

May 18, 2010

Dear Students,

During the spring semester, the Clinical Psychology program asked for your feedback on the program, curriculum, and other program related matters. Thank you to all the students who opted to respond to our request. We greatly appreciate your feedback and the time you took to share this with us. The program values your input and we want you to know that we will use your feedback to strengthen the program.

We have some initial response that we'd like to share:

***Interests that students wish were addressed by Argosy's curriculum.***

A number of interests that students indicated a desire to see addressed in the curriculum are areas that are already offered at Argosy University, Chicago. Let us take a minute to show you which courses address your interests!

*Trauma related coursework* – PP8677 Mourning and Loss addresses traumatology and is offered on campus as well as part of Study Abroad. PP8711 Child Maltreatment is offered once per year and addresses traumatology as well. However, we do have plans to add new courses on trauma in the coming years as well, including a study abroad option in Israel that focuses on trauma and conflict resolution.

*Substance Abuse* – This course PP8650 is taught on a regular basis as it is a requirement for the M.A. program. There is also PP8662 Addictive Disorders (1.5) which is taught yearly.

*DBT coursework* – DBT is taught as part of PP8011 Advanced Cognitive-Behavioral Therapy. However, the program does have plans to add a separate DBT course in the coming years

*Theory and clinical practice integration* – Seminars in diagnostic and psychotherapy are designed to teach students how to integrate theory and practice specifically.

*Clarity of Concentrations Offered* – The concentrations/minors are all listed in the catalog along with their required courses. The catalog can be found on [auconnections.net/chicago](http://auconnections.net/chicago).

*Eating Disorders* – Dr. Mary Connors teaches this course each fall. It is PP8661 and is 1.5 credits. Students may choose to take this course with PP8662 Addictive Disorders (1.5), which Dr. Connors also teaches. They both count as Professional Practice electives or Advanced Intervention electives.

*Behaviorism* – This is covered in Cognitive-Behavioral Therapy. However, the program does have plans to add a course in Behavioral Analysis in the coming years as part of a new concentration in Cognitive Behavioral Theory, which is in development.

*Geriatrics* – currently the only course is the Geriatric Assessment course in the Neuropsych track. We agree that this is an area of need and are seeking core faculty with expertise in this area.

*Forensics* – There is a concentration in Forensics with a number of courses that can be found in the catalog.

*Women's Issues* – currently PP8717 Psychology of Gender is taught yearly by Dr. Zamanian. PP8616 Psychology of Women will be offered in 2010-11.

*Business classes/private practice* – PP8155 Practice Development and Marketing Psychologists (1.5) is taught every other year by Dr. Zamanian. Clinical Psych students are allowed to sign up for business classes and should discuss with their advisor if interested in doing so.

*Neuropsych Track* – has been launched. Courses are taught by Dr. Suth, Dr. Tirado, and Dr. Schwartz. An arrangement is being worked out with Marquette University for students to be able to take a gross anatomy brain cut class on that campus. For specific course requirements for this concentration, contact Dr. Suth.

*International Psychology* – Dr. Zakowski will launch this course and offering it on a rotating basis. In addition, there is a Study Abroad program that focuses on psychology in the various countries that they visit, such as the Netherlands, Germany, S. Korea, Israel, and India.

*Existential Psychology* – is offered every other year.

*Post-partum depression* – PP8752 Antepartum and Postpartum mood Disorders (1.5) is offered every other year and is taught by Dr. Susan Feingold. This topic is also covered in coursework in the Family concentration.

*Sex Therapy* – one third of the couples course of the Family concentration focuses on sex, intimacy, and partnering.

*Transgender Issues* – are covered in PP8116 Psychology of Gay, Lesbian, and Bisexual Development, which is a diversity elective. In addition, Dr. Witty is teaching a course in Transgender Health this summer, which will likely continue to be offered every other year.

*Role playing* – is a technique utilized in many classes at the professor's discretion.

*Learning how to work with clients who are unwilling or forced to attend therapy* – this topic is covered in the Forensic concentration courses. Students are also strongly encouraged to bring this topic up for discussion in the therapy seminars.

*Faculty/student mentoring program* – students should work with their advisor to identify faculty who may be a good fit for the student based on common interests. Students can learn more about faculty interests by looking at faculty bios on the website.

*Jungian Psychology* – currently no course offered

*Art/Music/Theater Therapy* – no course offered.

The Curriculum Committee will begin reviewing the curriculum for an overhaul in Spring 2011. We are currently in the process of APA accreditation renewal and will put off any major changes until that is complete. We are looking at the possibility of structuring the curriculum so that specialty courses may be routinely offered on a schedule, such as every two years in order to assist students in planning their course of study.

***Assessment Measures students would like to see addressed in the curriculum:***

We think students will be happy to know that responses to the tests and measures question of the survey largely echoed our own impressions about areas for improvement in our curriculum, and efforts are underway to address these concerns. Many students commented upon a desire to cover tests such as the MCMI-III and the PAI prior to their diagnostic practicum. The most recent versions of the objective personality assessment course divides emphasis evenly between the MMPI-2 and the PAI. In addition, an introduction to the MCMI-III has been added to the course. Also, the lead instructor for this course (Dr. Tisdale) was surprised to know that the demand for the MCMI-III was as great as it appeared to be, and he agreed to try to find a way to expand the coverage of this instrument in the objective personality assessment course.

A second student concern that was more of a surprise was the demand for training with the WIAT and the Woodcock-Johnson achievement tests. Although this had been a part of the curriculum for the cognitive assessment course, it would appear as though achievement tests are not getting the attention they once did in cognitive assessment. This feedback will be passed to the lead instructor for this course and efforts will be made to ensure that students have some exposure to achievement testing prior to their diagnostic practicum.

***Many students expressed concerns about a lack of communication between administration and students***

The program leadership feels quite concerned about the challenges of communicating effectively. We would like to improve our communications and we're hopeful we can collaborate with students in identifying solutions. We have three primary methods of sharing information: email, the auconnection web site, and the campus newsletter. We are aware that students have concerns about the volume of email they receive from the campus and as a result, important

information can get lost. The newsletter readership is quite low, and the students are not in the habit of regularly visiting auconnection in order to learn about what's going on. Given that students do not seem to utilize the website or newsletter, we typically do end up relying heavily on email blasts, as we presume that is our best opportunity to ensure that all students receive communications. We realize we're perpetuating the problems of email overload, but do not have ready alternatives. We welcome recommendations that would improve the situation. The program administrators have an open door policy and are very interested in your concerns.

***The student survey included several comments expressing concerns about the disorganization of the Training Department.***

The Training Department takes these concerns seriously.

The department maintains records on over 300 practicum sites and 400 students. Inevitably, there are instances of erroneous information in our records. The department will continue to work assiduously to keep those instances to a minimum. At the next meeting of the National Argosy Directors of Training, the department will bring up again the need for improvements to our database software to manage the voluminous amount of data. Sometimes sites change supervisors or the types of training positions available, and the sites do not notify the Training Department. This results in the Training Department distributing incorrect information to the students, which is understandably frustrating. The Training Department will be conducting more frequent site visits, which should help with this problem.

The department periodically evaluates its processes to determine more efficient and accurate procedures for the acquisition, storage and dissemination of information. We will continue to critically self-examine our processes with the goal of increasing student, faculty and administrative access to accurate training information.

A few students mentioned not having their communication responded to by the Training Department. This is confusing to the department. The Training Department makes it a priority to respond to student emails in a timely manner. Matters of a more urgent nature are given a higher priority and are responded to within 24 hours. Less urgent matters may be responded to within a

few days. At times students have experienced this as not responding. The Training Department will continue to place a top priority on the timely response to students' communication.

***Many students expressed concerns about a lack of structure and guidance in CRP process***

The program has been concerned for some time about student dissatisfaction with the level of support and guidance in completing the CRP. For this reason, the curriculum committee made a recommendation to the faculty last year that we adopt a new 3 credit course called "CRP Proposal Development." Students who entered the program in fall 2009 or later will have this course as a required part of the curriculum (we removed the community mental health requirement in order to make these credits available for this purpose). The purpose of this course is to ensure that all students who are ready to begin the CRP will have a chair, and to create "room" to give this project its due by making it equivalent to a three credit course. Our experience taught us that far too many students tried to work on the CRP proposal on top of an already full load of course work and practicum and with only intermittent meetings with their chairperson. The new seminar will create a structure to support students in the construction of the proposal in the fall term (typically of the 3<sup>rd</sup> year).

We recognize that this shift does not necessarily help students who are farther along (although advanced students *are* welcome to take this course as an elective). The program leadership does take seriously concerns about faculty availability, and we will work with individual students to try to assist you in securing an appropriate chair if you are having difficulty. Students who are most successful in this process start reading in their area of interest early in the program and pursue conversations with faculty well before they are ready to register for CRP and begin to write the proposal. We encourage students who have not done so to explore options with their faculty advisors, weighing the relative merits of delaying the proposal process or possibly taking the Proposal Seminar as an elective. We also welcome feedback or complaints about faculty responsiveness. Students should be aware that the expectation is that faculty turn drafts of work around for students within 4 weeks of submission.

***Perception of changes in admissions standards, # of students and perception of numerous unqualified classmates***

The perception of ever-growing numbers of students has been a perpetual theme in the program whether or not it is an accurate perception at any given time. We think it would be helpful for students to know that the size of the program has actually declined over the past three years, while the number of core faculty remain the same, and that the campus has no intention to raise enrollments. Admissions standards have not declined, and in fact the standard for GPA's has been raised over the past two years. Also, the admission process now includes a group interview in addition to the paper application and individual interview. The MA program has been restructured to be a fully embedded program located "inside" the Psy.D. Program. Certainly the competitive environment in Chicago probably contributes to some of the perceptions of Argosy as willing to diminish standards. There is indeed a larger number of Psy.D. students in the city competing for relatively stable training resources. But it would be inaccurate to attribute this increase in the number of trainees to growth in our program.

### ***Schism between faculty and students***

The program values a collaborative, respectful, collegial atmosphere between students, faculty and administrators. We are committed to trying to find ways to reduce the perception of a schism between faculty and students. Some such perceptions may be inevitable in a program with significant evaluative components. At the same time, it is clear that faculty value warm connections with students. In the fall, the program hosted a "Fall Kick-Off" which was well-attended by students and faculty in order to try to facilitate informal communication. Many students also get involved with faculty by serving as teaching or research assistants, participating on faculty committees, or getting involved in the student government association. Again, we welcome recommendations that would improve student's sense of comfort and belonging in the program.

***Several students suggested that each theoretical orientation should be addressed in the required curriculum. Additionally, some students felt that there is an emphasis on psychoanalytic theory.***

The program welcomes this feedback and this perspective is shared by many faculty members. It is likely that the program will evaluate and revise the curriculum beginning next year, after the APA site visit.

Currently there are the same number of psychoanalytic faculty as there are cognitive-behavioral faculty, and several faculty with varying orientations (Psychodynamic-8, CBT-8, Family Systems-5, Client Centered-4, Other-5). This being said, during the first year of course work, many of the faculty teaching the required courses are psychoanalytically oriented, so it is understandable for students, especially those in their first year of training to feel this way.

### ***Library hours***

We encourage students to be specific about what would be helpful. The library strives to accommodate the students. We have worked to address this issue in two ways. We have advocated to ensure the library is available during comprehensive examination periods. We have also supported the library's emphasis on building the electronic collection, such that students can have 24/7 access to vast resources.

### ***Some students expressed concerns about the expense of the program and the fact that the campus does not utilize the U-Pass CTA program to provide discounted passes to students.***

We recognize that the program is indeed a very significant financial investment. However, it is not unusually expensive when compared to similar programs. We would like to be able to give students who would like the U-Pass access to this program. The campus actually did participate in the program for one year, several years ago. The challenge is that the CTA requires that *every* student enrolled participate in the program. Our experience was that the more than 50% of students on the campus who did not rely on the CTA objected strenuously to being included in the program and it was therefore discontinued. Very large campuses can sometimes participate in the program and simply absorb the costs of the passes for those who do not want the U-Pass. However, we are not large enough to have this commitment mean only a minor impact on the budget.

### ***Loss of ISPP name and identity concerns:***

The program faculty and leadership share these concerns about public recognition of the program's history and quality. We are working hard to identify new ways to communicate the strengths of the faculty and the quality of the program. Increasingly, we have found that those in

the psychological training community do indeed know about the program's strengths and the quality of our graduates, as reflected in our strong internship placement and job placement rates.

### ***Website navigation***

We agree that there are challenges with the website and are working with University administration to make improvements. However, in the interim, we strongly encourage students to routinely check the clinical psychology webpage for important information regarding the program, registration, clinical training, etc.

### ***Faculty disorganization and ignoring deadlines***

Some students complained that faculty do not take deadlines seriously and sometimes lose student work. It is important that all students are aware of the appropriate avenues for bringing complaints forward in the program. First, it's important for students to work to develop skills in advocating for themselves and addressing such issues directly with faculty members. If such conversations do not resolve concerns, students have recourse as described in the catalog. The chair of the program takes complaints seriously and will investigate and respond to any written complaint. At times, students express worries about whether or not it is indeed "safe" to make such concerns known. It is really important to recognize that there are protections for students to ensure fair treatment. Students are encouraged to work with faculty advisors in constructing such complaints, or preparing to confront faculty about problems, in order to ensure the student approaches the situation constructively and respectfully. We encourage all students to review the catalog sections on complaints and grievances on pp.9, available at [www.argosy.edu](http://www.argosy.edu).  
<http://www.argosy.edu/pdf/academic-catalogs/FINAL-PSYCHOLOGY-Catalog.pdf>.

### ***Students provided their understanding of Evidence Based Practice***

We asked students to provide their understanding of EBP to assess how well the program is training students on this topic. Students indicated that evidence based practices combined research, clinical practice, and experience to determine which treatments are most effective for particular populations. While this is generally accurate, the emphasis is not on the use of manualized treatments (as some students believed), but rather on the careful measurement of clinical outcomes in therapy practice.

Moving forward, the program will place more emphasis on training students in EBP. Over the summer, the training department is hosting training for site supervisors to ensure that supervisors can supervise students in the implementation of EBP. In addition, beginning in the fall, all therapy students will be more actively engaged in evidence based practice at their training sites and in their seminars.

*Students provided their understanding of Empirically Supported Therapies*

Students generally believed that empirically supported therapies have been found to be effective in research. Students also again stated that they believed that these treatments have been proven. While Empirically Supported Therapies have been researched, the nature of this research that constitutes Empirically Supported has been carefully outlined by the American Psychological Association. A list of these treatments may be found at <http://www.PsychologicalTreatments.org>. The standards are clearly demarcated, and meeting these standards show empirical support of a therapy rather than that a therapy is proven to work.

It seems that some students do not see the **distinction between evidence based practice and empirically supported therapies**. Empirically Supported Therapies are treatments that have met specific research criteria (as noted above), while Evidence Based Practice is the “integration of the best available research with clinical expertise, in the context of patient characteristics, culture, and preferences...The purpose of EBPP is to promote effective psychological practice and enhance public health by applying empirically-supported principles of psych assessment, case formulation, therapeutic relationship and intervention.” (APA, 2005).

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Again, we thank you for sharing your feedback. The program values your input and we want you to know that we will use your feedback to strengthen the program. Please feel free to contact your advisors, program administration, or student services to share any additional feedback you may have.

Best wishes,

The Clinical Psychology Program