Required Self-Study Materials for Evaluation of a Program for *Accredited, Preliminary* Status (8/25)

An applicant program seeking evaluation for Accredited, Preliminary status is expected to provide the information below in their self-study materials. Note that some points appear in multiple portions of this document, but it is not necessary to address the same point in each section, as long as the point is addressed somewhere in the self-study.

Conceptual Foundations

- Specify the program's mission and training philosophy.
- Specify program goals, as well as proximal and distal objectives that can be translated into observable, measurable proximal and distal outcomes.
- Indicate how the program demonstrates a commitment to promoting clinical science for all people in the conceptual foundations of the program, unless already indicated above.
- Indicate how the program's conceptual foundations influence or are expected to influence the program's design, operation, climate, and outcomes.
- Indicate how the program's conceptual foundations are expected to influence the activities of program faculty, students, and graduates.
- Address here and in subsequent sections where relevant how the program will attempt to integrate science and practice.
- Appendices: Full draft of website materials describing the program

Design, operation, and resources

- Program leadership and organization
  - Describe the program's institutional setting and support.
  - Describe the program's leadership and administration (e.g., DCT, Associate DCT, Clinic Director, Area Administrator, key program committees, etc.).
- Student recruitment, selection, and mentoring.
  - Indicate the kind of students the program aims to recruit and how the program plans to recruit them.
  - Indicate the program's admissions procedures.
  - Indicate how the program's commitment to promoting clinical science for all people will influence the program's recruitment, admissions, and retention procedures, unless already done above.
  - Indicate the program's model for providing the kind of intensive mentoring of individual students that is required to produce first-rate clinical scientists who integrate research and clinical application.
  - Indicate how faculty mentoring will be organized (e.g., determinants of who can potentially serve as a mentor, whether the interests of matriculating students are matched to their mentors' expertise, expected faculty/student ratios, etc.).

        - Indicate the expected time for a student to complete the program, on average, including the required predoctoral internship.
        - Describe the formal system for conducting performance reviews, communicating performance feedback, and handling grievances. Indicate how the program anticipates dealing with students who are underperforming, discontented, or require additional resources or accommodations, including remediation and dismissal procedures.
        - Appendices:
            - Documents used to evaluate student progress
            - Formal grievance policies
            - Complete draft of graduate student handbook for clinical program
            - Graduate student handbook for department
- Faculty
    - Describe the core program faculty and their credentials to educate and train psychological clinical scientists who will make significant contributions to the ongoing generation of new knowledge and/or to the significant widespread dissemination of this knowledge.
    - Indicate how the program's commitment to promoting clinical science for all people will influence the program's selection, recruitment, and retention procedures.
    - Appendices
        - Indicate all core program faculty and their primary roles in the new program (e.g., (associate) DCT, research mentor, clinical supervisor, graduate course instructor (list relevant courses), (associate) clinic director, etc.). Also indicate if they will be tenure track positions, the anticipated rank, and whether they are full- or part-time positions. Also describe the expectations of faculty in terms of research productivity, grants, teaching, and clinical supervision.
        - All core program faculty must provide their own full CV and a letter attesting to their commitment to involvement in the new program in specific ways that are consistent with what is indicated in the self-study.
        - All potential research mentors of clinical science students must describe their full history of serving as a primary (or secondary) research mentor for graduate students and provide current CVs for as many prior graduate students as possible for whom they served as a primary mentor.
        - All potential clinical mentors/trainers of clinical science students (e.g., (associate) clinic directors, primary practicum leaders, frequent clinical supervisors) must describe their full history of serving as a primary clinical mentor for graduate students.
- Resources and environment
        - What kind of salary and other support (e.g., course releases, administrative assistance) will be provided to program administrators?
        - Will the faculty be of sufficient size and with sufficiently diverse interests and expertise to train clinical scientists? Will they be strong models of clinical science? Will the student-faculty ratio permit high quality, intensive research and

clinical supervision? What is the expected teaching load for core tenure-track faculty within the program?

- How will students be supported financially (i.e., the number of years and summers for which students will be guaranteed financial support if they remain in good standing? What is expected of them in return for that support (e.g., teaching assistantship, research assistantships)? What is the expected stipend for the first academic year and summer, and is it sufficient given the cost of living in the area?
- How will students be supported in other critical ways (e.g., travel, research, etc.)?
- Describe how the program will ensure that applicants, students, faculty, staff, graduates, and the public are treated respectfully, fairly, and ethically.
- Describe how the program will ensure that student-faculty, student-student, and faculty-faculty relationships foster an atmosphere of collaboration, intellectual stimulation, and learning that is conducive to scientific training and research productivity.
- Will the program have strong support from and collaborative relationships within its department and institution? Describe the potential for such collaborations and support.
- Will the faculty and students have access to the settings, space, equipment, staff, technicians, and other support they need in order to engage in cutting-edge scientific research?
- Describe the facilities (on- and/or off-site) that will be available for application training and describe who will provide clinical training and supervision at these sites. How will the program ensure that the application training is consistent with the clinical science model?

- Appendices:
  - Letter(s) from higher administrators (e.g., Dean or Provost) that (a) provide permission to launch the new program and (b) attest to the commitment of specific resources by the university to support the development and maintenance of the new program (e.g., student stipends, support for student travel/research, faculty lines, any necessary support for clinical training, etc.)

Quality of the science training

Describe the program's intellectual content, pedagogical and research methods, research products, and involvement in public health applications. How well will these aspects of the program reflect and promote high quality and significant scientific knowledge and application?

- The core faculty's research publications, grants, and scientific awards
- How will the program's commitment to promoting clinical science for all people be reflected in students' research training?

- The nature and format of students‘ research requirements (e.g., masters project, specialty/qualifying examination, dissertation, required oral presentations and defenses)
- The breadth and depth of the substantive scientific content and methods that students will be exposed to through the formal curriculum (e.g., course syllabi) and other means (e.g., colloquia, lab rotations)
- Plans for student involvement in scientific research and receipt of individualized mentoring in faculty laboratories throughout students’ education
- Describe the nature and frequency of feedback given to students on their development as scientists.

Quality of the application training

Describe the planned training for clinical practice.

- How will practice and research be integrated as opposed to running in parallel? For example, how will application training inform a student’s research and how will research inform the way a student treats clients?
- How will the program’s commitment to promoting clinical science for all people be reflected in students’ training for clinical practice?
- Describe the sequence, nature, and quality of clinical practice-oriented coursework, clinical practica, and other didactic and clinical training experiences, within and outside the department.
- How does completion of these training experiences, including a year-long internship, prepare all students to function as an independent clinical psychologist by graduation?
- Do training experiences provide adequate training in core areas of clinical science application, including clinical assessment, diagnosis, prevention/treatment, supervision, and program evaluation?
- To which treatment and assessment approaches, settings, and client populations will students gain exposure?
- Will application training be evidence-based?
- Describe the nature and frequency of clinical supervision.
- Describe the nature and frequency of feedback given to students on their development as clinicians.
- How and how often will practicum sites and supervisors be evaluated for quality and appropriateness of training?

Curriculum and related program responsibilities, including ethics and promoting clinical science for all people.

- Describe the core curriculum, its timeline, and the pedagogical rationale, logic, and specific goals of the proposed structure.

- Indicate how the curriculum will provide effective training in psychopathology and diagnosis, broadly conceived; clinical assessment, measurement, and individual differences; prevention and intervention; and statistics/research methods.
- Indicate how the program will provide training in all relevant codes of ethical behavior and legal and regulatory requirements for scholarship, research, and clinical application; and ensures that relevant ethical standards are integrated into all major aspects of clinical science training, including didactic experiences, applied training, and research.
- Provide evidence that the program holds the promotion of clinical science for all people as an essential value, and that the program attends to all dimensions of our multicultural world and the intersectionality of cultures.
- Provide evidence that the promotion of clinical science for all people is reflected in coursework, research training, and clinical training.
- Indicate how the curriculum's design will serve the program's mission and goals.
- Describe how research and application training are integrated in the curriculum.
- Describe the extent to which the curricular design will be flexible, individualized, and integrative. Describe how the currency of its curriculum will be maintained.
- Describe the key indicators of student progress and success (or difficulty and need for attention), as well as how these will be monitored as individual students move through the curriculum. Indicate how the program plans to evaluate whether students have acquired the necessary expertise via completion of the core curriculum.
- Describe the critical research milestones (e.g., first-year project, comprehensive exam, dissertation) and how performance on each of these milestones will be evaluated.
- PCSAS accreditation requires that the program operates in a climate that is welcoming, supportive, and respectful of students, faculty and staff. Describe how the climate will be assessed periodically by the program, and how the results will inform the development of improvement plans when appropriate and feasible. Describe the policies that will be put in place for presenting and resolving differences and grievances that may involve faculty, students, or staff.
- Appendices: Full, detailed drafts of all core curricular components (i.e., syllabi or their equivalent), as well as likely instructors.

Quality improvement

Describe how the program will ensure that constant quality improvement is seen and how that will be assessed. That is, how will the program monitor its design, operations, and outcomes, and use these data to plan for the continuance of excellence in the future? For example:

- Will the program routinely collect data on its own performance outcomes to evaluate its goal attainment? If so, how?
- How and by whom will decisions about program policies be made?
- Will the core faculty meet regularly to discuss program issues? Will students be included in these meetings?

- How will the program communicate with clinical supervisors who are not core program faculty?
- How will the program obtain feedback from students about program requirements, coursework, clinical and research training, program atmosphere, and mentorship?
- Will the program provide the faculty, students, and staff with informative, self-corrective feedback based on the various data collected?

Outcomes

Ultimately, a favorable Review Committee decision regarding accreditation requires clear and compelling documentation that the program has built a solid record of successfully producing graduates who are making high-quality contributions as psychological clinical scientists in their current position(s) (i.e., over the last year). The evidence would include graduates' contributions to clinical science in terms of the ongoing generation of new knowledge and/or the significant widespread dissemination of scientific knowledge. Some relevant indicators of the ongoing generation of new knowledge might include recent research publications, presentations, grants, awards, and other professional contributions. Relevant indicators of the significant widespread dissemination of scientific knowledge might include recent significant teaching, training, public-policy, editorial, and program development-and-evaluation activities, as well as significant leadership roles, awards, and other forms of professional recognition.

A favorable Review Committee accredited, preliminary decision, in contrast, requires clear and compelling documentation of favorable proximal outcomes for the students who have matriculated into the new program (as presumably students will not yet have graduated). For example, the program should provide a narrative description of how each student is doing in the program (e.g., clinical and research activities), as well as summary statistics across students for publications and presentations.

- Describe how the program will track, assess, and evaluate the proximal outcomes of its current students.
- Describe how the program will track, assess, and evaluate the distal outcomes of its graduates over the 10 years following graduation.

General Accreditation Standards: The Review Committee (RC) evaluates applications from programs that explicitly claim to fit within the narrowly defined scope of PCSAS accreditation and to satisfy PCSAS's standards. Accordingly, the RC's task essentially is one of evaluating each program's integrity and quality. Applying the principle of "truth in advertising" as its benchmark, the RC rigorously examines the evidence from each program's application materials and its site visit report to assess how well the program lives up to its claims and to PCSAS's standards. The RC makes qualitative evaluations of each program in:

a) Conceptual foundations: To be eligible for review, each applicant program necessarily will have endorsed the epistemology, mission, goals, and domain that define PCSAS accreditation. A hallmark of PCSAS accreditation is its flexibility; programs are given leeway to develop their own distinctive and innovative approaches to translating these abstract principles into practical, effective, real-world doctoral programs, because PCSAS believes that the field and the public benefit from variation in how clinical science training is accomplished. This variability may reflect not only local resources and opportunities, but also efforts to move the field forward with well-conceived training innovations. A second hallmark of PCSAS accreditation is the integrated and bidirectionally influential nature of training experiences in research and application. Research (e.g., the problems studied, the measures selected) should be informed by experience gleaned from clinical settings, and clinical application should be informed by research findings (e.g., the treatments selected, the mediators and moderators that should be considered, the importance of evaluation of outcomes and mediating processes). A third hallmark is a demonstrated commitment to promoting clinical science for all people in both research and application; the consideration of all people is crucial given the multicultural world in which we live and the ways in which mental and physical health may be similar or different across different people.

b) Design and resources: The RC examines the quality, logic, soundness, and coherence of each program's overall operation: its stability; educational plan and pedagogical approach; content and curriculum; administration; and availability and use of resources. The RC evaluates how effectively the program's design and resources are channeled toward realizing the program's goals.

c) Quality of the science training: The RC evaluates the overall quality of the scientific content, methods, and products of the program's doctoral training and education (i.e., how well the program embodies and promotes the very best, cutting-edge science of the discipline).

d) Quality of the application training: The Review Committee evaluates the extent to which clinical training is based on science/application integration that prepares program graduates to function as independent providers of clinical services and assume

responsibility for patient care by making clinical decisions based on the best available scientific evidence.

e) Quality improvement: The Review Committee examines the program's investment in continuous quality improvement to determine on-going critical self-examination; openness to feedback; flexibility and innovation; monitoring of program results; and engagement in strategic planning as the field changes in response to the dynamic mental health care environment. The Review Committee expects each program to monitor its design, operations, and outcomes, and to use these data to pursue excellence and strategically plan for the future.

f) Curriculum and related program responsibilities: PCSAS accreditation requires that training programs demonstrate that their students have the necessary breadth and depth of knowledge and training experiences to engage in high-quality clinical science scholarship and clinical applications. Programs must clearly articulate their training goals; present a coherent training plan by which students will obtain the necessary breadth and depth of knowledge and experience (e.g., courses, workshops, practica, laboratory rotations); and describe the ways that they ensure that students have achieved these goals. In addition, programs must ensure that ethical standards and consideration of all people are reflected in training for scholarship and clinical application, and programs must attend to, assess, and demonstrate appropriate program climate, as described below.

Ethics: PCSAS accreditation requires that programs provide training in relevant codes of ethical behavior and legal and regulatory requirements for scholarship, research, and clinical application, including those nationally recognized professional ethics codes pertinent to psychological clinical science. Clinical science training programs must ensure that ethical standards are integrated into all major aspects of clinical science training, including didactic experiences, applied training, and research. Such integration should promote the production and application of clinical science that is fair and compassionate, reflecting the fundamental principle of beneficence by promoting the well-being of clients, research participants, and colleagues.

Consideration of All People: PCSAS accreditation requires that programs demonstrate a commitment to training students with consideration of the multicultural world in which we live. First, programs must attend to the ways in which mental and physical health may be similar or different across different people, especially in the training of students for research and clinical practice. Second, recognition of the variety of multicultural considerations present in the human population should be incorporated into the scholarly content of instruction and program requirements (e.g., research and application training; coursework/experiences, presentations, and milestones, etc.), as well as in the research that is conducted and the client populations that are served. We

recognize that there are a wide range of local, state, and federal laws and regulations that may supersede this standard or influence how it is met, and we ask that applicant programs include relevant information about this in their self-study.

Program Climate. PCSAS accreditation requires that the program operates in a climate that is welcoming, supportive, and respectful of students, faculty and staff. The climate should be assessed periodically by the program, and the results should inform the development of improvement plans when appropriate and feasible. There must be clear policies for presenting and resolving differences and grievances that may involve faculty, students, or staff.

g) Outcomes: The RC's evaluations place the greatest weight on each program's record of success: To what extent do the activities and accomplishments of a program's faculty, students, and graduates - especially its graduates from the last ten years - exemplify the kinds of outcomes one expects of programs that successfully educate high-quality psychological clinical scientists? Included here are graduates' ongoing contributions to clinical science in terms of new research and broad dissemination of science-based practice.

For each applicant program, the RC examines, integrates, and evaluates all the evidence across these areas and on the basis of its judgment about conformance to these criteria decides whether the program deserves to be awarded the distinctive recognition of PCSAS accreditation.