promote recruitment and retention of diverse faculty and staff. The College of Arts and Sciences Diversity Plan calls for an increase of 6-20% of African American and Asian American faculty and staff over a 3 year period (2015-2017). The plan focuses on these two ethnic groups in order to achieve faculty/staff representation of diversity that parallels the make-up of ISU's student body.

At the Program level, we have been successful in recruiting diverse applicants for tenure track positions but have had minimal success in hiring faculty from diverse backgrounds, largely due to salary limitations. The Department recruitment procedures reflect the University's commitment to the recruitment of woman and minorities for faculty and staff positions. Advertising for these positions emphasizes the University's commitment to affirmative action and also encourages applications from women and minority candidates. Faculty positions are advertised in the APA Monitor, as well as several listservs in order to recruit a broad and diverse pool of applicants. The Program hired a one-year faculty member of East Indian descent in 2013-2014. In addition to providing clinical supervision, this individual taught a neuropsychology seminar. She also served on our Diversity Training Committee and helped to coordinate several speakers on diversity-related topics. The Program attempted to recruit a new faculty member in 2014 through ISU's Faculty Diversity Initiative which was a program developed to increase diversity among faculty and staff.  This initiative allowed Programs to recruit potential faculty candidates of any rank and field from a historically underrepresented group. (See Diversity Initiative Recruitment flier Appendix D.1.1.3). Although we were not successful in our efforts through the Faculty Diversity Initiative, we were able to spread the word among our colleagues via emails and personal contacts regarding the strong interest of the Program, Psychology Department, and ISU in recruiting diverse faculty.  We believe this contributed to diversity in the pool of applicants for our 2014-2015 faculty search. The Program received applications from several well-qualified applicants from diverse background. Our initial offer was made to a clinical psychologist from a diverse background with expertise in neuropsychology; however, she declined the offer. We made an offer to a woman with expertise in clinical health psychology, and another offer to a woman whose area of research focuses on diversity. We also made an offer to an African American man for an experimental position. Unfortunately each of these individuals also declined our offer. We were successful in hiring Dr. Kevin Jordan, who has a degree in clinical psychology and does research on interpersonal psychology and incorporating religious and spiritual beliefs into therapy. This is an area of diversity that fits well with the interests of students in the Program, particularly since the Center for the Study of Health, Religion and Spirituality (which was housed in the Psychology Department) closed in 2014 due to changes in staff and funding. Currently, 4 of the 7 Core Faculty in the Program are women, 3 of the 4 Associated Faculty are women, and one is Asian-American.

**Efforts to attract and retain a diverse student body**

Indiana State University has set a goal of attracting and retaining a diverse student body at both the undergraduate and graduate levels. University-wide, approximately 30% of the students at ISU are minorities making ISU the most diverse residential higher education institution in the State (Diversity and Inclusion Climate Study, May 2015). The largest minority group is composed of African American students (17% undergraduate, 8% graduate) followed by International students (6% undergraduate, 14% graduate; see Diversity at a Glance). The extent of diversity on campus is in contrast to racial diversity in the community (e.g., 88% of Vigo County population is Caucasian based on 2014 census).

At the graduate level, we have been successful in attracting a diverse pool of applicants. Over the past 2-3 years, approximately 10% of applicants to the Program have reported minority race/ethnicity status. Word of mouth, information on our web site, and faculty interests have helped us to attract diverse applicants (e.g., information on diversity-related research being conducted in the Department).  We have also participated in graduate student fairs on campus and have sent out letters to undergraduate program directors in the past, emphasizing our interest in well-qualified applicants from diverse backgrounds.  All applications for the program are reviewed by two faculty and applicants that are identified as potentially contributing to program diversity are reviewed by a third faculty member. If nominated by two or more faculty members, the student applicant is invited for an in-person interview.  Approximately 25% of applicants are invited for an in-person interview and roughly 20% of those interviewed come from diverse backgrounds. We have been successful in recruiting and retaining several excellent students from diverse backgrounds over the past several years. Of the 31 students on campus in 2014-2015, 74% (23) are women, and 19% (6) are from non-majority cultural and racial backgrounds (2 are African American, 2 are Hispanic, 2 identify as multiracial).

**Means by which a supportive and encouraging learning environment is established**. The Program works to foster a sense of inclusion for all graduate students and faculty through several means.  First, we include student representation on all major committees that make decisions related to graduate student issues (e.g., general faculty meetings, clinical faculty meetings, search committees). Second, the DCT has frequent contact with PGSO officers and cohort representatives to discuss questions or issues of concern. The Psychology Graduate Student Organization (PGSO) is the representative group of graduate students in our department. Third, we have a Diversity Training Committee, composed of two core faculty members and two graduate student members.  The Diversity Training Committee (DTC) is charged with monitoring all aspects of the Program with regards to diversity issues. In addition to evaluating and improving upon the Program's current level of curriculum, policy, and training related to diversity, this group monitors and advocates on behalf of students from diverse

backgrounds. Members of the DTC also promote an "open door" policy to encourage any faculty or student with concerns regarding inclusion to consult a member of the Diversity Training Committee (DTC). The DTC has sponsored at least one diversity-focused speaker each year for the past several years and also sent out a monthly email to students and faculty in 2014-2015 highlighting events on campus and in the community with a diversity focus. Plans for 2015-2016 include administration of the Diversity Survey and review of syllabi for diversity content (which occurs every 2-3 years), coordinating a service activity for students and faculty that focuses on an underserved group in the community (e.g., homeless individuals/Habitat for Humanity), and providing information to incoming (and current) students on organizations in the community with a diversity focus. The DTC is also exploring ways in which we might enhance diversity focused training through greater interaction with diverse student groups on campus. For example, in 2013-2014 we reached out to International students to explore interest in developing a support group to facilitate adjustment to ISU and Terre Haute.  However, the group was not initiated due to minimal interest by the International students at ISU, many of whom come from countries where psychological services are not widely accepted.

*D.2*
Training in cultural and individual diversity is introduced in several key courses in the first year of the program (e.g., Psy 664A - Ability Assessment, Psy 665A - Foundations of Psychotherapy, Psy 668 - Psychopathology), and reinforced in Multicultural Counseling (Coun 666) which students take in the second year of the Program. In addition, students are exposed to readings and discussion related to working with specific cultural groups (as relevant for clients being seen on the team) in practicum (Psy 696) and in advanced courses in Ethics and Professional Issues (Psy 663) and Clinical Supervision (Psy 671). Further, all courses taught in the Psy.D. Program are expected to include readings, discussion and assignments, as appropriate, relevant to aspects of diversity.  The Diversity Training Committee (DTC) reviews syllabi for all courses taught in the Psy.D Program every 2-3 years and provides feedback to faculty related to coverage of diversity as indicated in the syllabi. The most recent DTC Survey was conducted in spring of 2013 (Appendix D.2.1.3.)

Students also have the opportunity to attend diversity focused presentations and workshops. From 2012 to 2014, the Center for the Study of Health, Religion and Spirituality sponsored several talks and an annual conference on religion and spirituality. The Program also participates in collaboration with ISU Social Work and Nursing programs and our local community mental health center (Hamilton Center) to sponsor 2-3 continuing education conferences each year. These conferences often involve a diversity focus. Lastly, as mentioned, the DTC schedules 1-2 diversity focused

speakers every academic year (see *Seminars and Presentations 2011-2015*, Appendix C.(AI).1.4).

Training in diversity begins in the first year of the Program as students are exposed to readings, discussion, and practicum experience with student volunteers from diverse backgrounds.  Several first year courses (Psy 665A: Foundations of Psychotherapy, Psy 664a: Ability Assessment, Psy 668: Advanced Psychopathology) include a specific focus on working with individuals from diverse backgrounds.  In addition, when enlisting student volunteers for practicum activities associated with these courses (e.g., test administration, practice interviews), students are encouraged to select volunteers of different sex, age and ethnicity. Students in the first year also rotate through practicum teams and participate in team supervision, which also includes diversity focused readings and discussion of cases.

In the second year of the Program, students take a required course entitled Multicultural Counseling (Coun 666). This course includes both didactic and experiential components, and addresses cultural competence in working with individuals from various ethnic minority and other diverse groups (e.g., LGBT, physically handicapped). Second and third year students are exposed to clinical work with diverse clients in practicum (Psy 696), either directly through provision of clinical services or indirectly through team supervision. In addition, second and third year students have had the opportunity to provide community outreach services, including child social skills groups and adult parenting education, at a community center located near campus in an ethnically diverse neighborhood. These services are coordinated and supervised by a core faculty member that has ongoing involvement with the community center.  Many students begin field placement in their third year of the Program and are exposed to a wider range of clients from diverse ethnic and socioeconomic groups in these settings.

Students in the fourth year of the Program continue to gain experience with clients from diverse groups while on placement. In addition, fourth year students are enrolled in a year-long peer supervision course (Psy 671) and also provide peer supervision to second year students.  The supervision course content includes significant discussion of cultural and individual differences that influence the supervisory relationship. Factors associated with cultural differences (e.g., in the supervisory dyad and/or supervisee/client dyad) are a frequent topic of focus in the class and group supervision of supervision. Finally, fourth year students are enrolled as observers in a Blackboard course in which fifth year students (on Internship) are required to participate. Students on internship are asked to comment on their experiences in working with diverse groups while on internship. By participating as observers to the online presentation and discussion, fourth year students gain understanding of diversity related issues and clinical interventions that their peers on internship are experiencing.

In addition to clinical work related to diversity, a number of Psy.D. students are involved in diversity-focused dissertation research. For example, several students in the Program have developed dissertation projects related to perceptions of sexual minorities under the supervision of Dr. Veanne Anderson.  Approximately 25% of the dissertations completed by graduates over the past 7 years (13) have had a diversity focus, primarily in the areas of gender/sexuality, religion/spirituality, and ethnicity (See Table 8, Appendix F.1.c.1.1).

**Means by which the Program assesses competence in diversity.**

Students and faculty are surveyed using the Diversity Training Goals Survey (Appendix D.2.1.1) every 2-3 years. The last survey was conducted in Fall of 2012.  In addition, students provided ratings related to diversity training in the Spring 2015 Student Satisfaction Survey.  Results of the Fall 2012 Diversity Training Goals Survey revealed that most students reported feeling moderately competent in their ability to provide culturally sensitive clinical treatment related to diversity in religion/spirituality, ethnicity, gender or sexual diversity and socioeconomic status.  Student ratings of competence were lower in regard to linguistic diversity and cognitive and physical disabilities. Based on the results of this survey, the Program made efforts to increase opportunities for students to engage in social advocacy to promote sensitivity to diverse cultures (i.e., developing parenting interventions for low income parents at a community center) and also scheduled a speaker on the topic of working with individuals with physical disabilities. The DTC also initiated the *Lunch and Learn* event which involves hosting a speaker on a diversity related topic over the lunch hour and providing free pizza to attendees. Currently, the DTC strives to schedule one *Lunch and Learn* speaker each semester.

In the 2015 Student Satisfaction Survey (SSS), students reported greater satisfaction in regard to opportunity to work with clients from diverse populations while on placement as compared to opportunity to work with diverse clients in practicum at the ISU Psychology Clinic (4.06/5 vs. 3.33/5). This was a somewhat expected finding as our in-house training clinic attracts fewer clients from diverse backgrounds as compared to many of our placement sites, particularly placement sites in Indianapolis. However, it may also be that student ratings reflected a narrow view of diversity or that students are not aware of the range of diverse clients seen across supervision teams. In 2014-2015, approximately 50% of the clients seen in the ISU Psychology Clinic reported an income below poverty level. In addition, approximately 15% of clients were ethnic minorities. Student ratings in regard to opportunity to develop competence related to culture/diversity in clinical training were similar for practicum (3.67/5) and placement (3.69/5)., reflecting ratings between "neutral" (3) and "satisfied" (4).  Considering

environment, students reported satisfaction (4.24/5) in regard to the Program climate being respectful and welcoming in regard to diversity and individual differences. Overall, results of the Student Satisfaction Survey suggest that increasing opportunities for students to gain competence in culture and diversity as it relates to clinical practice is an area of growth for the program. As mentioned, the DTC has discussed plans for coordinating community outreach opportunities with underserved groups in the community and also bringing in speakers to present on topics related to applied work (assessment and therapy) with ethnically and culturally diverse groups.  In addition, given the current interest in working with sexual minorities among several of the students, the Program is exploring the possibility of developing a support group for sexual minorities through the ISU Psychology Clinic.

Students' competence to integrate knowledge and skill in cultural and individual differences and diversity in their professional work is assessed as part of the students' core clinical skills on the end of the semester student evaluations and the placement evaluations (Appendix F.1.a-b.2.2). In addition, a question related to diversity is always included on the written preliminary examination (see Appendix F.1.a-b.2.3), and students are also asked to address diversity issues on the assessment case on the oral portion of the preliminary examination. Both are independently graded by faculty using a 5 point scale (see Prelim Performance Form under Assessment Measures, Appendix F.1.a-b.2.2)

Feedback to faculty related to diversity training comes primary through the DTC syllabi review. A summary of the Spring 2013 review of course syllabi revealed that 74% of courses reviewed (17/23) included reading specific to diversity and 57% (13/23) included issues of diversity in scheduled discussions or presentations.  Based on results of the 2013 syllabi review it was recommended by the DTC that faculty include a diversity related objective in course syllabi (when appropriate) and that faculty include more diversity related readings and scheduled discussions in the syllabus (as appropriate for the course). Lastly, it was suggested that faculty consider adding a diversity related assignment if appropriate.

*D.(AI)*

No issues related to Domain D were noted in the last review.

# Domain E: Student-Faculty Relations

*E.1*
The Program protects the rights of the students through a number of formal and informal processes.  Formally, the Faculty adheres to the *APA Ethical Principals and the Code of Conduct* in guiding relationships with students and colleagues.  Furthermore, there are clear policies stated in the *University Handbook* (http://cms.indstate.edu/administration/ogc/policy-index) regarding issues such as

student faculty relationships, due process, affirmative action, and sexual harassment. The Department has formal policies and procedures for research and teaching assistants/fellows (see *Program Guide*, Appendix A.6.2.1, pp. 69-75). The Program also has a *Grievance Policy and Procedures* that is contained in the *Program Guide* (Appendix A.6.2.1, pp. 15-16).   Starting in 2013, students are more fully informed of the policies and procedures by reviewing the *Program Guide* as part of the 1<sup>st</sup> year doctoral seminar (Psy 690J). Students sign a *Statement of Understanding* Appendix E.1.1.1) confirming their understanding of specific policies and procedures after reviewing the *Program Guide* in class. In addition, the *APA Ethical Principals and the Code of Conduct* are reviewed in the first year seminar (Psy 690J) and again in Ethics and Professional Issues (Psy 663) during the third year of the Program. Results of the 2015 Student Satisfaction Survey showed higher mean satisfaction (4.19/5) for 1<sup>st</sup>/2<sup>nd</sup> year students in regard to awareness of Program goals and grievance procedures as compared to upper level students (3.15/5) likely reflecting the recent change to include coverage of the *Program Guide* in the 1<sup>st</sup> year seminar.

Students provide input to the Program through the Psychology Graduate Student Organization (PGSO) and also through the cohort liaisons (See F.1 a-b). They are empowered through participation in Departmental and Program committees and decisions. The input and representation offered by PGSO is discussed in Domain F.1 a-b.

Informally, there are a number of social gatherings at key times throughout the year (e.g., fall picnic, holiday-themed pot luck meals in the department, gathering for students leaving on internship).  Individual faculty members have also worked with interested students on community outreach activities (e.g., health focused group for youth, parenting group). The Program is planning a joint student/faculty service project for Fall 2015 to provide additional opportunity for socialization and team building between students and faculty. The goal of the Clinical Faculty is to develop a sense that students and faculty are engaged in a common enterprise in which the success of each is inextricably linked to the success of the other.

The Program has policies and procedures to ensure student involvement in Program and Departmental decisions. The Clinical Committee is charged with the review and evaluation of all aspects of the clinical training program including formulating basic policies and goals, establishing operating procedures, supervising and placing students, modifying the Program, and operating the Department's Psychology Clinic. Decisions are generally based upon consensus. As mentioned, PGSO elects a student member to the Clinical Committee who is included in all deliberations.  At times, a vote on an issue may be delayed to allow time for the student representative to solicit input from other students and provide feedback to the group. Student members are also selected by PGSO to represent the students at the Department faculty meetings, Diversity Training

Committee, and Faculty Search Committees. The graduate admissions procedures are described earlier in the self-study (Domain C.2), but it is important to note that virtually all students and faculty in the Department participate in interviewing and evaluating candidates for admission to the Program.  In addition to representation on search committees, students are also actively involved in the process of selecting and evaluating new faculty members who are hired by the Department.

*E.2*

The Program faculty are accessible to students and this is ensured by a number of policies and procedures.  First, each student is assigned an advisor upon admission to the Program.  The initial advisor serves until the student selects a Dissertation Chair and members of the Doctoral Committee.  If the Dissertation Chair is not a member of the Clinical Faculty, the student selects one of the Clinical Faculty on the Committee to serve as Clinical Advisor. There are limits on the number of Committees on which a faculty member can serve (4 per cohort) and the number they may chair (2 per cohort) to ensure that faculty have adequate time to supervise the dissertation. Therefore, it is important to select a chairperson early in the student's program.  In order to facilitate the selection of a chairperson, the students have the opportunity to be exposed to the research interests of the faculty in their first semester (Psy 690J) and to attend faculty members' practicum and research team meetings.

The Department expects faculty to post weekly office hours and to be available during those times. Contact with faculty is a natural part of the Program through class work, practicum supervision, and faculty research teams. Clinical supervisors meet with students weekly for one hour of individual supervision and another hour of group supervision (with their 3-4 supervisees). There are also a number of Program requirements that are designed to facilitate completion of the Program in a timely manner. As noted above, first year students rotate through faculty practicum and research teams to help in identification of a chairperson and to develop ideas for a dissertation topic. Students are expected to identify a chairperson by the end of their second year. Completion of the dissertation proposal is a requirement of the Psy 680 course (Research in Clinical Psychology) which is taken in the fall semester of the third year. In the 4th year, the dissertation proposal must be successfully defended by Oct. 1st in order to apply for internship that year. As of fall 2015, only one student in the Program has matriculated beyond 7 years (see Table 7). This student will complete internship in August of 2015 and anticipates defending her dissertation in late summer/early fall of 2015 and graduating in December of 2015.

The student's advisor (i.e., Dissertation Chair or Clinical Advisor if the Chair is from the experimental faculty) or their clinical supervisor provides feedback regarding the end of the semester student evaluations. The advisor plays a central role in the student's

selection of elective courses, placement sites, and internship sites. The advisor reviews and approves the documentation in the portfolio that the student creates to demonstrate his/her basic proficiency in the required research and clinical skills to receive the master's degree. The advisor also meets with students to review his/her Self Evaluation (included in Assessment Measures under Appendix F.1.a-b.2.2) in the spring of each year and to discuss curriculum, clinical and research goals for the upcoming year. The advisor also participates in the development, implementation, and review of remediation plans for students who are placed on remediation or probation. The Dissertation Chair plays a key role in the development and completion of the dissertation.  More formally, meetings with the Committee occur at key points in the students' program, including the oral portion of the preliminary examinations, dissertation proposal defense, and the dissertation final defense.

All but one of the Clinical Faculty are licensed, or in the process of becoming licensed, and endorsed as Health Service Providers in Psychology.  All clinical faculty engage in professional practice and/or research and professional service in areas related to their research and professional interests and teaching responsibilities (see Core Faculty Brief Vita, Appendix C.1.a-b.4.1).

*E.3*
As detailed in A5, the Program ensures respect for cultural and individual diversity among students through both formal and informal procedures. The Program's *Policy on Diversity for Graduate Programs in Psychology* (Appendix D.1.1.1; also *Program Guide*, Appendix A.6.2.1, pp. 17, 95-97) articulates our commitment and specific activities designed to facilitate an active sense of social responsibilities as well as appreciation and respect for cultural and individual differences. Informally, the Program promotes respect for cultural and individual diversity by encouraging open discussion of individual differences in supervision, classes, research presentations, colloquium and other presentations. Students are also made aware of and encouraged to attend diversity focused events in the community (e.g., through Diversity Training Committee emails and announcements). Students reported a high level of satisfaction (4.24/5) with the Program culture being respectful/welcoming in regard to diversity (Student Satisfaction Survey 2015 results, Appendix F.(AI).1.1).

*E.4*

New students are given an orientation to the Program in the first week of their first semester.  They are made aware of the *Program Guide* (Appendix A.6.2.1) and informed that they will review the Program Guide (and take quizzes on the content) in the first year seminar (Psy 690J). Students are given a separate orientation to the Psychology Clinic during which they review the *Clinic Manual* (Appendix A.6.2.2)  Hard

copies of both documents are also available in the Psychology Clinic library.  Revisions to the *Program Guide* are discussed in Clinical Faculty meetings with input from the student representative.  Students receive a summary of Clinical Faculty meetings via email from the PGSO representative.  At the beginning of the year, the DCT and/or Program Director, meet with each cohort and provide a written summary list of academic, research and clinical expectations and requirements for the coming year (see Program Guide,Appendix A.6.2.1Appendix J).

The system by which students are evaluated and the process of probation and remediation are contained in the *Program Guide* (Appendix A.6.2.1, pp. 11-12).

Each student in the first four years of the Program is evaluated each semester by the faculty in a number of areas including academic performance, clinical performance (assessment, therapy, supervision, professionalism), and assistantship duties (under Assessment Measures in Appendix F.1.a-b.2.2). The evaluation process is initiated by the Program Director, who provides a link for completing the appropriate evaluation form via Qualtrics (survey software program). Faculty rate students on a four-point scale (exceeds expectations, meets expectations, needs some attention, weakness). Summary data is then compiled and comments provided for those areas rated as needing attention or as a weakness. The Clinical Faculty meet at the end of each semester to review evaluations for each student in the Program.  At that meeting, evaluations are discussed and written commentaries addressing strengths, weaknesses, and recommendations are formulated. The student's current practicum supervisor or advisor meets with the student to provide feedback regarding the summary data and written commentaries.  The student and advisor sign the evaluation form and it is forwarded to the Director of Clinical Training for his or her signature.  A copy of the evaluation is retained in the student's file.

If the student's performance in the Program is deemed problematic with respect to academic, clinical, professional, or ethical concerns, the student may be placed on remediation (e.g., if concerns are less serious) or probation by the Clinical Faculty. If a student is placed on remediation, members of the faculty will work with the student to develop a remediation plan for areas that need improvement and the time period allotted for remediation. If sufficient progress is not made in regard to items included in the remediation plan, the period of remediation may be extended, or the student may be placed on more formal probation.  Similar to remediation, a student placed on probation will work with faculty to develop a plan to address areas of concern and a time period will be specified for meeting the conditions of probation.  If a student makes progress but does not meet all the conditions of probation during the specified time period, the probation may be extended.  Information regarding the student's progress on a remediation or probation plan is included in the written summary that is part of the

semester evaluation. This document is reviewed with the student's advisor and the student is able to suggest revisions or corrections to the written summary.

If a student has made minimal progress in meeting conditions of the probation, he/she may be terminated from the program. Additionally, students who earn a grade of F in any course, or two grades below a B-, are academically dismissed from the program.

*E.5*
The Program has a system for maintaining student records for current and past students. Files for current students are kept in a locked file cabinet in the Graduate Secretary's office. The files include: transcripts; application materials; semester evaluations; placement agreements, contracts and semester evaluations; yearly Self Evaluations; Internship acceptance letter and semi-annual evaluations; departmental and university forms; and other correspondence. The Master's degree portfolios with documentation of research and clinical proficiencies are stored with the student files. Files for students that have graduated are kept in a locked file cabinet in a storage room in the Psychology Clinic and are retained for a minimum of 10 years.

Records of complaints and grievances against the faculty and staff are maintained by the Department and the University. There have been no formal complaints or grievances against the Program or Program faculty since the last site visit.

*E.(AI)*
There were no Domain E issues noted in the last review.

# Domain F: Program Self-Assessment and Quality Enhancement

*F.1.a-b*
The program has systematic processes to collect data to demonstrate that it has achieved its goals and objectives and to make decisions regarding the progress of individual students, performance of faculty, and the effectiveness of the training program. Expanded Table B.2 (Appendix B.2.1.2) includes program goals, objectives and competencies as well as aggregated outcome data for the past seven years. This table also includes information in regard to minimal levels of performance and outcomes for both proximal and distal measures. The program makes use of a range of outcome measures to evaluate progress in meeting program goals, objectives and competencies. Proximal outcome measures includes course grades, faculty and external supervisors' ratings of student performance, successful completion of a portfolio documenting research and clinical skills, performance on preliminary exams, completion of a dissertation, internship evaluations and student survey data. Distal outcome measures include performance on the EPPP and graduate survey responses on postdoctoral employment and professional activities (ARO update, alumni survey) and graduates' perspectives on the program training (alumni survey). The data from these measures show that the program has been successful in meeting its goals and objectives. (See

Extended Table B.2 for more specific information on outcomes). The Program documents each student's progress and maintains files that contain portfolios, bi-annual evaluations by the Faculty, and ratings of performance on field placement and internship. The Clinical Faculty reviews student progress in the program bi-annually and provides feedback to each student. The clinical faculty also meet for a 2-3 hour retreat in the spring of each year to discuss outcome data for that academic year and to develop a plan for addressing any areas of concern as well as suggestions for program improvements.

There are several ways that students are involved in program evaluation and program decisions. First, students are asked to evaluate their own progress in meeting clinical and research goals by completing a yearly self-evaluation (F1a-b, Assessment Measures). Students go over the self-evaluation with their advisor and develop goals to address any areas of concern or perceived areas for further development (e.g., need for more assessment hours). Students have direct input on program decisions through the Psychology Graduate Student Organization (PGSO).  PGSO appoints a student representative to attend clinical (and general) faculty meetings and also appoints two student representatives to the Diversity Training Committee. The student representative is not a voting member on the Clinical Committee but is involved in discussion and reports out during each meeting in regard to any student issues or concerns. Each cohort also elects a cohort representative at the start of the academic year. The cohort representative is encouraged to consult with the DCT in regard to any cohort specific concerns or issues. The DCT also contacts cohort representatives on a regular basis to request input on program issues that may impact a specific cohort (e.g., scheduling changes). Starting in fall 2015, the DCT will meet once a semester with cohort representatives to discuss any student concerns or suggestions. Students also provide feedback on the program through the Student Satisfaction Survey (SSS F1a-b, Assessment Measures), which is administered biannually (starting Spring 2015). Students on campus, as well as those on internship, provide feedback via the SSS on coursework, practicum, external placements, program climate, program resources, research training, and support for the internship process. Lastly, the program solicits input from 4th year students who are preparing to leave for internship. The 4th year Exit Interview is conducted by a faculty or staff member who does not participate in evaluation of clinical students. This individual prepares a summary of the exit interview comments which is shared with the DCT. The DCT develops a summary report of program strengths and weaknesses based on data from the Student Satisfaction Survey, 4th year Exit Interview, and Alumni Survey that is discussed during the annual clinical faculty retreat.

*F.1.c*

The Clinical Faculty has pursued continuous quality improvement based on assessments and systematic reviews. The Clinical Faculty takes primary responsibility for monitoring program operations and student progress and also reviewing data annually from the Program's system of self-assessment to assess our success in meeting Program objectives. Changes are generally initiated by this group. However, input is also solicited from students, the department and the College of Graduate and

Professional studies. As mentioned, the Clinical Faculty reviews program outcomes during a retreat scheduled at the end of the spring semester and discusses areas of concern as well as possible changes or revision to the program.

The Program's process of self-assessment involves input from multiple informants both within and outside of the program (e.g., ratings from experimental faculty, external supervisors, internship supervisors). In addition, we make use of multiple methods of data collection and consider both proximal and distal indicators of program quality. Results of the spring 2015 Student Satisfaction Survey allowed us to compare feedback from lower level students (1$^{st}$ and 2$^{nd}$ year) and upper level students (3$^{rd}$ and 4$^{th}$ year), which revealed differences in ratings that likely reflect recent changes in the program. Thus, the self-assessment process places value on breadth and depth of feedback consistent with our program values of active inquiry. Our evaluation procedures also place significant emphasis on development of clinical skills, consistent with our focus on producing well-trained clinicians. In addition, we have expanded our focus on performance-based evaluation in recent years (e.g., inclusion of assessment and ethics case studies as part of the oral preliminary exam) to better assess students' ability to demonstrate application of clinical skills and knowledge. This change towards greater emphasis on performance based skills was also in response to the increased emphasis on competency based assessment in the profession (i.e., development of profession-wide competencies, changes in G&P).

### *How the program's self-assessment process has been used to modify the program*

The program has made several changes and modifications since the last accreditation visit in response to the results of our self-assessment process, including student feedback, as well feedback during the last site visit, and changes in the profession (e.g., increased emphasis on integrated care and behavioral health) and best practices in clinical training.  Modifications include:

1) Improvements in the curriculum. A 4$^{th}$ year practicum course was added to provide better integration of coursework and placement experiences and to provide support for the internship application process and other professional development activities. Feedback from 4$^{th}$ year students via the 4$^{th}$ year Exit interview was very positive about this change in regard to both internship application support as well as increased opportunity to discuss placement experiences.  In addition, ratings on the Student Satisfaction Survey were very high for the support received in applying for internship (see #3 below). Other curriculum changes have included increased focus on ethics in the Psy 663 course, along with a change in course title from Professional Issues to Ethics and Professional Issues, and no longer requiring Projective Assessment, which has allowed more opportunity for students to take electives in their area of interest.

2) Expanded placement opportunities.  Since the last site visit, we have added 11 new placement opportunities. We also have three additional placements that are in development and will likely be available during the 2016-2017 academic year.

Ratings from the 2015 Student Satisfaction Survey (reflecting changes over the past 2 years) suggest student satisfaction in regard to external placement (e.g., 4.0/5 for number and diversity of sites, 4.27/5 for satisfaction with placement process).

3) Development of the Internship Committee. The Internship Committee was initiated in 2013 and sets deadlines, reviews and provides feedback on application materials, and also coordinates practice interviews. Ratings from 4th and 5th year students on the 2015 SSS were very high in regard to support for the internship process (4.6/5 overall preparation for internship experience). In addition, the program has had 100% placement in APA approved internship sites over the past two years.

4) Increased monitoring of both quantity and quality of clinical skills.  Since 2012, students have been required to use Time2Track or MyPsychTrack to record their clinical experiences. Students also report on their intervention and assessment hours on the yearly self-evaluation, and practicum and placement supervisors are asked to report on students' clinical contact hours on the semester evaluation form. The DCT also provides students with information on mean intervention and assessment hours for students who were successfully matched for internship over the past three years (i.e., based on information reported in the APPI). In addition to end of semester ratings, students completing practicum are also given mid-semester feedback using the Clinical Skills Rating Form. Ratings from the 2015 Student Satisfaction Survey were high with regard to quality of feedback to guide and support progress (4.28/5) and also good for quality of feedback given to students in annual student evaluations (3.97/5.0).

5) Increased consistency in quality of supervision across practicum teams, The Program implemented a requirement that all practicum supervisors provide mid-semester written feedback to supervisees (using the Clinical Skills Rating Form starting in 2014). In addition, a template for the Psy 696 syllabus was developed that includes goals for practicum as well as common content (e.g., didactics on ethics and diversity), thus promoting greater consistency across supervision teams. Ratings on the 2015 Student Satisfaction Survey were consistently high across cohorts for quality of practicum supervision (4.5/5 for 2nd year students; 4.6/5 for 3rd/4th year students, 4.6/5 overall).

6) Increased financial support for attending and presenting at conferences. The Program developed a Travel Scholarship in 2013 and solicits contributions for the scholarship from alumni.  Over the past three years, approximately 10 students have received financial support to attend and/or present research at a professional conference.  Students making use of the Travel Scholarship have generally been advanced students,  which is reflected in ratings on the 2015 Student Satisfaction Survey which reveals slightly higher ratings from advanced versus beginning students in regard to financial support for presenting research at conferences (3.92/5 for lower level students, 4.20/5 for advanced students).

7) Increased opportunities for student feedback. The Program has greatly expanded opportunities for students to provide input on the program. Starting in 2012, 4$^{th}$ year students have engaged in an "Exit Interview" focused on soliciting feedback on strengths and weaknesses of the program. Students also started doing a self-evaluation of their training goals and competencies in 2014. As part of this evaluation, students are asked to plan ahead in regard to electives they would like to take, which has been helpful in planning upcoming curriculum.  The Student Satisfaction Survey was also implemented in the spring of 2015 to solicit input across the 1$^{st}$ through 5$^{th}$ year cohorts.  Lastly, the DCT solicits feedback from cohort representatives, chosen by each cohort at the start of the year. In the 2015 SSS, the mean rating for student representation in decisions was 3.93/5 and responsiveness to students concerns was 3.97/5.

8) Improvements in Psychology Clinic.  The ISU Psychology Clinic is now equipped with digital cameras in all of the therapy rooms. In addition, starting in fall 2014, practicum students and supervisors are required to complete HIPAA training and meet a minimum level of performance on a post-test after watching the training video. All practicum students and supervisors successfully completed the training prior to the beginning of the fall 2014 semester. All clinical documentation is kept on encrypted memory sticks that must remain in the clinic.

9) Modifications to eligibility for applying for internship.  To ensure that students progress through the program in a timely manner and to make them more competitive for internship, students are required to defend their dissertation proposal by Oct. 1$^{st}$ in order to be eligible to apply for internship that year. Students must also have accumulated a minimum of 500 intervention hours (direct client contact) and 50 assessment hours by Oct. 1$^{st}$ in order to be eligible to apply for internship that year. As mentioned, students are given regular feedback in regard to expected and achieved clinical contact hours beginning in the 2$^{nd}$ year of the program. The program has had 100% placement in APA approved sites over the past two years.  In addition, our mean time for program completion has decreased from 6.4 to 5.3 years since 2012 (see Time to Completion table).

10) Change in Preliminary Exams.  Over the past two years, we have made several changes to our preliminary exams. Written preliminary exams were reduced from two full days to one day and additional content was added to the oral exams to increase emphasis on performance-based evaluation.  Specifically, students provide an oral response to an assessment/intervention case study as well as an ethics case study.  They also respond to a dissertation focused question developed by the student's dissertation committee. Student responses on the 4$^{th}$ Year Exit Interview in spring 2014 and 2015 (since changes were initiated) have been generally positive in regard to preliminary exams. Students have consistently commented that prelims are challenging but beneficial. Several noted that the assessment/intervention and ethics case studies prepared them

well for internship interviews and others noted the "real world application" of the prelim content.

11) Modifications to our application process. We have established an earlier deadline to facilitate earlier review and invitation for interviews. Applications are also online which facilitates review of applications. In addition, we made minor modifications to our application review process to promote consideration of applications from diverse backgrounds. Specifically, all student applications are reviewed by at least two faculty members and applicants that are identified as potentially contributing to diversity are reviewed by a third faculty member. If nominated by two or more faculty members, the student applicant is invited for an in-person interview.

12) Spring Retreat to review Program Outcomes. Since 2013, The Clinical Committee has met for a 2-3 hour retreat at the end of the spring semester to review program goals, objectives, competencies and outcome data.

*F.1(C-32)*

*Outcome Data*

Table B2 Extended provides a summary of program goals, objectives, competencies, as well as aggregated data for both proximal and distal outcomes over the past 7 years. Overall, the Program has been very successful in meeting our minimum levels of achievement. The following is supplemental information in regard to specific objectives. It should be noted that the 2012 Alumni Survey included graduates over a 5 year period, whereas the 2015 alumni survey included only 3 years post-graduation. The Student Satisfaction Survey was initiated in Spring 2015.

1.1 Knowledge of core areas of psychology. In the 2015 SSS, the mean rating for quality of instruction in core courses was 4.3/5. The mean rating for inclusion of recent research and up-to-date information in core courses was 4.5/5.0. Alumni ratings of knowledge of core content areas was 4.0/5.0 (2012) and 4.15/5.0 (2015).

1.2 Knowledge of statistics. As noted in Table B2 Extended, one student did not achieve the required B- in Statistics. This student left the program after failing to meet minimum academic requirements. Considering both 2012 and 2015 alumni survey responses, 92% of respondents reported feeling adequately trained to design and carry out research projects (71% reported well trained or very well trained).

2.1 Competence in Assessment and Diagnosis. Training in assessment and diagnosis has often been mentioned as a strength of the program in comments provided by students on internship (via the Internship course Blackboard discussion) as well as alumni. Alumni ratings of training in assessment and diagnosis have been consistently high (4.44/5 for 2012; 4.69/5 for 2015).

2.2 Evidence Based Interventions and Evaluating Treatment Outcomes. Ratings on the 2015 Student Satisfaction Survey were very high in regard to knowledge/ competence in evidence based practice (4.46/5.0). There was also an increase in the mean rating among alumni from 2012 to 2015 in regard to evidence based practice (4.18/5 to 4.46/5) likely reflecting increased emphasis in the curriculum in this area over the past 4-5 years.

2.3 Ethical and Professional Conduct. As mentioned in F.1.c, the Program changed the course title and added additional ethics related content to the 3rd year Psy 663 course (Ethics and Professional Issues). Student ratings in regard to training in ethics were high for the 2012 Alumni Survey (4.54/5), 2015 Alumni Survey (4.27/5), as well as the 2015 Student Satisfaction Survey (4.29/5.0).

2.4 Competence in issues related to diversity. Student satisfaction on assessment items related to diversity was relatively lower than ratings in other areas (e.g., 3.77/5 for training related to diversity in assessment, 3.85/5 for diversity issues and therapy interventions). Students noted lack of opportunity to work with a diverse range of clients in practicum. In addition, several students noted dissatisfaction with the Multicultural Counseling course which is taught by a faculty member in another program. The Clinical Committee is exploring ways to address these concerns. The DCT has spoken with the instructor for the course who has agreed to implement more applied content in the class. The Diversity Training Committee has also made suggestions for expanding opportunities for students to gain knowledge and experience in working with diverse groups (e.g., involvement in community outreach with diverse groups through PGSO, providing group services for underrepresented groups in the Psychology Clinic).

2.5 Knowledge and Skills in Supervision and Consultation. Comments from the 4th year Exit Interview as well as the Alumni Survey have often included mention of the Program's requirement of peer supervision (over two semesters) as a strength of the program. In the 2012 Alumni survey, 85% reported feeling well trained or very well trained in supervision. This percentage dropped in the 2015 Alumni survey to 64% (although 100% reported feeling adequately trained), perhaps due in part to the fact that results from the 2015 survey were based on alumni that had graduated within 3 years and perhaps had less experience with supervision post-graduation compared with 2012 survey respondents. The drop in ratings may also be due to higher expectations for supervision and supervisory skills in 2015 as compared to 2012, as there has been greater focus on supervision competencies in recent years in the profession. It should be noted that ratings for the Supervision/Consultation course have been consistently high over the past three years (e.g., 3.5 or above on 4 point scale). Ratings of

competence in consultation skills were lower than ratings for supervision; however, 88% of 2012 and 80% of 2015 alumni respondents reported adequate or higher training in consultation skills.

3.1 Graduates identify as practicing psychologists/contribute to field.  Among students who graduated 2-5 years ago, 97% are fully licensed and employed as practicing psychologists. Based on the Alumni Survey data, 92% of 2012 respondents and 85% of 2015 respondents reported feeling well prepared for professional practice. As noted above, the 2012 Alumni Survey included graduates over a 5 year period, whereas the 2015 Alumni Survey included only 3 years post-graduation. Thus, differences in the results likely reflect differing lengths of professional practice.

3.2 Commitment to Life-long learning.  Alumni Survey responses in regard to motivation to be lifelong, active, and competent consumers of research and clinical literature were high, both in the 2012 Alumni Survey (4.25/5) and the 2015 Alumni Survey (4.15/5).

*F.2*

F2 (a) Sponsor institution's mission and goals.
The Program has contributed to the University's mission of community services through emphasis on experiential learning and community engagement. In 2014-2015, students in the program provided more than 8,000 hours of clinical service through practicum at the Psychology Clinic and placement at numerous sites in Terre Haute and the surrounding communities. Aside from practicum, some students conduct low-cost assessments for the ADHD Evaluation clinic and others facilitated a Dialectic Behavior Therapy (DBT) group in the Psychology Clinic, also for very low cost. As part of placement, some students provide services at a community clinic for low income individuals. Students also complete assessments at correctional facilities and nursing homes at no cost as part of assessment courses. In addition, several students have engaged in outreach activities either individually or through PGSO (Psychology Graduate Student Organization) such as the Boys and Girls Club Health Fair, a food drive, and assisting with youth and adult health-focused groups through the Maple Center (integrative health education center).

F2(b and c)   Description of how the program's mission is consistent with local, regional, and national needs for psychological services.
The Psychology Clinic and many of the placement sites provide services to low income individuals who are uninsured.  Several of the field placements involve providing services in rural areas (e.g., Federally Qualified Health Center in a rural community, Community Mental Health satellite clinic).  In addition, the Program has greatly expanded placement opportunities in integrated behavioral health, consistent with national trends towards greater integration of physical and mental health needs.

F2(d)  Scientific and professional knowledge as a basis for practice
Program development is fostered by the sensitivity of program faculty to new scientific developments and changes in professional practice. Members of the Department's

faculty are active in the professional and scientific organizations of psychology, and regularly attend and present at meetings (see Faculty brief curriculum vitae, C.1 a-b). Financial support is provided from the Department's budget for faculty travel to conferences. Students are encouraged to join organizations and attend and present at meetings and participate in activities (see Table 4a). Additional funds are also available through the Psychology Clinic for bringing in speakers, and for faculty and students to attend workshops. The Department has a partnership with a community mental health center and the Department of Social Work to offer continuing education programs. These programs are available to professionals in the community and are available at minimum cost for faculty and are free for students. All of these activities ensure that faculty and students are in contact with the latest developments in their areas. Funds for travel for students to attend and present at professional conferences are also provided through a recently developed Travel Scholarship.

F2(e) Graduates' job placements and career paths.
The practitioner-scientist model adopted by the program has allowed students to move into a wide range of internship, post-doctoral training, and employment settings (see Tables 8 & 9). Students have been successful in obtaining accredited internships and postdoctoral positions, and they are able to effectively fill a range of roles and openings throughout the country. A growing number of graduates are employed in VA hospitals, medical centers and other integrated behavioral health settings. Consistent with this trend among graduates, the program has placed increased emphasis on training in behavioral health. For example, we have added several new placement sites in integrated care settings. We hired a new faculty member in Fall 2011 in the area of Health Psychology. After this faculty member left in 2013, a Health Psychologist in the community taught Health Psychology as an adjunct and also supervised a practicum team for a semester when a faculty member was on sabbatical. The Program recently hired a new faculty member whose research and clinical focus is in Health Psychology. We anticipate maintaining and perhaps expanding our focus on training in integrated care to ensure that we are providing foundational skills and experience for students seeking internships and careers in behavioral health.

*F.(AI)*
Domain F issues in last review:
The CoA noted four issues for Domain F that needed to be addressed. Narrative responses and supporting materials were submitted by the requested date. The response from the CoA indicated that each of the four issues was satisfactorily addressed.

*Issue #1: By 9/1/2012 provide updated practicum evaluation forms and aggregate data for students using these forms.* The requested documents and information were provided to CoA.

*Issue #2: by 9/1/2012 provide updated internship forms and updated survey for program graduates.* The requested documents were provided to the CoA. Note that the Program no longer requests that Internship Directors complete a separate internship evaluation

form for our program.  Rather, we request a copy of mid-year and end of year Internship evaluation forms which generally include ratings that correspond with program competencies related to assessment/diagnosis, interventions skills, cultural competence, ethical and professional behavior and supervision/consultation skills.

*Issue #3: by 9/1/2012 review/reiterate correspondence between program goals, objectives, competences and evaluation mechanisms*. This information was provided to the CoA. The Program has revised and simplified our program goals, objectives and competencies since the last review.  In addition, we have added items to evaluation measures (e.g., Semester Evaluation form, placement evaluation form) to provide information consistent with competencies (e.g., items assessing student knowledge of evidence based interventions and ability to monitor treatment outcomes).

*Issue #4. By 9/1/2012 provide report with outcome measures on diversity competence*. This information was provided to the CoA.  The Program currently assesses diversity competence through several methods including ratings on the Student Semester Evaluation form and Placement Progress Report, review of Internship evaluations, student feedback on the Student Satisfaction Survey and Alumni survey, and performance on the EPPP (Social and Cultural bases of Behavior).

# Domain G: Public Disclosure

*G.1.*
Information about the program is presented primarily in the Psy.D. *Program Guide* (Appendix A.6.2.1) and on the Program's website:
http://web.indstate.edu/psychology/psydProg.htm. In addition, there is a brief description of the program in the University's *Graduate Catalog*
(http://catalog.indstate.edu/preview_program.php?catoid=25&poid=4384&returnto=651).
These materials provide information about the Program, its training model, goals, and objectives.  Specifically, applicants are given a full description of the admissions process, characteristics of successful applicants, and the length and structure of the program. They are also informed about costs and financial support (*Program Guide*, Appendix A.6.2.1, pp 7-13).  The Student Admissions Outcomes and Other Data link on the program's home page provides (http://web.indstate.edu/psychology/psydProg.htm) additional information for prospective students including expenses and support for residents (in-state) and non-resident (out-of-state) students, attrition and graduation rates, internship placement data, time to graduate, and licensure status of graduates.

The Program Description in *Graduate Study in Psychology* is sent to the publisher when requested. Potential applicants who request information on admissions are directed to the Department's website that includes the description of the Program, admission requirements, and application forms and materials
(http://web.indstate.edu/psychology/psydProg.htm). The Program web page also includes a link for the *Psy.D. Program Guide* which provides detailed information about the

Program. For current students, in addition to online access, hard copies of the *Program Guide* are available in the Psychology Clinic.  First year students review the *Program Guide* and take weekly quizzes on the content in Psy 690J (Psychological Sciences Seminar), to facilitate awareness and understanding of the information.

Review: IR C-6(b): Accreditation status and CoA contact information.

CoA contact information is included in all documents/websites where the program's accreditation status is cited:

- Indiana State University Psy.D. in Clinical Psychology Program Guide (Appendix A.6.2.1, p.5)
- Indiana State University Psychology Clinic Policies and Procedures Manual (Appendix A.6.2.2, p. 5)
- Indiana State University Psychology Department Webpage (http://www.indstate.edu/psychology/)  and
- Indiana State University Psychology Clinic homepage (under mission: http://web.indstate.edu/psychology/psych-clinic/mission.htm)

*G.2*

The Program's website (http://web.indstate.edu/psychology/psydProg.htm) is easy to navigate and includes quick links to information about admission requirements, applying for admission, program goals and objectives, student admissions and outcome data, financial support, typical sequence of courses, program facilities, and the Psychology Clinic. There is also a link to Frequently Asked Questions (FAQs) regarding the differences between a Psy.D. and Ph.D. program.  Links for information about Terre Haute are also provided on the website. By reviewing information on the web site, applicants gain information about the admissions process, characteristics of successful applicants, and the length and structure of the program. They are also informed about costs and financial support. Lastly, there is a link to the *Program Guide* on the Program's home page. This document includes very comprehensive information about all aspects of the program including the training model, goals and objectives, transfer credit, assistantships and fee waivers, clinical placements, evaluation procedures, progress through the program, the curriculum, obtaining the master's degree, preliminary exams, the dissertation, and internship.

*G.(AI)*
Domain G issues in last review:
*By 9/1/12 provide a copy of the revised program guide and brochure that represents consistency in program goals and objectives across all public materials.* This information was provided to CoA in August of 2012. The response from the CoA indicated that this issue was satisfactorily addressed. The program no longer publishes a brochure and all program information is on the web site.  Information regarding program goals and objectives is consistently presented on the Program website and in the *Program Guide*.

# Domain H: Relationship with Accrediting Body

*H.1*
There have not been any changes in the program or the University that have negatively influenced the quality of the doctoral program, the faculty, or the students' experiences.

*H.2*
There have been no changes in the mission or resources of our program, the department or the university since the last site visit. There are also no plans by the program, the department or the university to change the nature, function or mission of the program.

The Program experienced several changes in personnel in May 2013 and December of 2014; however, these changes did not negatively influence the quality of the doctoral program, the faculty, or the students' experiences. A long-term Core Faculty member, Dr. Michael Murphy, who also served as DCT for many years, retired in May 2013. Dr. Murphy taught the Professional Issues course, a forensic seminar, and provided clinical supervision and supervision of dissertations. In anticipation of his retirement, Dr. Liz O'Laughlin assumed the position of DCT during the year prior to his retirement. Dr. O'Laughlin is also a long-term clinical faculty member who has taught graduate courses and supervised clinical work and dissertations for many years. She is director of the ADHD Clinic and serves as an APA site visitor. Dr. O'Laughlin has since taught the Professional Issues course and has broadened the content to provide more focus on ethics (i.e., the course has been re-titled Ethics and Professional Issues). A forensic seminar is taught by Dr. Jennifer Schriver. One of the Core Faculty members left after the spring 2013 semester to take an applied clinical position in another part of the country. Given the time frame, we were approved to conduct a search for a one-year position and were successful in hiring an individual with expertise in neuropsychology who taught a seminar and provided clinical supervision. We were approved to conduct a search for a tenure-track position in 2014-2015 and were successful in hiring a new clinical faculty member, Dr. Kevin Jordan. Dr. Jordan has expertise in interpersonal theory and the application of religion and spirituality to therapy. In addition, one of our Associated Faculty, Dr. Patrick Bennett, left the institution midway through the 2014-2015 academic year for personal reasons (i.e., change in career). Dr. Bennett taught Social Psychology for the Program and also served as chair for several Psy.D. dissertation committees over the past 7 years. Dr. Bennett had only one student in the Program working with him at the time that he decided to leave ISU. This student was able to finish his dissertation with Dr. Virgil Sheets, who is familiar with the student's area of research.  Dr. Sheets taught the graduate Social Psychology course before Dr. Bennett was hired and he resumed teaching Social Psychology in the summer of 2015. We anticipate getting approval for a tenure-track position to replace Dr. Bennett.  Given the department needs at the undergraduate level, we will likely advertise for an

individual with research interests in developmental psychology (aging in particular) and/or social psychology. Thus we anticipate that the new hire will have research interests that will be of interest to Psy.D. students and that the new hire will likely become an Associated Faculty member of the Program.  As mentioned, the Program also anticipates getting another clinical faculty tenure track position in the next 1-2 years, due to the anticipated retirement of a long-term clinical faculty member. With the exception of these additional faculty positions, the program does not anticipate any future changes that would have a significant impact on the Program.

The program has adhered to the CoA's published policies and procedures, has provided annual reports to the CoA in a timely manner, and has provided additional information and yearly reports as requested in response to the last site review.  A copy of all correspondence with CoA since the last site visit can be found in Appendix H.2 1-8.

*H.3*
The Program has paid annual fees in a timely manner.

*H.(AI)*

There were no issues or concerns related to Domain H in the last review.