

## Student-Focused Summary of CUDCP Midwinter Meeting 2003 Charleston, South Carolina

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The summary below is intended to be *relevant* and *interesting* to students of CUDCP programs. It is not intended to be an exhaustive summary of the midwinter meeting, but to be short and succinct enough to be readable by students who are not very aware of or involved in the issues described. This summary was compiled by the three current student reps to the organization, and we hope you enjoy it!

### Intro to CUDCP:

What is CUDCP? The acronym stands for the Council of University Directors of Clinical Psychology. There are currently about 160 clinical psychology member programs in CUDCP from across the United States and Canada. Programs must apply to be accepted as members of the organization, and the key to acceptance is that they espouse a "scientist-practitioner" model of graduate education. Directors of Clinical Training (DCTs) serve as program representatives to the organization.

What does CUDCP do? Briefly, its purpose is "to promote the advancement of doctoral graduate education in Clinical Psychology" ...producing "psychologists who are educated and trained to generate and integrate scientific and professional knowledge and skills so as to further psychological science, the professional practice of psychology, and human welfare." The organization is **committed to the education, training, personal and professional development of doctoral students in clinical psychology** and maintains liaison relationships with other key organizations such as APA and APPIC in order to insure and promote student welfare. Additional information about CUDCP is available on the organization's website at [www.am.org/cudcp](http://www.am.org/cudcp).

### **Survey About Impaired Students: An Unexpectedly Hot Topic**

Last year, CUDCP sent out a **survey to students asking about their experience with 'impaired' or 'problematic' students in clinical psych programs**. Students reported on the types of 'impairments' they had seen peers experience; on how faculty addressed (or failed to address) these peers; on the emotional and academic impact that 'impaired' peers had on other students; and on their views as to how to address and support these students as well as maintain the program's standards. (For a report of the survey results, please contact Jessey Bernstein: [jesseyb@psych.rochester.edu](mailto:jesseyb@psych.rochester.edu).) In addition, amidst the answers to the survey questions themselves came a clear statement of dissatisfaction about the term 'impairment' (experienced as unclear and even offensive), and about the tone of the survey (experienced as promoting an unsympathetic attitude towards students experiencing psychological difficulties).

As part of the response to this reaction, a panel was formed to address the issue at CUDCP's midwinter meeting. Dr. B. Thorn addressed impairment vs. disability and, in spite of the existing legal/definitional overlap between the two, was able to offer clear guidelines for the accommodations that programs can and/or need make for students claiming either. How issues of impairment carry over to professional certification/licensure processes were addressed by Dr. M.D. Rudd, a DCT who has been on the Texas Psychology Licensing Board for the past 5 and a half years, and Jessey Bernstein, M.A., reported on the survey findings in order to acquaint the clinical training directors with how students experienced impairment and its management in their own programs.

### **Competencies in Clinical Training:**

In November 2002, representatives from constituency groups including education, training, practice, research, and public interest attended the **2002 Competencies Conference on future directions in education, training, and credentialing in professional psychology**. The primary goals of the conference were to define the core competencies in the training of clinical psychologists, discuss educational and training experiences that would facilitate the development of these competencies, and identify strategies to assess these core competencies. Eight core competencies were identified: (1) scientific foundations and research, (2) ethical, legal, public policy/advocacy, and professional issues, (3) supervision, (4) psychological assessment, (5) individual and cultural diversity, (6) intervention, (7) consultation and interdisciplinary relationships, and (8) professional development. Summaries from workgroups devoted to each of the above competencies are available on the APPIC webpage ([www.appic.org](http://www.appic.org)). Outcomes from the conference were discussed at the 2003 Midwinter CUDCP meeting, and two breakout sessions were held as a follow-up to the Competencies conference. Specific topics discussed in the breakout sessions included: the definition of the word "science" and innovative ways to develop and assess competence (e.g., through experiential learning, virtual reality technology) in doctoral students in clinical psychology.

### **Diversity Task Force:**

Another area of focus among a "task force" of DCTs was related to the **focus on diversity within training programs in clinical psychology**. A high priority is placed on encouraging students from under-represented backgrounds to take advantage of opportunities to continue their education and training at the graduate level. DCTs shared success stories as well as challenges related to mentoring undergraduate students and encouraging them to apply to CUDCP programs. A common concern was that currently many students from under-represented backgrounds express a level of discomfort with the field of Clinical psychology and instead opt for careers in medicine or other sciences. They proposed a number of potential solutions to this problem including a mentoring program for qualified undergraduate students. The task force has agreed to try out some of the new ideas with the intention of meeting again to refine their goals and methods.

## **By-Law Changes:**

At the General Business meeting, the members of CUDCP voted to **pass several by-law resolutions** recommended by the Board. Few major changes were made. However, the qualifications for program membership were clarified to reflect the ideals of CUDCP in training “scientifically-minded psychologists.” In addition, the make-up of the Board may be affected somewhat by changes in term limits of officers. According to the new by-laws, the Chair and Secretary-Treasurer will be elected from the Board on alternating years for a two-year term. Both officers may be re-elected to serve a total of 3 terms. Officers are automatically members of the Board, and the other positions will be filled to reach a maximum of 9 Board members plus 3 student representatives and any guest/ex-officio members as determined by the Board.

Another large focus of the meeting pertained to unclear **language in guidelines used by the Committee on Accreditation (CoA), which is responsible for determining whether a doctoral program in psychology will be APA accredited or not.** According to the guidelines set forth, programs eligible for accreditation must be either clinical, school, counseling, or some combination of these. However, wording of current CoA guidelines and principles also leaves room for application from programs in “emerging substantive areas” of professional psychology. These terms have been difficult to define and, in the current system, potentially lead to requests for accreditation from programs with an emphasis too narrow in scope for CoA’s mission in accreditation. In order to respond to CoA’s request for public comment, the members of CUDCP voted to pass a resolution stating that the Council is in favor of deleting this phrase from the current guidelines in order to prevent further confusion.