

**External Review**  
**M.S. in Psychology Program**  
**Spring 2022**

**Review Team Members**

Lori A. Barker, Ph.D., Professor, Director of M.S. in Psychology (MFT) Program, Cal Poly Pomona

Leah Brew, Ph.D., LPCC, CCMHC, NCC is Chair and Professor in the Department of Counseling at California State University, Fullerton.

Laura Ibarra - Assistant Program Chair and Professor for MS in Educational Counseling and University of La Verne

**The Review Process**

- Reviewers were provided with a self-study that also contained the most recent annual review of student learning outcomes.
- Reviewers requested and were provided with:
  - Blank Internship Forms
  - SLO Assessment Reports since 2017-2018
  - Supervisor Responsibility Forms since 2017
  - Contracts for Practicum Sites
  - Completed Hours Logs for Students
  - Site Descriptions
  - Syllabi
  - Curriculum Vitae of primary faculty teaching in the program (full- and part-time instructors)
- Reviewers attended a one-day site visit and interviewed the following groups:
  - Students (in years 1, 2 and 3)
  - Full- and Part-time Faculty Members, including from the larger Department
  - Department Staff (but not the person who had supported the program more closely)
  - Department Chair
  - Program Coordinator
  - Dean
  - Associate Dean of the College
  - Internship Representatives (e.g., Fieldwork Supervisors for students)

## Commendations

The most outstanding aspect of this program is that they focus on the scientist-practitioner model. The program faculty believe this makes them stand out from other clinical psychology masters programs in the area, and the reviewers agree. The scientist-practitioner model is designed to prepare students to both provide mental health services and conduct research on mental health issues. The belief is that knowledge and understanding of research enhances clinical skill, and vice versa, that clinical experience informs research on mental health issues. The M.S. Program serves as a stepping stone for students who wish to go on to Clinical Ph.D. programs in Psychology. This is particularly beneficial for students who may not have known as undergraduate students what path they wanted to pursue, or for students who may not have qualified for Ph.D. programs after completing their undergraduate degree. Thus, this Program increases access for diverse student populations. Even if students do not wish to pursue a Ph.D., the scientist-practitioner model increases research literacy where students learn to stay current with recent developments in the field (e.g., evidence-based treatments) and become more critical and skilled consumers of empirical information. Agency supervisors highlighted these skills as a significant strength of Fullerton's program.

Below are other strengths of the program.

- The program emphasizes research, particularly quantitative research. Students seem prepared to not only be strong consumers of research, but also competent to conduct research. The scientist-practitioner model supports students who want to pursue doctorates. Many students either have not been offered the resources to know what they want to pursue before coming into this program, while other students have been under-resourced and are not yet prepared to apply to doctoral programs. The juxtaposition of clinical skills and research increases chances of students, particularly from historically marginalized communities, to get into doctoral programs. This assertion is supported by the fact that two-to-three students are accepted into high-quality doctoral programs in clinical (or other fields of) psychology. Students also have the opportunity to work with professors as teaching and lab assistants, present at conferences, and co-author publications with their mentors/advisors.
- The demand for this program is strong based upon the admissions data.
- All stakeholders we interviewed who could assess the quality of the students agreed that their preparation to become marriage and family therapists was excellent. Additionally, students were reported to be: professional, open, engaged, academically prepared, poised, wise (even though many are young), and client-centered (meaning they focus on establishing a strong relationship with clients). Students evidenced some of these qualities when we met with them, and they stated that they expect their coursework to be rigorous so that they can be better prepared to provide psychotherapy effectively. They are clearly committed to being strong clinicians.
- All stakeholders we interviewed agreed that the current Program Chair is passionate about and committed to serving the students. He is responsive, conscientious about responding to emails from students, and works hard to ensure that the program runs smoothly.
- The program asserts that they watch recorded sessions of students providing psychotherapy as part of their practicum course. This helps to increase clinical skills and improve clinical outcomes.

- The program noted that they would like to improve cultural competency. They seem to understand the importance of serving clients from intersecting marginalized groups and the value of pursuing anti-racist frameworks to serve our diverse community in Orange County.
- The categories that require assessment for student learning outcomes are appropriate for evaluating clinicians.
- The majority of courses seem to be taught by full-time faculty members within the Department of Psychology based upon the data, although second year students noted that they had not met some of the full-time instructors.
- The paperwork collected for the fieldwork process is completed and managed effectively so that students are able to pursue their Associate number with the Board of Behavioral Sciences (BBS) once they graduate.

### Challenges & Recommendations

The M.S. in Psychology Program seems redundant to the M.S. in Counseling offered by the Department of Counseling at CSUF, which also prepares students to seek the LMFT and LPCC licenses. The two programs are different, however, in philosophy, culture, and approach to student training. Despite some significant overlap, the stakeholders we interviewed did not suggest that this program be removed from the Department of Psychology. Rather, they gave several critiques and made recommendations for improvement. We combined these comments with our personal observations into the challenges and recommendations outlined below.

- The Department of Psychology faculty who do not teach in the M.S. Program seemed to not understand its scope and purpose. They did not seem to understand the resources needed to run such a program (such as the number of faculty needed.) They also felt some sense of frustration that some changes made within the curriculum regarding the research component of the program negatively affected them as research advisors and mentors.
  - Recommendation: **The Program faculty should put together a presentation for the larger Department about its focus and purpose. Furthermore, the program should add a member from the larger Department as a full contributing member to the M.S. Committee.** Ideally, this would not be a clinician but should be a faculty member who advises the M.S. students. This person could help decide what information should be shared with the larger Department, what information may need Departmental input, and what information does not need to be shared with the Department.
- The current Program Coordinator carries full responsibility for the program and this may limit the program's ability to benefit from diverse perspectives and more contemporary trends in the field from other committee members who are part of the M.S. program.
  - Recommendation: With the current Program Coordinator's upcoming retirement, **we recommend holding a vote for a new Program Coordinator, and then allow for them to function as Co-Coordinator to facilitate this transition.** We recommend they each Co-Coordinator get a one-course release (3 units) for running the program. We recommend creating a written job description which documents the current and future responsibilities of the Program Coordinator before holding the vote. We strongly

recommend the new Program Coordinator demonstrate cultural competence through teaching, research, and/or service, which would address student concerns and be in alignment with the new LMFT Scope of Practice. These steps would help with succession planning and with sharing some of the responsibility of running the program. A collaborative approach would strengthen the program and help the Program transition to some of the other recommendations we are making. After three years, the M.S. Committee can decide if they want to continue a Co-Coordinator structure or return to a single Program Coordinator. We support the three-year term limit for this position.

- The frequency of M.S. Committee meetings seemed to be inconsistent. M.S. Program faculty appreciated times when they met regularly. Many stakeholders indicated that regular meetings would also facilitate communication between the Program Coordinator with other Program and Department faculty, and help increase shared responsibility for the Program. For instance, the part-time faculty would like more communication from the Program about student concerns, changes to curriculum, and curriculum sequencing so they know what must be taught versus what students should have already learned (e.g., assessment of children in the Child & Adolescent course).
  - Recommendation: **Establish regular (maybe monthly) meetings for the M.S. Committee, including the new person recommended in the above item from the larger Department.** With regular meetings, all regular M.S. Program instructors could participate in decision making to make improvements within the Program. Minutes could be shared with part-time faculty members and the larger Departmental faculty members, especially when major changes to the curriculum are made that affect instruction.
- The Program's curriculum seems to need some work in terms of updating the content, sequencing of courses, relevance to clinical work, rigor, and sensitivity to diversity. The content of courses need to reflect more recent developments in the field, such as information on contemporary evidence-based treatments and working with diverse populations. The reviewers also noted the need for greater infusion of family systems, the recovery model, and cultural competence in all syllabi, which is required by the latest Statutes and Regulations for programs preparing students to seek MFT licensure. Some attention is also needed regarding the sequencing of courses so that students are optimally prepared for practicum in the second year. Students also asked that course content be tied more directly to the specific knowledge and skills they will need for working with the populations they will encounter at their practicum placements. Students noted that some of their classes lacked the level of rigor expected for a graduate level course; they mentioned that some courses seemed to be taught more at the undergraduate level. Students also expressed frustration at the lack of cultural competence and sensitivity on the part of some faculty, where they gave concerning examples of microaggressions and "gaslighting" in the classroom.
  - Recommendation: **The program noted that they were assessing the order of coursework, and we strongly recommend completing this task.** However, there will always be some courses that cannot be completed prior to seeing clients. It's up to the M.S. Committee to determine which courses are the most critical to complete before students start to see clients, likely based upon the type of work students most often do.
  - Recommendation: **The program should update some of the content within classes, rather than focusing on the classics, particularly with theory and crisis issues.** There

are newer forms of therapy that are evidence-based and should be included to prepare students.

- Recommendation: **Rather than requiring an additional three-unit course for students to improve cultural competency, we strongly suggest that cultural issues be infused consistently throughout each course in the curriculum.** When students view all clients through a cultural lens (even clients who are White identifying), students can respond in more culturally competent ways. This could be done in reading assignments, lectures, and written assignments that are turned in for evaluation. Currently, many syllabi lack any language about how culture and diversity apply to the topic. We strongly encourage all faculty and part-time instructors who teach in the M.S. Program and work with M.S. students to continuously seek out opportunities and take active steps toward increasing their level of cultural competence. Cultural competence is aspirational and the work is never done.
- Recommendation: Related to the previous recommendation, **the syllabi should clearly reflect the new 2022 scope of practice laws for the LMFT.** The language is on page 26 of the most recent version of the Statutes and Regulations:
  - (C) A doctoral or master’s degree program that qualifies for licensure or registration shall be a single, integrated program that does the following: (1) *Integrate* all of the following throughout its curriculum: (A) *Marriage and family therapy principles.* (B) *The principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, among others.* (C) *An understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual’s mental health and recovery.*
- Recommendation: The program has a plan to **create an alternative to PSYC 510 Experimental Design for clinical students for students who do not have the statistics prerequisite met.** We encourage execution of this plan.
- The Licensed Professional Clinical Counselor (LPCC) program seems to be an added burden to the Program. The faculty and agency supervisors do not appear to have expertise in the LPCC credential. Students are required to take additional courses in order to be eligible for the LPCC that the LMFT does not require. Students reported feeling overwhelmed with the simultaneous demands of coursework, clinical training, and research. Students also struggle to complete 280 direct client contact hours within one year; the MFT path requires only 225 hours, which most students already complete within their one year of fieldwork. The simultaneous demands seem to prolong the length of time to graduation for many students.
  - Recommendation: **The program noted in their self study that they are considering dropping the LPCC, and we agree.** Students could take additional courses related to their research rather than Career Counseling or Group Leadership, for instance, giving them more time to complete their thesis. They would also be able to more easily complete the 225 clinical hours for the LMFT, rather than the 280 hours for the LPCC to complete the program.
- The self-study indicated a need for more full-time faculty teaching in the Program. In fact, the instructor who teaches the most courses is a part-time instructor. Many Program courses are taught by part-time instructors, including some master’s level alumni of the Program. While this

has some benefits, there are also limitations, such as alumni teaching the same outdated material they learned and not requiring enough rigor. Additionally, the program could benefit from hiring more racially diverse faculty members who have expertise in marriage and family therapy. Students also provide therapy in languages other than English (Spanish was noted as common), and none of the full- or part-time M.S. faculty have expertise in bilingual and bicultural counseling for Spanish speaking clients.

- Recommendation: **The Program should add a tenure track faculty line to the current group of four faculty members, and this faculty member should only teach in the M.S. program.** While we understand that there are some clinical faculty in the Department who do not teach in the Program, those faculty either do not seem to be a good fit for this Program or are not interested in teaching in the Program. We recommend hiring at least one tenure-track faculty member, ideally from a diverse background (particularly with an expertise in providing psychotherapy with Latinx clients and is bilingual in Spanish), who has demonstrated a commitment to anti-racism and dismantling white supremacy cultural values in their clinical practice, teaching experience, research, and/or service activities. Sending out the Recruitment Advertisement to the National Latino Psychological Association (NLPA) and California Latino Psychological Association (CLPA) should increase the applicant pool of bilingual and bicultural candidates. This strategy would address students' concern with the lack of diverse instructors, improve the consistency of instruction for three or more courses (since those courses would not be taught by different part-time instructors), and help the Program improve cultural competence among faculty and students. This person would also likely bring with them some contemporary perspectives for providing psychotherapy.
- The program uses GRE scores as a tool for admissions decisions. The research indicates that scores on the GRE do not necessarily correlate with a student's ability to complete graduate level work. Unfortunately, many students are unable to afford preparation training programs to take the test, and students from historically marginalized backgrounds are shown to score lower on these standardized tests, likely due to cultural differences.
  - Recommendation: **Drop the GRE as a consideration for acceptance into the Program.** Other comparable programs in the area do not require the GRE. The CSUs and UCs have now dropped the SAT and ACT for undergraduates because of the evidence demonstrating that using standardized tests discriminates against minoritized communities.
- The program's assessment procedure is rather generalized and imprecise. The evaluation process relies on only two individuals to assess each student at one point in time. It appears that this information, in aggregate, is also used as part of their program review.
  - Recommendations: Improvement of **the program evaluation process.** The Program could seek feedback from site supervisors, employers, and alumni about each of the five student learning outcomes they assess. Key performance indicators might be helpful for students to understand what "good" versus "excellent" means. The program may want to explore using the BBS template for evaluating clinical skills. Providing the details of all evaluations (first semester and student learning outcomes) should be provided in the Student Handbook so that students are clear about what is expected for them to move

forward in the Program. Professional Dispositions should be assessed as an additional document and the evaluation form should be provided in the Student Handbook.

Evaluation results should be discussed verbally with each student, and any concerns with a student should be supported with a remediation plan, if immediate dismissal is not warranted. The remediation process should also be outlined more specifically in the Student Handbook. Students have a right to know their appeal process.

- Some Department faculty who mentor/advise student research asserted that some students seemed surprised at the level of rigor required to complete their thesis. These particular students were disappointed when they were told that the quality of their thesis was insufficient and that they needed to continue to improve their work. They understood that they needed to complete the thesis, but somehow may not have fully comprehended the process required to do so successfully.
  - Recommendation: **Students should be informed about what it means to complete a research thesis**, particularly with learning to master academic writing and APA format, and with conducting several rounds of editing. A brief introduction about this could be made during interviews into the program, a brief discussion could take place during orientation to the program, and the information could be included in the Student Handbook.
- The program may want to consider adding a space on the Contracts for Sites asking for the expiration date of the supervisors' license. The BBS finds that several supervisees each year have their supervisor's license expired while under supervision; none of those hours can count toward their 3000 total hours during the time a supervisor's license is expired.