

**Graduate Program Review Appeals Committee**  
**Informational Session: June 26, 2006**

**Clinical Psychology Ph.D.**

**Program representatives:** Wayne Fuqua (professor and chair), Thomas Kent (dean), Linda LeBlanc (associate professor and interim director), Richard Spates (professor and director of clinical training)

**Program's Appeal Summary**

We appeal the recommendation to eliminate the Ph.D. program in Clinical Psychology on the grounds that the program (1) meets the stated criteria of the Graduate Program Review (GPR), (2) serves as a substantial financial asset to the University, and (3) falls directly in line with the stated strategic objectives of the University. Our departmental rating and dean ratings were high (5) and the somewhat lower rating of the review team (3) was successfully appealed to the Faculty Senate based on bias and procedural errors. All recommendations prior to the provost's were to maintain or grow the program. We believe that the final administrative decisions about our program were based on inaccurate information about our enrollment and costs. Our document appeal attempts to correct these false impressions and provides a cost-analysis and data pertinent to the criteria of the GBR.

The clinical program is a nationally accredited standalone program with 32 students (36 for Fall '06) and a faculty:student ratio of 1:5. Three of the seven (6 FTE) clinical faculty members have external support and all have applied for external support. The program is currently adequately resourced and is thriving with these resources. As part of our GPR we elected to include information from prior years' planning processes (i.e., Academic Program Plan and Compact Plan) to guide resource allocation if the program were to be targeted as an investment center.

This brief summary presumes that the appeals committee has reviewed the original GPR document and the appeal document. We welcome any specific questions about those documents.

**Committee's Questions \***

1. Imagining a worst-case scenario in which you received no new resources, no new or replacement faculty hires, and no additional support for TAs, and had to self-fund 100 percent of your growth, what would your program look like three to five years from now?  
We'd continue to be a productive and thriving program, and to graduate high-caliber students in a timely fashion. We're strong and stable with the resources we have now.
2. In terms of program quality, is there a national ranking?  
*U.S. News* publishes rankings for psychology departments overall, but that's about reputation. The National Research Council's rankings are the same. One of the problems with rankings is that we're a relatively small program, so a generic comparison doesn't favor us. But we've identified a niche and established a national reputation in that niche. The APA is our main accrediting body, and their standards are criterion-rather than rank-based (i.e., once you're accredited, they don't rank you). Our accreditation has been "full" from the start, however, and it's the highest level a program can attain.
3. Please tell us a little about the running of the WMU Psychology Clinic. Is it typical for a clinical psychology degree to have a clinic?  
Yes, it is typical. Ours is part of Unified Clinics, so it's not under our control (we can't schedule when patients come in, for instance, and that's an admitted weakness). However, we see patients not just for treatment but for research. We have an elective, supervised position and around 10 clinician therapists.

Being located in the multidisciplinary setting of a medical center has allowed our students to take part in the Geriatric Center, the Women's Center, etc. This makes for great training and experience.

4. The previous provost believed that your program is too expensive. Why?  
Look at our budget and you'll see a large figure. If you were working on the false assumption that we had only two or three students, you'd say it was expensive. In fact, WMU's databases show that we generate a lot of revenue. We don't even pay rent for our space at the clinic.
5. If the Ph.D. were terminated, the clinic would close and your GA situation would be affected. What about other programs in the department?  
The graduates teach, so there would be consequences for our undergraduate programs. Behavior Analysis would also be impacted somewhat (some of those students take courses taught by clinical psychology faculty). Closure would have research implications, too. There are other interlacings, some of which aren't immediately obvious.
6. What does the president need to know about the data for numbers of students?  
The mix-up happened when ISIS went over to Banner. There also appears to have been some confusion between the master's and the Ph.D.
7. How would you sum up the basis for your appeal?  
Our program is small, but it has the purpose to turn out science-minded clinicians who have solid values. Our graduates are successful at the local, state, and national level. We benefit WMU and the citizens of Michigan.

\* *Q&A text is not verbatim*