August 14, 2018

William L. Jenkins  
Interim President  
Louisiana State University  
Office of the Chancellor  
156 Thomas Boyd Hall  
Baton Rouge, LA 70803

Dear President Jenkins,

At its meeting on July 19-22, 2018 the Commission on Accreditation (CoA) conducted a review of the doctoral Ph.D. program in Clinical psychology at Louisiana State University. This review included consideration of the program's most recent self-study report, the preliminary review ("admin review"), the program's response to preliminary review, the report of the team that visited the program on March 22-23, 2018, and the program's response to the site visit report.

I am pleased to inform you that the CoA voted to reaffirm accreditation of the program, with its next site visit scheduled to be held in 2028. This decision is based on the CoA's professional judgement that the program has demonstrated that it adheres to the Standards of Accreditation in Health Service Psychology (SoA). The current record indicates that a full review of the program is warranted within 10 years of the last site visit, including interim reporting, to ensure continued adherence to the Standards. The program will be listed among accredited programs in health service psychology on the accreditation web pages. The Commission encourages you to share information about your program's accredited status with agencies and others of the public as appropriate.

Dr. Stephen McCutcheon recused and therefore did not participate in the discussion and vote on your program.

The Commission recognizes the quality of training provided by the program and deems it in substantial compliance with the Standards of Accreditation. The Clinical psychology program at Louisiana State University utilizes a scientist-practitioner training model, emphasizing "the integration of the scientific and applied aspects of clinical psychology" (self-study [SS], Standard I.A.1). The program offers adult and child tracks of study. The program incorporates proximal (current students) and distal (alumni) data in its ongoing self-evaluation and improvement efforts. Students are highly supported in their timely progression through and completion of the program. A well-qualified training director and core faculty serve as role models for students. The program maintains good communication with the Commission on Accreditation and is current in its payment of accreditation fees.
Accreditation is a process that encourages improvement through continuous self-study and review. The following items represent areas that require additional attention. Please note that you will also receive this feedback online via the CoA Portal.

**Standard II: Aims, Competencies, Curriculum, and Outcomes**

**II.D.1.a:**

The program utilizes a minimum level of achievement (MLA) of “meets expectations” for all profession-wide competencies (PWCs) on both the Annual Student Evaluation Form (Appendix II.D.1.a.1.1) and Practicum Evaluation Form (Appendix II.D.1.a.1.2). As the rating of “meets expectations” is not accompanied by any behavioral anchors, it is unclear how this rating reflects broad and general preparation for entry-level independent practice and licensure, consistent with Implementing Regulation (IR) C-8 D. By **September 1, 2019**, the program is asked to describe how this MLA indicates students’ preparedness for entry-level, independent practice and licensure.

The Annual Student Evaluation Form (Appendix II.D.1.a.1.1) and Practicum Evaluation Form (Appendix II.D.1.a.1.2) both include one overall competency rating for each PWC. Programs must assess student performance and give feedback to students at the level of elements (as defined in IR C-8 D). Given that supervisors are providing an overall competency rating, the program is asked to explain how it provides feedback to students at the element level as required in IR C-18 D, by **September 1, 2019**.

Although the Annual Student Evaluation Form and Practicum Evaluation forms do not provide an opportunity to rate students on each element, they do identify the elements under each competency. However, the program has not incorporated the revised elements for assessment from the July 2017 version of IR C-8 D. The program is asked to ensure its training and evaluation of students’ performance is reflective of these additional assessment elements. In its next self-study, the program is reminded that the Commission will be looking to ensure that the program’s training in the profession-wide competencies is consistent with the most current version of the IR.

**II.D.1.b:**

The program provided the data from the alumni survey but not a copy of the actual survey. Without the original alumni survey, it is unclear what the response options are for some survey items, particularly for items regarding the discipline specific knowledge (DSK) areas and the profession-wide competencies (PWC). By **September 1, 2019**, the program is asked to provide a copy of the current alumni survey utilized for alumni who are 2- and 5-years post-graduation that demonstrates the program is collecting distal outcome data consistent with IR C-18 D.
Standard III: Students

III.A.1:

The program identified several program-level initiatives to recruit students from diverse backgrounds but did not indicate its plan for evaluation of the effectiveness of those efforts. Consistent with IR C-21 D, programs are expected to examine the effectiveness of their efforts to attract diverse students and should document steps to revise those efforts as needed. The program is asked to describe how it evaluates the effectiveness of its efforts to recruit diverse students by September 1, 2019.

III.B.2:

The site visit report (SVR) indicated a concern with climate related to diversity: “Some students from diverse backgrounds discussed experiencing occasional discomforts and microaggressions and feeling unsure about how to address it (i.e., not knowing where and/or who to seek for support and guidance).” The program acknowledges that it takes students concerns seriously and has discussed ways to address this issue (site visit report response [SVR-R]). As a result, the program encourages students to and has implemented venues through which students can express their concerns (SVR-R). In addition, the program also indicated that faculty and students will be required to take Safe Space Training beginning in the 2018-2019 cohort; faculty will also complete diversity training via the LSU Office of Multicultural Affairs in 2018-2019 (SVR-R). However, in the professional judgment of the CoA, it is unclear what specific programmatic changes have been implemented to foster a supportive environment for individual and cultural diversity and to address reports of uncertainty regarding sources of support for students from diverse backgrounds. By September 1, 2019, the program must identify its specific plan for addressing the climate concerns and support for students of diverse backgrounds, including the actions taken specifically for students with previous negative experiences.

III.C.2:

The program identified several program-level initiatives to retain diverse students but did not indicate a plan for evaluating these efforts to determine effectiveness and document any steps needed to revise/enhance its strategies. Consistent with IR C-21 D, programs are expected to examine the effectiveness of their efforts to retain diverse students and should document steps to revise those efforts as needed. The program is asked to clarify its plan for evaluating the effectiveness of its efforts to retain diverse students by September 1, 2019.

Standard IV: Faculty

IV.B.1-2:

In response to preliminary review, the program provided a revised Table 14 (Appendix IV.B.1-2.2.2) that corrected the numbers of associated faculty. However, the table identifies 10 core
facilitiy, which is inconsistent with the 9 core faculty reported by the program in Table 13a. Additionally, the total number rows were left blank. In its next self-study, the program is reminded to submit tables with complete and accurate information.

IV.B.3:

As indicated in his abbreviated curriculum vitae (CV) (Appendix IV.B.1-2.3.35), Dr. Tyler Renshaw has a doctoral degree from a combined clinical-counseling-school psychology program and varied professional activities. One of his responsibilities within the program is teaching PSYC 7040: Social Bases of Behavior. However, it is unclear how Dr. Renshaw is qualified to teach social bases of behavior, consistent with IR C-23 D. By September 1, 2019, the program is asked to clarify how Dr. Renshaw is appropriately qualified to provide instruction in the required DSK area of social aspects of behavior.

IV.B.5.a:

In response to preliminary review, the program provided additional information about program-level efforts to recruit diverse faculty but did not respond to the preliminary review request related to how it evaluates and improves these efforts, as necessary. IR C-21 D indicates that a program should demonstrate that it examines the effectiveness of its efforts to attract diverse faculty and staff and should document steps to revise/enhance its strategies as needed. Consistent with IR C-21 D, the program is asked to describe its plan for evaluating the effectiveness of its efforts to recruit diverse faculty by September 1, 2019.

IV.B.5.b:

The program identified several program-level initiatives for retention of diverse faculty but did not indicate its plan for evaluating these efforts to determine effectiveness and document any steps needed to revise/enhance its strategies. In addition to evaluating its recruitment strategies as noted in IV.B.5.a, programs are expected to examine the effectiveness of their efforts to retain staff from diverse backgrounds. By September 1, 2019, the program is asked to describe its plan to evaluate its efforts related to retention of diverse faculty consistent with IR C-21 D.

Standard V: Communication Practices

V.A.1:

The program describes itself in terms of “goals and objectives” in its public materials, rather than through aims and competencies consistent with the SoA. Specifically, the program uses this terminology on its webpage (both under Program Structure and the box at bottom of the page), as well as in the Clinical Area Handbook (Appendix I.D.1.2.1). The program’s public materials should accurately present the program as it currently exists under the SoA. The program is asked to update its public documents to reflect the program’s aims and required competencies, consistent with the SoA. This update will be confirmed at the time of the program’s next self-study.
The Clinical Experience webpage states that students "complete a pre-doctoral internship at an APA-approved internship program" (https://www.lsu.edu/hss/psychology/grad/prospective-student/areas-of-specialization/experience.php). Additionally, "APA-approved" is used in the Clinical Area Handbook (Appendix I.D.1.2.1) under the Thesis Waiver section twice in reference to the program’s goals and objectives (p. 11). The program also uses “APA-approved” in reference to the accreditation status of internship sites in the Internship section of the Clinical Area Handbook (Appendix I.D.1.2.1, p. 13) and in two Program Checklist Year 5 sections (Appendix I.D.1.2.1, p. 34 and 35). The program is asked to remove reference to “pre-doctoral” and instead use the term “doctoral” when describing internship to ensure the level of training is accurately portrayed. Additionally, the program is reminded to use the term “APA-accredited” because APA approval denotes approved sponsors of continuing education rather than accreditation consistent with IR C-25 D. By the time of its next self-study, the program is asked to demonstrate that it has updated its public materials, including its website and handbook, to reflect these changes.

The program is reminded that consistent with IR C-26 D, the program must provide information in its public materials regarding trainee admissions, support, and outcome data. Please note that the program’s public information will be reviewed on or after October 1 of each year to ensure that the disclosure data has been updated and is in compliance with the IR.

V.A.3:

According to the SVR, communication with internship sites is frequently initiated by each internship’s training director and not by the doctoral program under review. Consistent with Standard V.A.3.a of the SoA, doctoral programs should initiate contact with internship sites at the start of the training year. In its next self-study, the program is reminded to describe how it initiates communication with internship sites.

The program’s response to the Reporting Requirements listed above should be submitted in the online CoA Portal. The program should navigate to the “Follow-Up” tab to respond by the designated due date.

All Implementing Regulations referenced in this letter are available on the accreditation website (www.apa.org/ed/accreditation). The website also provides important updates and policy changes related to the accreditation process. As an accredited program, we encourage you to periodically visit the website to remain current on all new accreditation policies. The Commission on Accreditation would also like to remind you that all accredited programs must inform the accrediting body in a timely manner of changes that could alter the program’s quality. A copy of Implementing Regulation C-27 D (Notification of Changes to Accredited Programs) is attached for your information. Such updates should be submitted via the CoA Portal under the “Substantive Change” tab.

In closing, on behalf of the Commission on Accreditation, I extend congratulations to the faculty and students of the program for their achievements. The Commission also expresses its
appreciation for your personal commitment, and the corresponding support of your administration, to develop and maintain the best possible quality of graduate education and training in psychology. If the Office of Program Consultation and Accreditation may be of service at any time on administrative matters of accreditation, please call upon us.

Sincerely,

Jacqueline Remondet WaH, Ph.D.
Director, Office of Program Consultation and Accreditation

cc: Troy Blanchard, Ph.D., Interim Dean
George Noell, Ph.D., BCBA, Interim Department Chair
Julia Buckner, Ph.D., Training Director
C-27 D. Notification of Changes to Accredited Programs
(formerly C-19; Commission on Accreditation, February 2005; revised October 2006. November 2015)

In accordance with Standard V.B.2 of the Standards of Accreditation (SoA) and Section 8.7 D of the Accreditation Operating Procedures (AOP), all accredited programs whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in degree offered, policies/procedures, administrative structure, faculty resources, supervision resources, area of emphases, or tracks/rotations. In the case of doctoral programs, this includes changes in the areas of emphasis.

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. In the case of a substantive change (such as a change in consortium membership), the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.

The only exception to the policy of informing the Commission in advance is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above.

Consultation on program changes is available from the Office of Program Consultation and Accreditation.