



July 31, 2024

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Dear Dr Pogue-Geile,

It is my great pleasure to inform you that the **Clinical Science Psychology Doctoral Program in the Department of Psychology at the University of Pittsburgh is now re-accredited by the Psychological Clinical Science Accreditation System** and is listed as such on the PCSAS website. Re-accreditation was made final when the PCSAS Board of Directors ratified the Review Committee's earlier approval. The PCSAS Board, Review Committee, and I are delighted that you will continue to be among our programs. It was in May of 2013 that the University of Pittsburgh joined PCSAS's list accredited programs. Reaccreditation signals that PCSAS is confident that the University of Pittsburgh will continue to uphold the standards of PCSAS and promote its mission of advancing public health through science-centered education. Graduates of PCSAS programs make a difference! We ask that you add your PCSAS re-accreditation distinction prominently to your website and program materials. A list of the 48 accredited PCSAS programs and members of the PCSAS review committee can be found on our website at: www.pcsas.org.

Your renewal is valid for a period of up to ten years, predicated on maintaining and enhancing the high quality of training documented in your renewal application. To retain accreditation for the full ten years, you must submit an annual report, respond satisfactorily to all PCSAS queries regarding program developments, and pay annual fees. Accreditation will expire on May 21, 2034. Another renewal application must therefore be submitted by January 15, 2034, for review in May of that year to continue accreditation.

PCSAS Background. PCSAS was created to provide rigorous, objective, and empirically based accreditation to both recognize and promote exemplary clinical science programs that embody the highest science-centered standards of education and training. PCSAS programs produce integrative and trans-disciplinary psychological clinical scientists who, in their research and application, employ scientific methods and knowledge from a broad range of perspectives to advance the understanding and management of important public health problems and to extend the science base for psychological care.

To be eligible to apply for PCSAS accreditation, a program must grant the Ph.D., must be in a non-profit, research-intensive university, and must demonstrate that its chief mission is to prepare its graduates for careers as *clinical scientists*. These are careers in which graduates make significant contributions to advancing, disseminating, and applying scientific knowledge regarding the nature, origins, prediction, assessment, prevention, and amelioration of psychopathology and health-compromising behaviors.

To earn PCSAS accreditation, applicants must demonstrate a strong commitment to high-quality, science-centered education and training in clinical psychology, with an emphasis on integrative research and application. This commitment must be articulated explicitly in the program's documents, public disclosures, and website; must be operationalized through a coherent educational plan, curriculum, and allocation of resources; and must be demonstrated in the activities and accomplishments of the program's faculty, students, and graduates.

Programs must provide clear evidence of a consistent record of graduating clinical scientists — individuals who have made meaningful contributions to basic and applied research relevant to mental and behavioral health problems and who have used their scientific knowledge and skills to design, develop, select, evaluate, supervise, disseminate, and deliver empirically supported assessments, interventions, and prevention strategies. Importantly, additional evaluation criteria are a strong mentoring component in research and application, and equally strong commitments to diversity, equity, inclusion and social justice, ethics, and continuous quality improvement.

The PCSAS Review Committee examined the University of Pittsburgh's clinical science program in detail and concluded that the program more than satisfies all these standards.

Overview of the University of Pittsburgh Reviews. The PCSAS Review Committee's evaluation of the University of Pittsburgh's application involved two independent reviews of the program's detailed self-study, an in-person site-visit by Dr. Sherryl Goodman from Emory University and Dr. Jason Moser from Michigan State University, and a formal and extensive discussion by the Review Committee.

Attached are the detailed written summaries of reviewers' and site-visitors' evaluations of your program. These summaries feature the program's many impressive strengths. Some highlights of these reviews are presented here.

The *sine qua non* of gaining and maintaining PCSAS accreditation is a documented strong record of consistently graduating productive clinical scientists and, indeed, the University of Pittsburgh has built such a record. You will see from the attached summaries that your doctoral program has proven its status by training students who have gone on to prominent careers in which they have made significant contributions to advancing psychological clinical science—through research, teaching, service, and professional leadership. It is evident that the University of Pittsburgh's clinical science graduates are involved in the delivery and/or dissemination of clinical services and base their clinical applications on scientific evidence as well as outstanding research.

Because continuous quality improvement is a point of emphasis at PCSAS, you will see at the end of this summary and particularly in the attachments a few areas that faculty might consider exploring to enhance the program's current excellence. The comments are offered respectfully as food for thought and do not diminish in any way the Review Committee's high esteem for Pittsburgh's program.

In sum, the University of Pittsburgh's program has developed an impressive formula for strong scientific, ethical, and professional values in its students; for arming the students with cutting-edge knowledge, skills, and methods; and for supporting graduates once they have left the program to pursue careers.

Review Highlights. PCSAS's mission is to advance public health by promoting sweeping improvements in the quality and scientific foundations of graduate education and training in clinical psychology across the U.S. and Canada. I present just a few review highlights here. Much more detail is available in the attached reviews.

Conceptual Foundations: The University of Pittsburgh's (Pitt) Clinical Psychology Program is a founding member of the Academy of Psychological Clinical Science (APCS), the parent organization of PCSAS. Pitt's program is also accredited by the American Psychological Association's Commission on Accreditation. The program's primary goal is to train outstanding clinical scientists who contribute to research and teaching, and who practice with empirically supported techniques. The program's approach to training is based on six general principles, all consistent with the Clinical Science model; the application provided details about the rationale for their approach to training. The conceptual foundation of the Clinical Program is further elaborated in a set of general objectives for training, each of which is associated with competencies that all students are expected to possess prior to receiving the Ph.D. Each competency is well justified with a rationale for why the program faculty believe that the objectives contribute to their primary goals, i.e., training clinical scientists. The objectives are clearly defined and well-justified and are summarized in the reviewer reports. Importantly, the competency objectives are highly consistent with a Clinical Science training model, and they are a clear strength of the program. The training model includes numerous examples of the integration of science and practice. One potential area of growth would be to develop and implement organized approaches to socializing students into alternative Clinical Science career models; that is, what CS outcomes can look like.

Students: The Pitt program is moderate-to-large in size compared to other PCSAS programs, with an average incoming graduate class of seven students. The overall acceptance rate is quite competitive, 2% or lower. The graduate students in the program have very impressive track records. The Pitt program made the GRE optional in the 2021-2022 recruitment year. Most prospective students do not submit a GRE with their application; however, faculty reported that they will review the scores if they are submitted. The program weighs a strong interest in research very highly in their admissions decisions. Applicants to the program are initially reviewed by the mentor identified by the applicant. A holistic review rubric is then used to aid faculty in choosing potential interviewees. The full clinical faculty then meet to discuss potential interviewees with the goal to shorten the list to approximately 35 applicants to interview. Applicants selected for interviews undergo a Zoom interview weekend for which there is also a rubric that is used that almost completely mirrors the rubric used for initial application review. Accepted students are invited out to Pittsburgh for an in-person recruitment visit. All indications are that students are well-enculturated into the clinical science model via the program materials, during the interview process, and while in the program. Explicit conversations about the training model and training goals are part of a first-year course, Ethics and Professional Issues. There was some sense from the site visit meetings, however, that clinical application is given less attention, which has a knock-on effect of reducing the strength of the research-application integration, and that program faculty may be sending the message that non-research focused/knowledge-generation outcomes are undesirable. There appears to be strong, positive relationships between students and advisors. Students appear to be productive during their time in the

program: The majority have multiple publications and conference presentations with their advisors, and many have received internal and/or external awards or recognition for their scholarly work. The mean time-to-completion, including the internship year, is 7.23 years, which is about a year longer than most PCSAS programs. The program is designed this way, however, such that students have ample time to develop and complete research projects that make them competitive for clinical science careers. Faculty seemed to believe that seven years were appropriate for training though some students thought the program is long. Primary mentors are expected to contribute to students' funding, but there are also teaching assistantships and instructor positions available as funding mechanisms, four T32s, clinical assistantships and several other fellowships available across the university to support students. Students interested in training in teaching and instruction have opportunities to teach undergraduate courses in the department and can pursue a teaching certificate. All students are required to teach one class as the instructor of record. Students receive feedback yearly in a letter co-signed by the DCT and the chair of any other department program of which they are a part. Issues with timely progress are primarily handled by the primary advisor and advisory committee, and then elevated to the DCT, as needed. Grievance procedures are laid out clearly for the students in the program and department handbooks. There have been no formal grievances filed in the clinical program in the past 10 years. The program has also had little attrition in the past 10 years.

Curriculum: The Pitt curriculum is driven by the specific student research competencies specified in the training goals. This coherent framework guiding the curriculum is a strength of the program. Although the clinical science perspective is clear in some aspects of the curriculum, it would benefit from being clearer in others. Students meet the *Broad Base of Knowledge* requirement by either having completed a relevant course as an undergraduate or by completing an approved Foundational graduate course selected from among five courses in different areas. Students must acquire graduate level knowledge, which requires them to satisfactorily complete an approved Graduate course in all five areas. Students must demonstrate graduate level knowledge that integrates across at least two of the five basic areas. Students acquire *Knowledge of Research Design and Statistical Analysis* by satisfactorily completing two courses in Statistical Analysis and one in Research Methods in Clinical Psychology, all in the first year. Students also have the option of a Departmental Quantitative Minor, which is satisfied with three additional quantitative courses and by their research having a quantitative emphasis. Students acquire *Broad Knowledge of Clinical Psychology* by completing two courses: Psychopathology and the Clinical Research Seminar Series. For *In-Depth Knowledge of a Specialty Area*, students typically concentrate on one of the three inter-related general areas of clinical and research emphasis within the program: Developmental Psychopathology, Adult Psychopathology, and Health Psychology. The concentration guides their choice of elective courses, research and milestone projects, and advanced clinical externships in ways that result in depth of knowledge in one of those areas. This approach is highly consistent with the clinical science approach to training. Students may further acquire in-depth knowledge by choosing to "formalize and document an emphasis" in Developmental Psychopathology, Health Psychology, and/or Cognitive Neuroscience. Students do so by jointly fulfilling the requirements of the Developmental Psychology Program, Biological and Health Psychology Program, or Center for the Neural Basis of Cognition, respectively. This coursework design is highly consistent with the Clinical Science approach. Some students take the two required assessment courses in their first year and some in their second year; some students take the treatment modules in their first year and others in their second year. Students meet the last Program Training goal, related to teaching, by meeting the requirement to take a Teaching of Psychology course and to gain teaching experience, i.e., to independently teach a course as a Teaching Fellow. The teacher training is a strength of the program. Overall, the course load is quite high, which is inconsistent with the CS model and likely contributes to how long it takes Pitt students to graduate. The program may want to look for ways of reducing the course load.

Research Training: Research activities are the central focus of graduate training. The research training is mentor-directed and co-mentored for several students. The coursework, required and elective, as detailed in the previous section, provide the foundational knowledge and statistical skills to support students' engaging in research training in the lab. Students have the impression that 10 hours per week are required in the lab. Given that faculty vary on how much they enforce that expectation, one recommendation is to make equitable the minimal number of hours in the lab that the program requires of students. Students were also unclear about definitions of "time off" from research expectations. Outside of coursework, students also develop expertise in specific topics by the focus of topics they choose, with guidance from their mentors, for their program milestone projects other research projects. Consistent with a clinical science perspective, the Clinical Program relies on the mentorship model, beginning with students being accepted into the program to work with a specific faculty member and continuing with the students being involved in that faculty member's research throughout their time in the program. Students also have the option of having a secondary mentor, typically with the aim of integrating an additional area of expertise. Through direct research mentoring, students acquire detailed knowledge and skills. For *Ability to Design, Propose, Conduct, Analyze, and Write Up an Empirical Study that is Novel and Makes a Contribution to Knowledge*, students are required to complete a minimum of two research projects, which comprise their master's thesis project and their dissertation. Students are encouraged to defend their dissertations prior to beginning their clinical internship. The expectation is that the thesis and dissertation be publishable and reflect programmatic research for the student. For *Ability to Evaluate Studies and Write Critical and Integrative Reviews of Specific Research Questions in Clinical Psychology*, students are required to successfully complete a comprehensive paper. The timing of this is between the master's thesis defense and the dissertation proposal. Finally, students meet the training goal of *Knowledge of and Participation in Professional Scientific Activities* by being encouraged to publish and present their research at national meetings. A high number of students do so. Students are encouraged to submit applications for research funding and stipend support. Timeliness of Milestone completion is tracked by the DGS every term and students are categorized as being in red, green, or yellow zones in relation to deadlines/milestones for program requirements. Students report that this annual categorizing motivates them to stay on track.

Application Training: Clinical training takes a gradual and stepped approach, wherein students complete two assessment courses and set of three of four half-semester didactic treatment modules in their first two years. In addition, students complete three semesters of Professional & Ethics Issues, which cover a number of content areas. Students begin their clinical practicum training at the in-house Psychology Clinic in the summer of their first year. Students continue their training in the Pitt Psychology Clinic for a minimum of six semesters, through the Spring term of their third year. Following their in-house training, students are required to complete at least one external practicum – most students do two or three. The in-house clinical training is excellent and a unique strength of the program. The clinic is run by Dr. Jill Cyranowski, who is a renowned treatment outcome researcher who also ran the WPIC internship program for over a decade. Many of the other core clinical program faculty also supervise in the clinic, which is another key feature of the program that exceeds what is typical of other PCSAS programs. Together, the program faculty offer excellent training in evidence-based practice and models of clinical scientists. One concern about the training clinic is the limited ethnic diversity of the adult and child clients, despite it being a community clinic. The students have a wide number and range of practicum sites from which to choose that offer students the ability to obtain specialty experiences in various modalities and concentrations across the lifespan. The program maintains an externship handbook from which students can learn about options and then apply. The clinic director ensures that existing externships remain "in-model" by holding regular meetings with supervisors and directors. Students also provide ratings on externships each year, which the clinic director and DCT review to ensure quality clinical science training and identify any concerns or room for improvement. Practicum supervisors reported continuous dialogue with the program faculty as to training objectives and operationalizations of competencies in the evaluations of students. They also reported feeling fully integrated into the program. In the past 10 years, students in the Pitt clinical program

accrued an average of 875 total direct contact hours by the time internship applications were submitted. In conversations with students and faculty, there was a general sentiment that perhaps students are doing more direct clinical work than need be, given the research, coursework, and other demands of the program. With respect to integration of science and application, the site visit team could see many instances of where it takes place, including in the program faculty labs who conduct intervention research and on externship sites. That said, and noted above, there were some comments and examples from students (and some faculty, too) that the integration of science and practice could be clearer in cases where faculty themselves are not conducting intervention research or where explicit statements or offers of integration are not made elsewhere in the program. Thus, the program could continue to stress this core tenet of clinical science training – i.e., integration – and perhaps point more explicitly to opportunities to integrate science and application.

Diversity: The first indication of the Clinical Program’s commitment to DEI is in one of the articulated competencies being dedicated to it. The clinical students have a diversity committee and the DCT meets with them regularly. Diversity issues are among the topics of the course, Professional & Ethical Issues. Dr. Cyranowski leads a quarterly meeting of clinic supervisors, with the focus of that meeting being cultural humility and clinical supervision, with the goal being to ensure that diversity issues are addressed well in supervision. Supervisors assess students’ skills in diversity issues every term. In their fifth year, students are required to present a case conference, based on their cultural humility training, that focuses on diversity issues. This capstone case presentation would be even more consistent with a Clinical Science perspective if it were not constrained to the Clinic, i.e., if program faculty were involved and science were systematically integrated into the presentations. The Clinical Program Research Seminar has a ‘dedicated slot for speakers on diversity topics.’ As with the student case presentation, it is not clear that the DEI topics in the Research Seminar exemplify an integrated clinical science perspective. The Psychology Clinic sponsors an annual workshop on a different cultural diversity topic each year. DEI appears to also be infused into much, but not all, of the curriculum, based on an overview of the course syllabi. The application self-study describes the adult and child clients of the training clinic as being “diverse” or of “a wide range”, with fees being on a sliding scale. This would be expected given Pittsburgh as a major urban center. However, the clients are not as diverse as they could be. Additional training experiences on DEI include the Clinical Program’s Psychology, Equity, Inclusion, and Community Student Subcommittee, which meets monthly with the DCT and Clinic Director, and various structures in the Department of Psychology that focus on DEI, such as affinity groups for BIPOC, LGBTQ+, and first-generation college graduates. In terms of atmosphere, the program judges the variety of DEI experiences as producing “a program and departmental atmosphere that signals diversity is valued.” Students would like to see more faculty initiatives and leadership in this space and more faculty participation in student-initiated DEI activities. The department and program also work to increase diversity of the faculty, but it appears that the clinical program has fewer diverse faculty than the rest of the department. Important context is that the most recent clinical program hire was in 2014, thus there have been no recent opportunities to diversify the clinical faculty. To enhance diversity of the graduate students, the program takes several steps. For example, the department operates a 1-year post-baccalaureate training program that is aimed at engaging talented under-represented minority undergraduates. The admission application includes an opportunity for applicants to describe “instances of personal persistence and resilience.” Faculty conduct a holistic review with an objective rating form for each application, blind to race/ethnicity. In terms of coursework, except for Social Psychology, Developmental Psychology, and Clinical Psychopathology Assessment and Developmental, mention of DEI topics in course syllabi was sparse or non-existent. This is concerning.

Ethics: The Pitt program has a dedicated three-credit course series entitled “Ethics & Professional Issues” that students take across Spring and Summer terms of their first year and the Fall term of their second year in the program. This course series serves to cover a range of topics in professional psychology, ethics, and DEI, as well as provide students with additional didactics on therapy techniques and clinical case

presentations. Students also obtain training in ethics in a variety of their research and application courses, in their research labs, in their certification programs for IRB and HIPAA compliance, and in practica. Moreover, ethics is clearly stated as a core competency on student evaluation documents. Thus, ethics and ethical issues appear to have adequate coverage.

Faculty: The Pitt faculty includes 11 core faculty in Psychology, including 10 tenure-track and one non-tenure track faculty member/clinic director. The program also benefits from another 10 affiliate faculty who engage in mentoring or teaching in the program. The Pitt program is unique in that it is organized around major strength areas, including clinical, developmental, and biological/health psychology. Thus, the faculty cover a range of transdisciplinary topics in psychology and related sciences. Given the organization of the broader Psychology department, the faculty are a highly collaborative and integrated group. The faculty are outstanding, with several longstanding stars of clinical, biological/health, and developmental science. They have received major awards, led major psychological and clinical science organizations, edited top journals, are well-published in high impact journals, highly cited, and have secured significant grant funding. The majority of the core, tenure-stream faculty are full professors. Thus, the core faculty is somewhat top heavy, with one associate and three assistants out of the remaining four faculty. Given a recent move and two retirements in the past year, the program is a bit smaller than in the past and hopes to hire in the next year or so. Hiring and growth of the faculty is seen as a goal of the program moving forward and the college and department are very supportive of the clinical program hiring in the near future. Growth of the faculty will not only help the program meet its own goals around size and research coverage, but also help with covering its courses and other curricular needs. Overall, this is a strong clinical science faculty who have successfully run this multi-pronged program for several decades and produced impactful clinical science graduates.

Resources and Environment: The Pitt clinical program has strong support from the Department of Psychology and the Natural Science Division of the Dietrich School of Arts and Sciences, of which Psychology is a member. The School considers Psychology to be one of its strongest departments, based on research activity, quality of graduate students, and undergraduate teaching. The clinical program is the largest of five core doctoral programs in the Department of Psychology, based on number of students. Given its size and high ranking, it is well situated within the Department of Psychology. Students receive support from faculty outside of the clinical program, such as by faculty in other programs serving on their thesis or dissertation committee. Overall, the clinical program's emphasis on clinical science training is consistent with the priorities of the Psychology Department, the Arts and Sciences School, and the University. The program has administrative support in the form of an individual who checks in clients at the training clinic and handles all program administrative needs. The training clinic would benefit from upgraded audio-visual equipment. The program would benefit from the DCT having summer salary. The financial support for students appears to be adequate at present: the current minimum annual stipend is \$34,170, plus tuition remission and health insurance. Students report being able to live on this stipend after making compromises about housing and transportation. There is the appearance of an equity issue in terms of the varying time demands tied to the funding sources. The support for student professional travel and related expenses (up to \$500 per year from the Department with some additional support from mentors and/or the University) is quite low. Again, there is an equity issue, given that some students will have their own, family, or mentor resources and others will not. Overall, physical facilities are first rate. The Department is centrally located within the University. WPIC and Carnegie-Mellon University are easily accessible.

Quality of the Science: The quality of the research training is clearly a strength of the Pitt Clinical Science program. The quality of the science is evident across a number of indicators. The faculty are clearly engaged in high-impact, high-visibility research that has a history of being well-funded. The level of research activity among the trainees is robust and reflects the program's stated training priorities. The site

visitor's conversations with students reaffirmed that the research training was a clear strength of the program and that their experience was highly consistent with how the program was advertised. Results of recent alumni survey further support this conclusion, with students rating high their overall preparation for research careers. Furthermore, as indicated below in the outcomes section, the majority of program graduates go on to function as clinical scientists, a hallmark of a successful clinical science program.

Quality Improvement: The Clinical Program engages in a continual monitoring process to assess its goals, objectives, competencies, and outcomes. This process begins with an annual evaluation of the applicant pool and the yield, which guides potential improvements for subsequent years. The process continues with annual evaluations of students' attainment of the competencies, each of which is clearly defined, culminating in students' annual evaluation letters. In a series of faculty meetings, faculty review students' grades, milestone progress, clinical supervisor ratings, faculty observations, and student publications and presentations. This monitoring informs feedback to the graduate students and also provides information on changes that the program might consider. Students provide formal, written, confidential feedback to the Program on all training activities. The Clinic Director and DCT review evaluations of clinical supervisors and respond as needed. The Department Chair and Executive Committee review evaluations of courses and research mentors. Two student representatives, elected by their peers, are invited to participate in monthly Program faculty meetings. Clinical students also meet with the DCT once per term. The faculty also conduct periodic surveys of recent graduates/alumni and discuss findings to determine potential program changes. Information gathered from all of these processes form the basis of ongoing evaluations of the Program's effectiveness in meeting its goals.

Outcomes: The principal outcome of interest as it pertains to PCSAS accreditation is the percentage of graduates of the program who are currently functioning as clinical scientists. The program conducted a review of the graduates over the last ten years, based on their CVs and response to surveys, to determine if their engagement in various types of clinical science activities and career trajectories indicated that the person was functioning as an active clinical scientist. The CVs and self-reported percentage effort ratings of the 53 graduates over the past 10 years were rated by the DCT on a 6-point scale with regard to their current position. Although the program did not provide a clear estimate of how many graduates they considered to be "true" clinical scientists, 74% of the program graduates were rated as a 4, 5, or a 6 on their scale, indicating, at least, some degree of generation and/or broad dissemination of clinical science knowledge. Both site visitors separately reviewed the CVs, faculty narratives of graduates, and graduate self-rated percent effort on professional activities in their current positions. After review, the site visitors arrived at independent percentages of 72% and 75%. The two independent readers of the material also rated the program at 60% and 68%. Thus, the ratings are quite consistent and strong, with all ratings of the program's outcomes clearly above a 50% threshold expected by PCSAS.

Recommendations: As part of the review process, the site visitors and reviewers offer some recommendations to consider as the program deems appropriate. To be clear, the program's accreditation is in no way dependent on modifications of the current program. The major points made by the reviewers for the program to consider include:

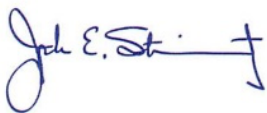
1. Although growth to date in DEI has been strong, efforts could be made to infuse DEI throughout the curriculum moving forward. Also, the program might consider innovating their holistic review of applicants to pull for more diversity in its applicant pool and focusing on diversity science in job ads for future hires.
2. Quality improvement assessments could be improved.
3. Consider more systematic and quantitative ways to evaluate students across time vis-à-vis the stated principles/competencies/goals of the program.
4. Consider creative ways to reduce the course load and step back from "APA-centric" approach.

5. Continue to monitor and to consider ways to further reduce hours students spend on clinical work and guard against increases in average number of hours.
6. Make the clinical science model clear and more consistent to students across their time in the program and all the components of the program. In particular, inform them of the range of clinical science career paths.
7. Dr. Cyranowski is so important. The program should continue efforts to retain her, including ensuring that her salary is competitive and commensurate with her duties and by helping her get her research back up and running in the clinic.
8. Consider intentional efforts to “close the gap” between science and application training. That is, to increase integration of science and application – a core principle of clinical science model.
9. The program should continue to keep its eye on stipend levels for graduate students as prices rise in the Pittsburgh area.
10. The program and department could continue brainstorming creative ways to increase the budget for student travel based on need.
11. Consider sharing student ratings of externship sites with students to help them make informed choices.
12. Consider additional ways to communicate expectations of students in terms of lab work hours and time off requests.
13. The program might consider creative ways to meet the needs of the more child/developmental focused trainees.
14. The affiliated faculty from WPIC/Psychiatry are a real strength of the program. The leadership should continue to monitor and ensure that they are well integrated into the program and are informed and knowledgeable about program milestones so that they may serve as the most effective clinical science mentors that they can be.
15. The program might consider additional ways to continue to strengthen connectivity by holding program-wide events.

In summary, this is a high-quality program with outstanding clinical science faculty in an outstanding department with excellent students and a clinical science training model that is fully implemented. The curriculum is outstanding, applied training is excellent, and the quality of the science produced by the faculty and students is exemplary. The PCSAS Review Committee judged the University of Pittsburgh Doctoral Program in Clinical Science Psychology to be one that meets and exceeds PCSAS’s high standards for accreditation and the PCSAS Board of Directors concurred with that judgment. The program, department, and university have well-earned this special designation. PCSAS is proud to retain the University of Pittsburgh among its distinguished roster of accredited clinical science programs.

Please feel free to contact me if you have any questions about your review, the committee’s decision, your accreditation status, or anything related to PCSAS. All of us associated with PCSAS hope that your achievement of PCSAS re-accreditation sustains our ongoing collaboration aimed at advancing clinical science and public health.

Sincerely,



Joseph E. Steinmetz, Ph.D.
Executive Director

Attachments: Program Review, Reviewer 1 Comments, Reviewer 2 Comments (3 documents)