



# THE DELAWARE PROJECT



National Institutes of Health (NIMH, NIDA, OBSSR);  
Academy of Psychological Clinical Science (APCS);  
SAGE; University of Delaware

## What to Jettison? —Group D

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# Organizing principles

- Offer options rather than a prescriptive set of requirements
- Use the notion of “applications” rather than simply interventions
- Reverse notion of “what to cut;” think about what’s critical and then have the rest be optional/tailored (“Core elements,” e.g., stats, methods, assessment, psychopathology, application—including basic clinical skills)
- Transcend the course model

# One-year ideas

- Allow students to test out of some broad and general elements; make use of clearinghouse, online recorded courses, etc. Clearinghouse making experts available for key courses, but from a clinical perspective (e.g., course materials, recorded lectures, etc.; an archived set of materials). APCS could provide this service. Meeting current APA requirements: abbreviated online courses
- Begin conversations with internship directors/academy internships regarding number of clinical hours; provide students with data regarding academy placement rates
- Break down silos between areas within departments to allow a better fit for the range of student interests (e.g., non-clinical students taking psychopathology or intervention; clinical students taking courses in other areas or departments)
- Encourage students and programs to broaden definitions of what counts as a clinical hour (which would be greatly facilitated by communication among programs)
- Also establish communication among programs regarding creative ways to meet APA requirements—regarding B&G as well as clinical hours
- Replace existing externships or internships with placement in very different settings: HMO, NIH, CDC, SAMHSA, other labs, community mental health, etc.; and not necessarily just in internship, but possibly during graduate school as well
- Consider training in community settings as a possible alternative to some or all time in departmental training clinics

# Five-year ideas

- Detach ourselves from course model; minimize didactics, combine courses, spend less time within each didactic requirement
- Arrange for “in-house” experiences that may not be traditional, accredited internships.
- Have flexibility in the way areas of knowledge are pursued; for example, learning about executive function to inform a particular research study (e.g., problem-based learning)
- Reconceptualize the purpose that internship serves, and its current structure/timing
- Work with licensing boards regarding acceptable internship experiences and acceptability of alternative accreditation

# Issues

- Teach EBTs? If so, how much? Will learning an EBT lock students in to that worldview, or will it allow them to discover experientially the elements that don't work?
- Difficult to move out of the assumption that students must master individual therapy. Do all need it? What skills are necessary for a clinical scientist?
- Adopting NIMH goal would mean a dramatically different curriculum in current EBTs.
- How much of this is possible during graduate school? Yes, if it's six years? (Should most applied clinical science training take place in internship/post-doc?)