

Concept Paper

Doctor of Philosophy (PhD) in Clinical Psychology College of Health Sciences and Technology (CHST)

The Ph.D. in Clinical Psychology within CHST will provide a supervised, intensive, experiential learning opportunity designed to award a graduate degree focused on the delivery of efficient and comprehensive psychological services ultimately in a fully accredited program. The program will embrace a scientist-practitioner model in which theory and evidence routinely inform professional practice as students engage in research aimed to advance science and technology to improve behavioral health. Training students in the most efficient & thorough way to administer evidence based care to improve clients' quality of life, while obtaining the highest client satisfaction is an important facet of the programmatic mission.

This Ph.D. in Clinical Psychology will equip our students with the needed science and technology to be clinical leaders at the highest levels in integrated health care environments through the use of preventative, progressive, client-centered and evidence-based approaches.

I. Title: Doctor of Philosophy (PhD) in Clinical Psychology

II. Goals and Justification for the Program

The National Institutes of Health research on mental health epidemiology reports that mental health disorders are increasing across the United States. In fact, they state that "tens of millions of people each year" have mental health diagnoses, and only 5 million of those receive treatment and a significant proportion of those 5 million are misdiagnosed and receiving inadequate care. Additionally, the rates of crime and violence have also increased and have been linked to untreated mental health and substance abuse disorders.

Within the medical community, it has also been noted that many clients have an untreated behavioral health disorder that is likely contributing to lack of medication compliance and poorer treatment outcomes for managing chronic medical illness. Recent studies report that approximately 50% of primary health care clients within urban settings have an untreated psychiatric problem and comparable rates of psychiatric clients have co-occurring medical conditions. Moreover, it goes unsaid that medical care can only improve with improved mental health care. Both Lancet & JAMA, renowned journals in science & medical care, stress that there is 'really no medical care without addressing mental health care' to achieve overall positive outcomes in an individual's health as well as positive satisfaction with their care.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a mission to reduce the impact of substance abuse, mental illness and legal involvement on America's communities through their support of: a) Integrated behavioral and medical health and b) Integration of behavioral health with technology assisted approaches (e.g., smart phone applications and web-based interventions).

Clients with behavioral health, medical problems and criminal justice involvement are a vulnerable population and will be a target group of the Affordable Care Act. The standard of care for co-occurring health care problems often becomes fragmented and has poorer outcomes. The health care reform act highlights the need to integrate care and utilize evidenced-based therapeutic approaches across medical, behavioral health and criminal justice settings. Moreover, the new health care reform underscores the need for highly educated professionals and trained experts in science and technology within the field of clinical psychology. With the

implementation of the health care reform legislation, the behavioral health workforce has been noted to have numerous disparities, contributing to poor health care outcomes. The need for integration of care, starting with behavioral health has grown to a greater sense of urgency across the U.S. and globally.

Debilitating workforce shortages and improperly trained clinicians currently exist among behavioral health professionals across the United States. For example, 62 million people (20-23%) of the U.S. population live in rural or frontier counties; 75% of these counties lack highly trained behavioral health practitioners. In 2012, the turnover rates in the addiction services workforce ranged from 18.5% to more than 50%. Moreover, it is also estimated that a number of behavioral health care professionals will be retiring that will also contribute to a shortage of psychologists and other behavioral health care experts. The U.S. Bureau of Labor Statistics reports “employment of clinical psychologists is projected to grow 19 percent from 2014 to 2024, much faster than the average for all occupations. Job prospects should be best for those who have a doctoral degree (Ph.D.) in clinical psychology.”

In sum, the “Affordable Care Act of 2010” will lead to a radical change in our health care system as we know it. With this Ph.D. program in Clinical Psychology, the plan is to integrate behavioral health, medical health care and interactive technologies in a systematic way. Health care professionals will be expected to administer best practice approaches to improve treatment outcomes and improve the quality of life for clients and their families in the most cost effective way. One major target population of the affordable care act is the vulnerable, high-risk, disadvantaged clients who have addiction, trauma, mental health and criminal justice involvement. This plan creates opportunities for unique synergy between programs and will produce highly educated professionals and researchers who are prepared to meet the needs of diverse populations in a wide array of settings.

One of the greatest strengths in support of the proposed Ph.D. program in Clinical Psychology is CHST’s strong community partnership with numerous clinics that have already been established to support clinical practicums, internship placements, clinical research initiatives, joint faculty hires and adjunct faculty participation in curriculum delivery. At the local and community level, RIT’s CHST has affiliation agreements with Rochester Regional Health, the Monroe County Office of Mental Health, the Socio-Legal Center, Coordinated Care Services Incorporated, the Canandaigua Veterans Administration, Hillside Family of Agencies, Easter Seals and associated satellite centers and Monroe County specialty courts (e.g. drug court, veteran’s court, mental health court, family court, and human trafficking court). Most recently, CHST has established a new clinical psychology internship training site (a total of four fully funded sites - <https://www.natmatch.com/cgi-bin/instdisp.pl>) have already been set up with RRH, Hillside, and Easter Seals to be maintained and overseen by CHST faculty, commencing July 1, 2016. At the national level, RIT has a collaborative relationship with Yale’s School of Medicine, Psychiatry Department and the University of Connecticut, Farmington, CT that could offer placements in research and clinical training in a range of settings within behavioral health.

Graduate programs will increase the research component of the School at a faster rate, and draw students from completed undergraduate degrees at a higher rate than recruiting undergraduate students. Graduate programs are also essential in recruiting highly qualified faculty to the School.

III. Description of the Program Curriculum

The Ph.D. program (doctoral degree) in clinical psychology at CHST will seek accreditation from the American Psychological Association (APA) so graduates will be able to sit for the New York

State Licensing Examination in Psychology. CHST is also in the process of becoming a member of the Association of Postdoctoral and Internship Centers (APPIC). Beyond the foundational core disciplines, students can specialize in one of five areas through elective courses and on-site clinical practicum experience and by performing doctoral research and scholarship in their area of specialization. The following specializations are available:

- Clinical Psychology w/in Primary Medicine; Integrated Care
- Forensic Clinical Psychology
- Behavioral Neuroscience and Neuropsychology
- Child, Juvenile and Family Practice
- Geriatrics

Over their time of study (projected to be five years), students are required to complete 61 course credits, on-site clinical practicums (full year/18 credits), research practicum (3 credits), dissertation (6 credits), and an APA-accredited internship (2 credits), which brings the total to 90 credits required for graduation. Courses transferred from a prior institution or taken during the summer may reduce the number of courses per semester or provide greater flexibility in selecting and scheduling electives.

An example of the curriculum for a full-time student is provided below.

CONTENT AREAS OF CLINICAL PSYCHOLOGY PER NYS STATUTE

Sample of core content areas/learning outcomes, at minimum, to satisfy the required course credit hours of Part 52.10 of NYS

(A combination of core courses and electives will map onto these content/learning outcome areas)

Biological Basis of Behavior	The fundamental aspects of neuroscience, the physiological bases of behavior and illness and psychopharmacology. Brain-behavior relationships; physiological correlates/determinants of behavior and affect; neuron physiology; sensory systems; nonspecific afferent systems; emotion, motivation, and learning from a "biological" viewpoint; comparative animal behavior; psychopharmacology; structure and function of the brain; neuropsychology; genetic transmission; relationship of stress to biological and psychological functioning.
Cognitive-Affective Basis of Behavior	Knowledge of cognitive science, theories of learning, memory, motivation and emotion, and factors that influence an individual's cognitive performance and/or emotional experience. Current theories and research in conditioning (classical and operant); discrimination learning; transfer of learning; verbal learning; memory and problem solving; motivation; emotion; psychophysics; letter and word perception; visual masking; influence of psychosocial factors on beliefs/cognition and behaviors; reciprocal interrelationships among cognitions/beliefs, behavior, affect, temperament and mood.
Social Basis of Behavior	Knowledge of social cognition, social interaction processes and organizational dynamics, and theories of personality.

	Factors leading to the development, maintenance and modification of social attitudes and beliefs; interpersonal relationships, human aggression, prejudice; altruism; attraction attitudinal and situational components of social behavior; community psychology; organizational structure and behavior; theory and research of group behavior, cross-cultural psychology;
Individual Differences	Quantitative assessment of human characteristics; research findings concerning intelligence, achievement, aptitudes, interests and personality; group differences related to sex, age, social class, race and nationality; descriptive psychopathology; research on intervention outcome; critical comparisons of significant personality theories.
Research Design, Methodology, and Statistics	Design of experiments and analysis of experimental data in the behavioral sciences/ quantitative and experimental methods of psychology as natural and social science; experimental design data collection; evaluation and interpretation of results; basic concepts of probability and statistics; use of probability theory in psychological theory construction; application of multivariate methods; design of experiments
History and Systems of Psychology	History of psychology and systems of psychology. Comparison of systems; history of psychotherapy; influence and impact of psychology in social, political, cultural and educational and women's issues; pioneers and leaders in psychology; psychology as an integrated discipline; outstanding contributions of psychologists that have had impact on the other sciences; and precedents in statute, regulation and legal decisions impacting psychology.
Psychometrics	Psychometric theory and concepts. Theory of measurement, reliability, validity, test fairness, characteristics of items, standardization processes; factors affecting reliability and validity in test construction; test validation procedures. Assessment theory and types of tests. Testing characteristics for the health sciences.
Scientific and Professional Ethics and Standards. At least one course or its equivalent dispersed in other courses	Current topics in ethics and related topics. Ethical Principles of Psychologists, American Psychological Association, 1992; Rules of the Board of Regents on Unprofessional Conduct (Part 29 of the Regulations of the Commissioner); State Education Law related to professional misconduct; Guidelines for Practice issued by psychology licensing boards or agencies; Code of Conduct of the Association of State and Provincial Psychology Boards; pertinent laws that impact on psychology practice.
Issues of Cultural Diversity At least one course or its equivalent dispersed in other courses	Current topics in cultural and ethnic diversity. Guidelines established by psychology licensing boards; courses in cross-cultural behavior; courses related to ethnic, cultural, linguistic, socioeconomically based differences, physical disabilities, differences in sexual orientation or any subgroup of characteristics of people about which valid generalizations can be made; courses in how cultural differences affect attitudes, values, and behavior.
Year-long supervised practicum, internship, field experience or applied research	May be full or part-time, but must integrate knowledge and experience under supervision at the doctoral level.

	<p>The term "practicum" is defined as equivalent to "internship", and is a term used by some programs to denote the internship. (While one year of internship may be accepted as meeting one year of the two-year Experience Requirement for licensure, to do so it must meet all of the requirements of Part 72.2 of the Regulations of the Commissioner.)</p>
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The Ph.D. program will coordinate within CHST and beyond to offer students the opportunity to work toward acquiring skills in psychological testing, neuroscience and neuro-psychological techniques and interventions. Through didactic and practical training, students will learn to use evidence-based practices, such as Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Motivational Interviewing (MI), and Dialectical Behavioral Therapy (DBT). Behavioral techniques that enhance motivation to change are broadly applicable among RIT students pursuing careers in diverse healthcare settings. Regarding prevention efforts, motivational techniques work to encourage exercise and healthy nutrition while operant conditioning paradigms reinforce healthy behavior change. Emphasis on fitness, exercise, and cardiovascular health promote the recovery of the whole person by emphasizing a uniquely tailored, client-centered approach.

Each graduate will have a foundation in the use of current scientific, technologically sound, and evidence-based approaches to ensure student preparation for the emerging integrated health care environment. Courses will go beyond the standard content of counseling, diagnosis, prevention, and intervention, to incorporate additional competencies in motivational interviewing, addiction and forensic services, attachment theory, neurobiological influences on psychopathology and intervention, and in integrated care settings. Please refer to the appendix for a full description of the courses.

This integrated and comprehensive curriculum will generate students well prepared for jobs in behavioral health across a wide array of medical, forensic, psychiatric and other behavioral health care settings. Access to medical illustration, therapeutic gaming, and other advanced applications of health care technologies make CHST the logical host for the clinical psychology Ph.D. program. The strategy of designing select program courses to overlap across multiple disciplines will create efficiencies and enhance the educational experience for all.

IV. Fit with RIT Academic Portfolio Blueprint Characteristics

Highly educated and trained graduate students in clinical psychology working in the health care environment of the future will utilize state-of-the-art science and technology protocol approaches directed toward integrated treatment of physical and behavioral health care needs. The Affordable Care Act has catalyzed an emphasis on wellness and prevention. The planned delivery of integrated health care training within CHST creates the ideal environment to bring different disciplines and approaches together on the foundation of RIT's published Academic Portfolio Blueprint ideals. Clinicians/Therapists graduating from this program will be in a position to help individuals understand and address the underlying biological, neurological, cultural, behavioral, and emotional factors, which interact in complex ways. They will have expertise regarding how best to navigate the behavioral and physical health care systems to benefit their clients' health and well being.

At the local level, one of the greatest strengths in support of the proposed Ph.D. program is the strong community partnerships that have already been established to support clinical practicums, internship placements, clinical research initiatives, and adjunct faculty participation in curriculum

delivery. At the local and community level, RIT's CHST has affiliation agreements with Rochester Regional Health, Monroe County Office of Mental Health, the Socio-Legal Center, Coordinated Care Services Incorporated, the Canandaigua Veterans Administration and associated satellite centers and Monroe County specialty courts (e.g. drug court, veteran's court, mental health court, family court, and human trafficking court). Training our students in the use of integrated, technologically advanced approaches will place graduates at the forefront the new initiatives that will be set forth by the Affordable Care Act (e.g., integration of behavioral health and medical care at one location in a systematic way).

At the national level, RIT has a collaborative relationship with Yale's School of Medicine, Psychiatry Department and the University of Connecticut, Farmington, CT that could offer placements in research and clinical training in a range of settings within behavioral health.

Mental illness and issues of behavioral health present great challenges to public and population health on the global scale. In addition to providing didactic training in these global health issues, efforts are being made to expand existing collaborative research and training relationships with international partners with faculty at King's College in London, England, Glasgow University in Scotland and Melbourne University in Australia. These sites could offer study abroad placements as both clinical rotations and/or research initiatives in behavioral health.

Our college has the foundation necessary to implement the highest quality of education through highly unique and specialized training to ensure quality clinicians, leaders and scholars in the field. Our students will be ambassadors of major change at the local, national and international level.

V. Synergy with Other Programs

Students enrolled in undergraduate programs in psychology, social work, the biomedical sciences, criminal justice and other undergraduate programs within and outside of RIT would be eligible to enroll in the Ph.D. program in Clinical Psychology at RIT. Great potential exists in collaboration with faculty of the College of Liberal Arts around foundational course work and potential research initiatives that could benefit both academic units.

The proposed Ph.D. graduate degree offering will set a focus for the new College in behavioral health training that will reach across the other two limbs of the Institute of Health Sciences and Technology. We will expand our reputation as a Research Center and Center for Community Outreach with its impact on the local, regional, national, even global, scale. As to the latter, international collaborations (research and clinical centers in London, Spain, Hong Kong and Brazil) have already been established and formalized. Research grants have been submitted and preliminary discussions are underway to pave the way for graduate/undergraduate student and internship fellowship exchanges between affiliated universities and clinical sites. This new degree program will also impact progressive change and new educational and training experiences to enhance behavioral health training for Physician Assistants and Biomedical Science students (e.g., students advancing to medical school who will have a foundation in psychiatry). Additional discussions are also underway to introduce concepts of exercise science and nutrition (existing areas of focus within CHST) into the clinical psychology-training program. The development and implementation of exercise science and nutrition treatment protocols can help benefit overall health and wellness in behavioral health clients that aligns with the mission of our college and the goals within the health care reform act. By teaching motivational approaches to students from other areas of study, the Ph.D. program will help produce the science practitioner who understands science, advancements in technology and overall health and well-being across diverse settings and populations.

In accordance with the goals of the Ph.D. program, potential practicum clinical placements and internship training sites will occur through current partnerships with Rochester Regional Health, the local Veterans Administration, agencies licensed by both the New York State Office of Mental Health (NYSOMH) and the Office of Alcoholism and Substance Abuse Services (OASAS), the Monroe County Office of Mental Health (MCOMH), Coordinated Care Services, Inc. (CCSI), and their affiliates. Funding has already been secured to create select internship training sites (<https://www.natmatch.com/cgi-bin/instdisp.pl>) that will commence internship training (PhD students outside of RIT) by July 2016.

VI. Administrative Structure of the Program

The Program will be administered through the College of Health Sciences and Technology (CHST) with a dedicated budget and Program Director in support of operations quality oversight. CHST is comprised of a number of academic programs that stand alone within the organizational design of the College; there is no departmental structure in place at this time. The Program Director would report directly to the Dean of CHST, serve as a member of the CHST Administrative Council, and be responsible for recruitment, maintenance and assessment of the program and associated outcomes, oversight of student progress and success, and compliance with budget allocations. Clinical practicum experiences (externships) will be organized with the help of a dedicated clinical coordinator who would secure and oversee clinical training sites and functions of clinical instructors to ensure student learning that would meet accreditation standards.

Example Links to competitive APA/APPIC Accredited Ph.D. Programs in Clinical Psychology

Neumann University

- <http://www.neumann.edu/>

Fordham:

- http://www.fordham.edu/info/21663/phd_in_clinical_psychology

University of Rochester:

- <http://www.psych.rochester.edu/graduate/clinical/>

University of Buffalo:

- <http://psychology.buffalo.edu/graduate/ph-d/clinical/>

University at Albany/SUNY:

- http://www.albany.edu/psychology/clinical_psychology.php

Syracuse University:

- <http://psychology.syr.edu/graduate/Clinical.html>

University at Binghamton/SUNY:

- <https://www.binghamton.edu/psychology/graduate/clinical-psychology/>

VII. Enrollment Management Expectations and Sustainment

Initial feedback from the Office of Enrollment Management in response to CHST growth in behavioral health at the graduate level was very positive. Early discussions and feedback included the following: “Leveraging internal resources and efforts, results from the contacts and connections you describe, aggressive marketing efforts centrally and in the department, and identifying external resources for tuition and assistantship will be required to achieve enrollment goals. Aggressive external marketing, as well as the development of partnership agreements with appropriate community agencies, government and industry partners and organizations, RIT undergraduate programs and external colleges and universities will be critical to marketing and enrolling students.” The business plan in support of the Program was constructed based on discussions with Leanne Hill, Budget Analyst, Office of Finance and Administration, with the

projection of **four** students per year within a five-year curriculum. To begin, courses will be offered on-campus but the feasibility of online course options will be explored. As stated earlier, the hope is to collaborate closely with external clinical partners and the College of Liberal Arts Psychology faculty around foundational coursework and research initiatives to benefit the students and to promote the most efficient and effective program. Final reporting to validate this enrollment figure specific to the PhD program projection is forthcoming from Enrollment Management.

VIII. Impact on Resources

CHST currently offers a number of elective courses in behavioral sciences of interest to students of the Biomedical Sciences program. Three faculty have been hired, are engaged in teaching, and working in areas of clinical research who carry partial appointments and responsibilities with select organizations outside of RIT (Rochester Regional Health , Monroe County Office of Mental Health, the Veterans Administration, etc.). In addition to incremental faculty planned for implementation of the proposed program, the existing faculty will contribute to core offerings and oversight of clinical preparation for program graduates. It is anticipated there will be additional benefit to the undergraduate population who seek a minor in behavioral health sciences. This will allow students to package select courses from both the undergraduate and 500-level graduate course portfolio.

The primary resources needed to start the program will be additional personnel in the form of full-time clinical faculty, shared faculty between RRH and RIT, program/clinic manager, adjunct and incremental core faculty.

IX. Conclusion

In sum, the “Affordable Care Act of 2010” will lead to a radical change in our health care system as we know it. With the implementation of the proposed Ph.D. program in clinical psychology, the plan is to integrate behavioral health, medical health care and interactive technologies in a systematic way. Health care professionals will be expected to administer best practice approaches to improve treatment outcomes and the quality of life for clients and their families in the most cost effective way. One major target population of the affordable care act is the vulnerable, high-risk, disadvantaged clients who have addiction, trauma, mental health and criminal justice involvement. This plan creates opportunities for unique synergy between programs and will produce professionals who are prepared to meet the needs of multi-cultural populations in a wide array of settings.

Students graduating from the proposed Ph.D. Program at RIT will be uniquely equipped to meet these needs as they will have been provided with an understanding of the complex interactions between physical and behavioral health, and they will know how to apply current research, best practice approaches and advanced technology to promote wellness and move individuals with varied disabilities toward recovery.

References

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Ph.D. in Clinical Psychology

Appendix A (sample curriculum):

First Year

Fall

Clinical Topics Seminar □
Cognitive Assessment □
Psychopathology □
Research Methods □
Introduction to Neuroscience
Research Colloquium

Spring

Clinical Topics Seminar
Personality Assessment □ I
Clinical Diagnosis □
Psychotherapy Theories □
Intro to Psychological Statistics □ □
Research Colloquium □
Identification of Child Abuse

Summer

Regression Analysis (if offered) □
History and Systems in Psychology
Work on MA Thesis

Second Year

Fall

Clinical Topics Seminar □
Externship I □
Ethics in Psychology □
Regression (or Elective)
Research Colloquium

Spring

Clinical Topics Seminar
Externship II □
Electives
Research Colloquium

Summer

Electives (optional) □

Third Year

Fall

Clinical Topics Seminar □
Externship III □
Multicultural Seminar
Electives
Research Colloquium

Spring

Clinical Topics Seminar
Externship IV □
Cognition and Affect
Electives
Research Colloquium

Summer

Teaching of Psychology
Electives (optional)
Begin Dissertation

Fourth Year

Fall

Externship V
Dissertation Proposal □
Internship Applications

Spring

Externship VI
Dissertation Data Collection
Internship Interviews

Summer

Begin Internship

Fifth Year (Fall/Spring/Summer)

Internship/Dissertation preparation/Dissertation defense

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March 1, 2016

Jeremy Haefner
Provost
RIT

Dr. Haefner,

I am writing in total support of, and without hesitation, the Concept Paper that outlines the proposal for a new PhD degree in Clinical Psychology to be offered by the College of Health Sciences and Technology. This is a degree that takes advantage of the strong foundation of faculty expertise and scholarship already in place within our College, and capitalizes on our productive collaboration with multiple external partners from the medical community to contribute to the workforce needed to address the mental/behavioral health issues of this region, country, and around the world.

As you may already be aware, our College already has many clinical affiliates (RRH, Hillside, Easter Seals), several of which have already stepped forward to fund year-long internship slots, overseen by our CHST faculty, starting this July 2016 (we already have seven applicants!). These are internship programs to be accredited by the American Psychological Association to satisfy PhD requirements for any US clinical psychology program. Our medical partners (especially RRH) are critical to the practicum, internship, and didactic program delivery for this proposed PhD. Additionally, we have reached out to the College of Liberal Arts in the past and will continue to do so in hopes of sharing foundational curricula and potential research initiatives that will benefit everyone, most importantly the students. We are committed to offering the best possible degree program that is evidence-based in clinical scientific principles and investigation to train graduates to be highly competitive for jobs and successful futures with upward professional growth and career trajectory.

In short, the College of Health Sciences and Technology strongly supports this Concept Paper and is in favor of this degree proposal moving forward to full proposal preparation in anticipation of University and State of New York approval for implementation. This College administration stands ready to move this College forward as a budding "medical center" and to move ahead to cultivate internal and external partnerships in all ways possible to ensure success.

If you have any questions, please do not hesitate to contact me at any time.

Regards,



Daniel Ornt, MD, FACP
Vice President and Dean

**Ph.D. Clinical Psychology
SUMMARY REPORT**

Fiscal Year	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	5 Year Total
Avg Enrollment: Students (FT + PT)	4	8	11	15	18	55
Revenue (Net of Aid)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Faculty Expense	\$ 20,974	\$ 41,828	\$ 62,274	\$ 81,017	\$ 83,042	\$ 289,135
Total Expense	\$ 159,858	\$ 284,033	\$ 403,653	\$ 514,448	\$ 563,974	\$ 1,925,967
Contribution Margin Surplus/(Deficit)	\$ (159,858)	\$ (284,033)	\$ (403,653)	\$ (514,448)	\$ (563,974)	\$ (1,925,967)

Dick,

I've looked at your paper, and it seems fine. We don't do true enrollment projections through EMCS for PhD programs, as the model for the PhD programs is very different from masters programs. In general PhD programs do not rely on mass-market recruitment and enrollment, and resources come from sources other than student paying tuition. While we advertise and support the admission process, the department/faculty are much more engaged in the outreach and recruitment of individuals for the program.

The four students per year you list in the paper seems fine, of course the ability to attract and enroll those students will be based on having the funding and resources available to them.

Let me know if this is sufficient for you to proceed,

Diane

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