I. PROGRAM DESCRIPTION

The Psy. D. program in clinical psychology is designed to train doctoral-level clinical psychologists whose primary professional intent is clinical practice. There is a special emphasis on training doctoral-level psychologists to work in rural and underserved areas. The program is structured as a five-year, full-time program. Students may enter the program with a bachelor’s degree from a regionally accredited institution, provided they have completed the pre-requisite coursework in the following areas: Introductory psychology, behavioral statistics, research methods, personality, abnormal, and psychometrics. The first year of the program consists of basic coursework in assessment; psychopathology; and psychotherapeutic orientations and interventions (i.e., cognitive-behavioral, psychodynamic, behavioral, and integrative). In addition, students begin to develop a more in-depth understanding of the scientific and theoretical underpinnings of the field of psychology. During the second year, formal practicum work begins in the university training clinic. Also, the research sequence begins with an intermediate level course in statistics. Students are also introduced to issues pertinent to rural psychology and community prevention work. The third year continues with more advanced practicum work in the immediate community as well as a continuation of the research sequence with a clinical research methods class and an additional methodology or quantitative course. Students are also expected to formally propose their doctoral research project. In the fourth year, students complete their practicum training with a rural clinical placement; complete their comprehensive portfolio examination and defense of their doctoral research project; and prepare internship applications. Note that while completion of the Doctoral Research Project is not required prior to internship, it is strongly encouraged. The fifth year consists of the completion of a full-time, full-year internship at an approved site. At present, the approved sites consist of our affiliated internship administered through the Department of Psychiatry and Behavioral Medicine at the Joan C. Edwards School of Medicine or any site that is APA-accredited or a member of APPIC.

In addition to traditional entry with a bachelor’s degree, students who possess a masters degree in psychology from a regionally accredited institution may apply for Advanced Standing. Students who are admitted with Advanced Standing must enroll in either a full-time track or a part-time track by the end of their first semester of enrollment. Students who enter in the part-time track must lay out a plan of study with their academic advisor including a timeline for all benchmark events (e.g., research proposal, comprehensive evaluation, and internship) by the end of the first semester. Students who are admitted to a part-time track must agree to enroll full-time during the two semesters that they are completing their rural practicum. This is designated the residency year for part-time students. Students who are admitted with Advanced Standing may apply to have up to the equivalent of one year of graduate coursework waived, provided they can demonstrate that they have completed the equivalent coursework in their master’s program.
II. ACCREDITATION INFORMATION

A. Name of Accrediting Body: The program is currently seeking accreditation through the American Psychological Association. A self-study was submitted in September of 2005. The department is currently awaiting further review of the self-study which will determine the program’s eligibility for accreditation. In fall of 2005, the program was notified that it was approved as a “designated program” in Clinical Psychology by the National Register of Health Service Providers in Psychology/Association of State and Provincial Boards of Psychology. Though not equivalent to accreditation by APA, it is an independent recognition of program quality and allows students greater options in applying for internships and licensure.

B. Most recent accreditation year: Not applicable

C. Accreditation status: Not yet accredited; our required self-study and application materials are under review by the American Psychological Association; if approved, a site visit will be scheduled in spring or summer of 2006.

D. Copy of organizations report: Not applicable.

E. Deficiencies noted in report: not applicable

F. Self study report (for accredited programs) Not applicable.

III. PROGRAM STATEMENT on Adequacy, Viability, Necessity, and Consistency with University/College Mission

A. ADEQUACY

1. Curriculum: Appendix I provides a listing of all required courses in the Psy. D. curriculum. Because the program embraces a generalist model, the curriculum is designed to expose students to a broad range of knowledge and skill-oriented classes. In the assessment arena, adult and child assessment classes and practica are required, as well as a course in differential diagnosis and treatment planning. Also in the first two years are fundamental courses in psychotherapeutic interviewing and in the three main theoretical approaches to treatment: cognitive therapy, psychodynamic therapy, and behavioral therapy, as well as a course in ethical and legal issues. There is also an emphasis on developing a more complex understanding of the scientific foundations of the field of psychology. Coursework in developmental, cognitive, biological, and social psychology help students to acquire the broad general base of knowledge along with the critical thinking skills that are important to the professional development of a practitioner-scholar in the field of clinical psychology. Clinical practicum work begins in the second year and continues through to the end of the program in the fifth year.

In the second and third years, students are exposed to coursework in rural psychology, and community psychology. These courses are designed to create an awareness of the impact of various cultural systems on human development in general and the functioning of communities. These courses also serve to sensitize students to the differences among interventions, preventions, consultation models, and service-delivery models that may be successful in various communities. This block of courses
serves as the foundational preparation for the rural practicum that is completed in the fourth year.

Preparation for the doctoral research project begins in the second year with intermediate behavioral statistics, followed in the third year by courses in clinical research methods and either advanced quantitative methods or qualitative research methods (student’s choice). The doctoral research project is an independent project that is generated and completed by students during their tenure in the Psy. D. Program. Because the Psy. D. Program at Marshall University follows a practitioner-scholar model, the acceptable models of a doctoral research project are varied, but must include the following elements:

A. There must be a clearly formulated research question or hypothesis.
B. There must be a detailed, scholarly review of the relevant literature.
C. A systematic method for gathering data addressing the question must be described and utilized.
D. The results must be discussed in terms of relevance to the field.

Within this framework, there are many acceptable models that are deemed appropriate within the field of psychology. As such, students must develop their proposals in close consultation with their doctoral research project chairperson, and the proposal and final project must be approved by the doctoral research project committee. Focus in the third and fourth year shifts significantly towards completion of doctoral research project requirements and the doctoral portfolio examination and development of advanced clinical skills in preparation for internship.

Faculty: The Psy. D. program has an identifiable core faculty that is responsible for leadership, development and implementation of the program. Core faculty are defined as those who devote at least 50% of their professional time to the doctoral program. Support faculty are those faculty who provide services to the doctoral program but devote less than 50% of their time as such. There are 18 Full-time Faculty members in the Department of Psychology. Of those, 7 are core faculty for the Psy. D. program and 11 are support faculty. Of the 7 core faculty members in the Psy.D. program, 5 or 71% are tenured and fully promoted. Of the 11 support faculty, 6 are tenured and 5 are fully promoted.

All of our core and support faculty are active professionally, with contributions at the local, state and national levels. All of our clinical faculty members are licensed, and all provide professional services consistent with their interests and expertise within the community.

With respect to scholarly work, several faculty members have active research programs and publish and/or present their work regularly. Dr. Mulder has many years of national-level experience working with rural women’s health issues and editing the Journal of Rural Community Psychology. Dr. Ellis is an ABPP in behavioral psychology, an APA Fellow (Clinical and Psychotherapy divisions) and a nationally recognized authority on
suicide and related issues. His most recent work is an edited book entitled Cognition and Suicide: Theory, Research, and Practice. American Psychological Association Press. Dr. Wyatt is the editor of the Behavior Analysis Digest. Dr. Beard is a recognized expert in the area of internet addiction and has published several articles on the subject. Dr. Trumpower has presented several papers at international meetings regarding his work in the area of problem solving.

Our program objectives regarding rural psychology are well represented in our faculty’s work. Several faculty members provide direct or consultative services in rural areas, and several have research programs that are intimately connected to the rural context, including work in the areas of women’s health, resiliency in rural areas, children’s health, and internet addiction. In addition, several faculty present regularly at the Appalachian Studies Conference and other conferences focused on rural research and service.

Virtually all coursework in the Psy.D. program is taught by full time faculty in the department. The exceptions to this include Psychopharmacology, for which we hire a part-time expert, and Clinical Research Methods, which has been taught by an affiliate faculty member, Dr. Margaret Fish, who has for many years been conducting a federally funded, longitudinal, rurally situated research project. See Appendix II for the Faculty Data Sheet.

3. Students:
   A. Entrance Standards: For admission to the Psy.D. program at Marshall University, students must possess a minimum of a bachelor’s degree from a regionally-accredited institution and must have completed undergraduate coursework in the following areas: introductory psychology, behavioral statistics, experimental psychology, abnormal psychology, personality, and psychometrics. In addition, students must have taken the Graduate Record Examination and their scores, along with their GPA, must be competitive in order to be successful in the admissions process.
   B. Entrance Abilities: Successful applicants into the Psy. D. Program have an average GRE Verbal Score of 545 and an average GRE Quantitative Score of 558. The average GPA of successful candidates is 3.5.
   C. Exit Abilities: The program has not yet graduated its first class of students. The first group of three students is completing the pre-doctoral internship requirement during the 2005-2006 academic year. Two of the three students successfully obtained APA-accredited internships through APPIC’s National Match process.

4. Resources:
   A. Financial: The program receives strong support from the University and is well-represented in the university’s operating budget. At the program’s inception, two new faculty lines and a .53 FTE secretarial position were allocated specifically for the doctoral program. In addition, $60,000 is allocated annually to support graduate assistantships for doctoral students in the program and $17,500 is allocated for
equipment and supplies. The program is also supported by a program fee paid by students in the program that ranges from $1,000 to $1,400 per student per semester; a total of $57,667 was collected from this fee in 2004-05. These funds are used by the program to fund student and faculty research and travel, travel costs associated with placements of students at rural field sites, ½ of the salary of the new department administrative secretary who works primarily with the Psy D program (bringing her up to 1.0 FTE), supplemental GA support in the summer, and equipment needs.

A more complete statement of the department's budget and financial resources is as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time Faculty (n=19) Base Salaries:</td>
<td>$937,048</td>
</tr>
<tr>
<td>Part time faculty:</td>
<td></td>
</tr>
<tr>
<td>Liberal Arts/ for Huntington</td>
<td>31,500</td>
</tr>
<tr>
<td>Liberal Arts/ South Charleston</td>
<td>18,900</td>
</tr>
<tr>
<td>Graduate Assistants:</td>
<td></td>
</tr>
<tr>
<td>Liberal Arts (combined):</td>
<td>84,500</td>
</tr>
<tr>
<td>Current Expenses:</td>
<td></td>
</tr>
<tr>
<td>Liberal Arts (combined, Huntington)</td>
<td>27,065</td>
</tr>
<tr>
<td>South Charleston</td>
<td>10,560</td>
</tr>
<tr>
<td>Equipment (for Psy D program)</td>
<td>10,000</td>
</tr>
<tr>
<td>Total</td>
<td>$1,119,013</td>
</tr>
</tbody>
</table>

Other:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology Clinic</td>
<td></td>
</tr>
<tr>
<td>2004-05 Revenue:</td>
<td></td>
</tr>
<tr>
<td>Client fees</td>
<td>4,058</td>
</tr>
<tr>
<td>Contracts</td>
<td>5,608</td>
</tr>
<tr>
<td>Total</td>
<td>9,668</td>
</tr>
<tr>
<td>Psy D student Fees (2004-05)</td>
<td>57,667</td>
</tr>
</tbody>
</table>

Discussing the implications of eliminating this program seems paradoxical, given that it is so new. The immediate impact would be the elimination of the only Psy D program in the state and region, and thus the elimination of the only student access to doctoral level education in clinical psychology in the southern half of the state. Presumably this would allow the reallocation of faculty and financial resources to other programs in PSY or elsewhere in the university, but the cost in terms of documented community needs for the program, student demand for enrollment and faculty morale would be tremendous.

B. Facilities: Physical facilities are sufficient for the program. We have a small, modern psychology training clinic in our building, which includes 4 treatment rooms (one of which is large enough for group work), secure filing areas, a waiting room, one way mirrors, video taping, “bug in the ear” technology for education and training purposes, a telephone and a networked computer. The clinic is used for pre practicum training courses and for the initial year of on campus practicum work which is fully supervised by full time program faculty. One of our core faculty members has reassigned time allowing him to direct the clinic’s activities.
All faculty members have networked computers on their desks, and several networked computers are in student office and study areas, available for student use. In addition, there is a networked computer lab available in our building, on the floor above our department offices. Networked applications include a full range of programs such as Outlook, Word, SPSS/SAS, as well as access to our library’s large collection of online data bases, including PsycArticles, PsycInfo, and many others. The department has an adequate supply of portable electronic equipment for teaching purposes (e.g., TV/VCR units, Power Point and projection equipment). We were recently awarded a “special needs” allocation from the College of Liberal Arts to create an electronic classroom on our floor to enhance teaching quality. Funding is sufficient to buy needed testing materials and other needed equipment for clinical courses and for our training clinic.

5. Assessment information
a. Assessment goals:
The principles of the assessment program rest on the competencies specified by the National Association of Schools and Programs in Professional Psychology (NCSPP). Based on these competencies, the program has developed a set of goals and objectives that are as follows:

**Education and Training Goals and Objectives**

1. The primary goal of the program is to provide high quality graduate education and training in clinical psychology with an emphasis on the role of empirical knowledge as it pertains to clinical practice. As such, students will develop the specific competencies that are the foundation of the education and training model developed by NCSPP. These include relationship competence, assessment competence, intervention competence, research and evaluation competence, consultation and education competence, management and supervision competence, legal and ethical competence, and cultural diversity competence.

2. The second goal is to ensure that the clinical training of students is thoroughly grounded in the broad scientific areas of psychology.

3. Rural areas are characterized by unique needs that are not often met by service delivery models and therapeutic modalities developed primarily in urban settings. Therefore, a third goal is to promote an understanding regarding the impact of rural culture on clinical practice.

4. Finally, the program seeks to nurture in students the spirit of lifelong learning. In service of this goal, the faculty strives to create an atmosphere of inquiry in which students are encouraged to utilize a variety of means to answer complex questions related to human nature.

b. Summary Information: The program uses a number of procedures to assess progress in meeting the defined goals. Student progress in specific classes that are designed to help build specific competencies is one aspect of the assessment process. In addition, students must pass a written comprehensive examination in order to receive the MA degree in Psychology and must complete the doctoral comprehensive
evaluation process in order to be admitted to candidacy for the Psy.D. degree. The doctoral comprehensive evaluation process consists of the following parts: 1) the completion of a portfolio demonstrating competence in the eight areas outlined by NCSPP, 2) an oral examination by a three faculty-member committee regarding the contents of the portfolio, and 3) successful proposal for the doctoral research project.

In addition to these assessment procedures, there are formal feedback procedures that provide students with information concerning their knowledge and skill development and also allow the faculty to assess the success of the program in meeting its stated goals. There are Annual Student Evaluations completed for each individual student. Once a year, faculty convene a meeting to share perceptions and progress reports on each individual student. The student’s academic advisor is responsible for summarizing the feedback and providing the student with a written copy during his or her feedback session. These reviews address general program progress in the areas of academics, ethics, research, therapeutic skill development, and assessment skill development. In addition to the evaluations completed annually by the faculty, students also receive feedback from their clinical supervisors at the end of each semester of clinical practicum. The Practicum Evaluation Form provides a means for supervisors to give students feedback regarding their development in the eight area of competence stressed by NCSPP.

Finally, students are asked to provide feedback each year on the quality of the program via anonymous Program Evaluation forms. Students are asked to provide an evaluation of the quality of the academic environment, the faculty, the curriculum, and various other areas. These evaluation forms are turned in to the Administrative Assistant responsible for the Psy. D. program and the summarized results are shared with the faculty to enhance program quality.

As can be seen from the attached Chart I Assessment Summary, the program is making good progress in meeting its specified goals. Students are reaching the competencies specified in the program at an acceptable rate and are able to demonstrate the types of skills and knowledge that are consistent with the goals and objectives underlying the training program. In addition, students are gaining a base of knowledge and experience that will be useful in rural behavioral health practice.

The following specific program outcomes are particularly noteworthy:

1. In keeping with the program’s mission of training students to work in rural and underserved areas, all three of the students who have applied for internship received matches in placements serving rural populations. Two were accepted into an APA-accredited rural internship program in Hazard, KY. The third student was accepted into the affiliated internship program at the Joan C. Edwards School of Medicine at Marshall University. It should be noted that the third student chose to apply only to the affiliated internship site.
2. All students who have submitted portfolios for review as part of the comprehensive examination process have demonstrated clear evidence of competence in their understanding of the impact of culture on clinical practice.

3. A total of 6 students have successfully completed practica in rural areas.

4. A total of 8 students are currently enrolled in the two-semester rural/community psychology sequence that will allow them to gain skills in needs assessment, program development, and program evaluation.

   **c. Use of assessment information:** The Psy. D. Program Committee meets regularly during the course of the semester. At a minimum, the group meets twice a month but more frequently, if issues warrant. The Committee utilizes both formal and informal feedback from students and off-campus supervisors to aid in the refinement of the program. The program feedback collected via the Program Evaluation form is discussed in conjunction with informal feedback provided through many channels such as advisors, program coordinator, and student representatives to the Committee. The summarized information is discussed during the Psy. D. Committee meetings and students representatives are encouraged to communicate the resolution of various issues with the rest of the student body. In some situations, the Program Coordinator meets directly with the students regarding particular concerns to develop a resolution. Formal feedback from off-campus supervisors provided through the Practicum Evaluation Forms is also utilized by the committee to aid in the evaluation of individual student progress but also to highlight consistent weaknesses in students progressing through the program that may reflect a curricular weakness. In addition, the Program Committee is sensitive to the changing landscape of behavioral health services in West Virginia and the surrounding Appalachian region. Issues related to the structuring of community behavioral health, Medicaid/Medicare payment programs, and economic changes are pertinent to the discussion of curriculum and training.

Below are just a few of the issues addressed by the Psy.D. Program Committee that came about as the result of the formal and informal channels for feedback:

   **Need for more consistent feedback to students:** This was an issue that was brought up by a significant number of students at the end of the first year of the program’s operation. Students at both the bachelor’s and Advanced Standing level voiced frustration at feeling like the feedback they were receiving on their development was ‘too little’ and ‘too late.’ While they felt that practicum supervisors were providing good quality supervision, they felt they were missing a more global sense of how they were progressing with respect to their clinical skills in particular. Students with Advanced Standing were more concerned about this issue than students entering with bachelor’s degrees. The faculty addressed this important concern in several ways, including the development and institution of the formal Practicum Evaluation form. Since the development of the form, faculty have continued to discuss issues related to providing students with adequate feedback concerning their development as professional psychologists. The most recent discussions involve coming to a more
common understanding among the on-campus and off-campus faculty regarding what constitutes adequate skills and knowledge at various stages of training. This year, the program has organized an ‘Advisory Board’ consisting of on-campus and off-campus supervisors to continue the refinement of this understanding and to continue to develop policies and procedures for the evaluation of student clinical competence. On this and related training issues, the program has benefited greatly from input from our Program Consultant (Dr. Mary Beth Kenkel) and from training material provided by other Psy D programs.

**Refinement of the mission, goals and objectives for the program:** The Program Committee formally adopted a specific mission statement and the NCSPP competencies as the foundational components of the program in October 2003, one year after the official start of the program. Since that time, the committee has discussed in several settings multiple issues related to the mission of the program and the competencies expected by successful graduates. With respect to the mission, the committee has noted the importance of considering the implications of focusing on the education and training of students for rural service delivery. The admissions process requires that we focus not only on the students’ academic record but also on their stated interest in the area of rural practice. Accommodating non-traditional students with master’s degrees and years of practice experience is integral to the goal of increasing the number of doctoral-level practitioners in rural areas. In addition, the faculty has become aware of the fact that students with master’s degrees and experience with practice areas bring unique skills and needs to the academic arena and this has required extensive discussion regarding how to award credit for previous coursework and experience.

**Curriculum revision:** As the mission and goals of the program have become more clearly articulated, the curriculum has been revised to address the competencies we hope to develop in our students. The content and sequence have been developed to provide a developmental framework of experience and instruction to support the students’ skill development. One of the significant changes made recently was the movement of the primary psychotherapy coursework in the three orientations (behavioral, cognitive behavioral, and psychodynamic) into the first year, along with foundational coursework in interviewing and therapeutic process and psychological assessment. This made a noticeable difference in the comfort level of students entering their first year of practicum work in the second year of the program. This change was made based on feedback from students who had taken the psychotherapy courses simultaneously with their first year of practicum. In addition to this change, an Orientation Seminar was added in the first semester of the students’ enrollment in the program. This seminar provides students with the opportunity to hear from individual faculty about their research programs and interests. As such, students can begin to investigate various areas of research that may lead them to their doctoral research project.

**Need for the refinement of the equivalency process:** The process of determining the equivalence of previous graduate coursework to the requirements in the
Psy.D. Program is a challenging task. Students are required to submit paper documentation in the form of a portfolio of previous work in order to request a waiver of requirements in the doctoral program. Initially, there was a strict list of courses that could be waived but after the first year of admissions, it became clear that flexibility was needed. In place of this list of courses, the Psy. D. Program Committee developed a policy stating that no more than the equivalent of one year of coursework could be waived. In addition, the practice of completely waiving practicum in the MU Training Clinic was eliminated after the first year of admissions. As the process now stands, students must submit for review paper documentation of all previously completed graduate coursework for which they would like to request equivalency. Determination of the equivalency is determined by the faculty member responsible for teaching the course. With respect to clinical coursework in assessment and interviewing skills, students must submit documentation of previously completed coursework, along with work samples. In addition, beginning with the current 2005-2006 class, students requesting equivalency must complete written assessment reports on protocols provided by the faculty teaching the assessment sequence. They will also enroll in a minimum of one semester of practicum in the MU Training Clinic during which their skills in psychological assessment will be evaluated by faculty. If their skills are at the level expected of students exiting the second year of the program and preparing for community-based practicum placements, the initial assessment courses will be waived. With respect to interviewing skills, all students who have applied for Advanced Standing are required to attend and participate in **PSY 633 Individual Psychotherapy and Interviewing**. Once they are capable of demonstrating the level of skill expected of students at the completion of this course, they are granted equivalency along with permission to see clients in the MU Psychology Training Clinic.

**d. Graduate and Employer Satisfaction:** There have not yet been any graduates of the program.

**e. Previous Summary Reports:** Summary reports for the years that the program has been operational are attached.

**6. Previous Reviews:** the program became operational since the last PSY review period, and thus there are no previous reviews.

**7. Strengths**

Despite the relative newness of the program, there are a number of important strengths that demonstrate the overall quality of the program. All faculty affiliated with the program are doctoral-level psychologists. All clinical faculty are members of the core faculty and are licensed for clinical practice in their respective areas of expertise. There is a diversity of orientation among the faculty as well as a respect for various approaches to behavioral health issues. Because the Psy. D. degree is a practitioner-oriented program, the curriculum differs from the traditional Ph. D. program emphasizing a research focus. We are fortunate to have two faculty members, Dr. Tom Ellis and Dr. Keith Beard, who are graduates from two of the top Psy. D. programs in the country, Baylor University and Wright State University, respectively. Their expertise regarding curricular issues has been of great importance.
Faculty are active in scholarly pursuits. In addition to basic research programs, many faculty actively pursue applied research projects. These projects are important assets for student involvement as they expose students to the types of research that are consistent with the practitioner-scholar aspects of the program.

In addition to strengths among the faculty, the focus of the mission of the program in training practitioners to meet the behavioral health needs of rural and underserved communities is also a strength. This emphasis is very consistent with the overall mission of Marshall University. In addition, it speaks to a growing national shortage of behavioral health professionals in rural and underserved areas. The components of coursework in rural and community psychology combined with the fourth year rural practicum provide a unique training experience for students that will prepare them will for their careers.

Many of the faculty are engaged in the type of work that students are preparing to do. Most have had some experience in providing services in rural and underserved areas and several have research interests that incorporate a rural focus.

The Psy.D. program receives good financial support from the institution and is able to maintain a wide variety of current testing equipment and a small but modern and professional training clinic. Through university support and the Psy. D. fee, the department is also able to provide support for student and faculty training opportunities and travel to conferences.

The quality of supervisors at off-campus training sites is also a strength of the program. We are fortunate to have a number of doctoral level psychologists willing to create excellent training opportunities for our students within their agencies.

Weaknesses
Faculty resources are an ongoing issue. Most faculty teach in at least two and some teach courses in all three of the programs offered by the department (i.e., undergraduate, masters, doctoral). While beneficial to students, this often contributes to a stressful, demanding load for faculty who teach 3-4 courses per semester, carry full advising loads, and provide community and university service.

Space is another constant concern. The primary facilities challenge for the program is that office space for students and lab space for faculty and student research is limited. We have several small graduate student offices that are allocated to our teaching GA’s and 3 larger offices which house 3-5 doctoral students apiece. There is also a small graduate student computer lab/study area which is available to all students before and between classes. Over time, we will need additional office for doctoral students. Lab space is also at a premium. We have one large former classroom that has been converted into a lab area for data collection purposes, as well as two smaller office-style spaces utilized as research labs. These spaces are certainly of value, but are not sufficient for ongoing research programs. The only alternative currently available
for on campus data collection is to make ad hoc reservations for available open rooms (including our training clinic rooms if available) on an as-needed basis. The administration has been made aware of these issues by the program faculty, the department chair and by Dr. Mary Beth Kenkel, the program consultant, and they have voiced a commitment to address these issues.

Another current weaknesses is the lack of appropriate, doctoral level psychology internship positions in local areas. One of the goals of the program is to increase the number of doctoral level behavioral health practitioners in West Virginia. One of the primary routes to accomplishing this goal is to recruit master’s level practitioners already working in the state. Most are not in a position to be able to leave the area and are in need of an internship in the local area. At present, only two slots are available at the affiliated internship at the Joan C. Edwards School of Medicine. It would be helpful to be able to free the time of one faculty member to work on the coordination of additional internship opportunities.

Remediation of Weaknesses

Our department’s programs remain popular and in demand. Thus, the problems we face are not those of program viability, but of strained resources to meet student demand and to support faculty excellence.

The resource problem is one we have little control of within the department. Every effort is made to use scarce funds to encourage innovative faculty and student initiatives while also keeping the copier running and supplies in our closet. Additionally, we were fortunate to add two new tenure track faculty lines since the last review in support of our doctoral program, and we’ve been the beneficiary of a Carter G Woodson Fellow who joined our faculty last year. These have certainly strengthened our faculty resources. However, within the same time frame we have implemented our new doctoral program, had a senior faculty continue to serve in an administrative position for a university-wide program that consumes ½ of her allotted teaching load and several faculty have had well deserved sabbaticals. While we do receive some funding to hire replacement teachers for one of these “holes” in our schedule, the replacements are not the same as having faculty members whose full time commitment is to the department.

We are fortunate to have excellent graduate students, many of whom are very interested in teaching, and for many years they have provided excellent supervised teaching for many of our PSY 201 sections. As our doctoral program has grown, we’ve begun to look more carefully at using advanced doctoral students to teach classes above the PSY 201 level. This would certainly not be a substitute for additional faculty lines, but could help provide more undergraduate courses. We can’t turn to our small community for help in upper division teaching, because there are few psychologists in the area with appropriate training to teach experimental and research oriented courses.

Regarding our space needs, all we can do is a) use our available space as wisely as possible; b) negotiate on a case by case basis with other units for collaborative use of space and resources for research purposes, and c) request that the university administration reallocate space to higher demand units. We were successful in this area
last year, when an unused room that had been allocated to another department was reassigned to us to house several doctoral students. However, there are more rooms in Harris Hall and elsewhere that are underutilized and could be reassigned.

B. Viability

1. Articulation Agreements: The program currently has no articulation agreements to deliver this program at other institutions.

2. Off-Campus/Distance Delivery Classes: Students have the opportunity to take PSY 674 Biological Bases of Behavior and PSY 672 Cognitive Psychology via WebCT.

3. Service Courses: There are no courses in the program taken by students in areas other than Psychology.

4. Program Course Enrollment: Enrollment data is presented in Appendix V. As can be seen, enrollment in the doctoral classes is typically small which facilitates the seminar-format nature of most of the courses. This provides an excellent opportunity for students to think and discuss issues critically and interact more closely with faculty and one another, thus enhancing a sense of collegiality. All students are required to take the following sequence of coursework:

Year 1

Fall
PSY 610 – Assessment of Adults (3)  
PSY 620 – Assessment of Adults Practicum (1)  
PSY 733 – Cognitive Psychotherapy (3)  
PSY 608 – Differential Diagnosis/Treatment Planning (3)  
PSY 615 – Advanced Developmental Psychology (3)  
PSY 690 – New Student Seminar (1)

Summer
PSY 605 – Ethical, Legal, and Professional Issues in Psychology (3)  
PSY 731 – Psychodynamic Therapy (3)  
PSY 672 – Cognitive Psychology (3)

Spring
PSY 611 – AssmntChil (3)  
PSY 621–AssmntChil Prac (1)  
PSY 732 – Behav. Ther (3)  
PSY 633 – Indivther/Interv(3)  
PSY 600 – Teach. Psy (3)

Year 2

Fall
PSY 670 – Clinical Practicum (3)  
PSY 713 – Advanced Assessment Practicum (2)  
PSY 517 – Intermediate Behavioral Statistics (3)  
PSY 502 – Advanced Social Psychology (3)  
PSY 750 – Behavioral Health Psychology (3)  
Summer
PSY 560 – History and Systems of Psychology (3)  
PSY 769 – Practicum in Clinical Psychology (3)  
PSY 618 – Psychopharmacology (1)

Spring
PSY 671 – Clinical Practicum (3)  
PSY 714 – Adv Asses Pract (2)  
PSY 674 – Biol Bases Behav (3)  
PSY 635 – Chil/Fam Dx/Ther (3)  
PSY 764 – Adv St Hum Sex. (3)

Year 3

Fall
PSY 712 - Geropsychology (3)  
PSY 770 – Adv Pract. Clinical Psychology (3)

Spring
PSY 634 – Group Therapy (3)  
PSY 755 – Rural Psychology (3)
Year 4
Fall
PSY 772 – Rural Practicum I (3)
PSY 753 - Supervision in Clinical Psychology (3)
PSY 726 - Advanced Studies in Cross Cult. Psy (3)
PSY 793 – Seminar in Clinical Psychology (1)
PSY 799 – Doctoral Research Project (3)

Spring
PSY 773 – Rural Pract II (3)
PSY 794 – Sem. Clin Psyc (1)
PSY 799 – Doct ResProject (3)
PSY 796- Sem:AdvPsychthr (1)

Year 5
Pre-doctoral Internship (3-9)

5. Program Enrollment: Due to limitations on space and faculty resources, the program maintains a modest enrollment. During the first year of the program (02-03), a total of 12 students were admitted, 10 of whom have remained in the program. During the second year of the program, a total of 10 students were admitted, 9 of whom have remained in the program. During the third year, a total of 6 students were admitted, all of whom are currently enrolled. During the most recent year, a total of 10 students were admitted. As such, the program has a total of 35 students currently enrolled.

6. Enrollment Projections: It is expected that interest in the program will increase as the program becomes more widely known. In addition, once successfully accredited by APA, it is expected that applications to the program will significantly increase. However, given current resource limitations, admissions each year are projected to be no greater than 10 students per year, for a maximum program enrollment of approximately 40 students in all phases of training.

C. Necessity

1. Advisory Committee: The Psy. D. program has organized an Advisory Board this year consisting of off-campus supervisors of clinical practica. The charge of this board is to provide guidance in the development of the practicum component and also to help faculty stay abreast of professional practice trends in the local area.

2. Graduates: As of yet, the program has no graduates. Three students are in the final stage of the program this year, as they work to complete doctoral research projects and clinical internships.

3. Job Placement: There are no graduates as of yet so this information is unavailable.
D. Consistency with University Mission

The Psy. D. Program at Marshall University is an integral part of the university’s mission. The University’s mission is as follows:

Marshall University is a multi-campus public university providing innovative undergraduate and graduate education that contributes to the development of society and the individual. The University actively facilitates learning through the preservation, discovery, synthesis, and dissemination of knowledge.

The primary goals of the University’s mission that are addressed by the presence of the Psy. D. Program are as follows:

1. **To provide affordable, high quality undergraduate and graduate education appropriate for the state and the region:** The Psy. D program was developed to train doctoral-level practitioners to work in rural/underserved areas, especially those areas in West Virginia. As such, 50% of the slots in the program are reserved for residents of West Virginia and the immediate surrounding regions.

2. **To foster faculty, staff, and student outreach through service activities:** A substantial portion of the student’s education and training in the Psy. D. Program involves providing services in rural areas in West Virginia.

3. **To make instruction available throughout Marshall’s service area using all appropriate modes of delivery:** By making available the option of applying for Advanced Standing, master’s level practitioners in West Virginia have the option to enhance their skills through doctoral-level education and training. Students at this level are allowed to attend part-time and classes are scheduled in blocks to allow them to maintain an acceptable level of employment.

4. **To enhance the quality of health care in the region:** Education and training is provided in behavioral health and community-oriented prevention to encourage students to think in terms of multi-disciplinary interventions within the medical realm.

5. **To further the intellectual, artistic, and cultural life of the community and region:** Research shows that students from rural areas are those most likely to remain/return to those areas to practice. The program specifies that at least half the slots in each year be given to individuals living in West Virginia and the surrounding region. This will enhance the likelihood that these doctoral-level professionals will maintain a residence in the area and contribute to the intellectual climate of the region.