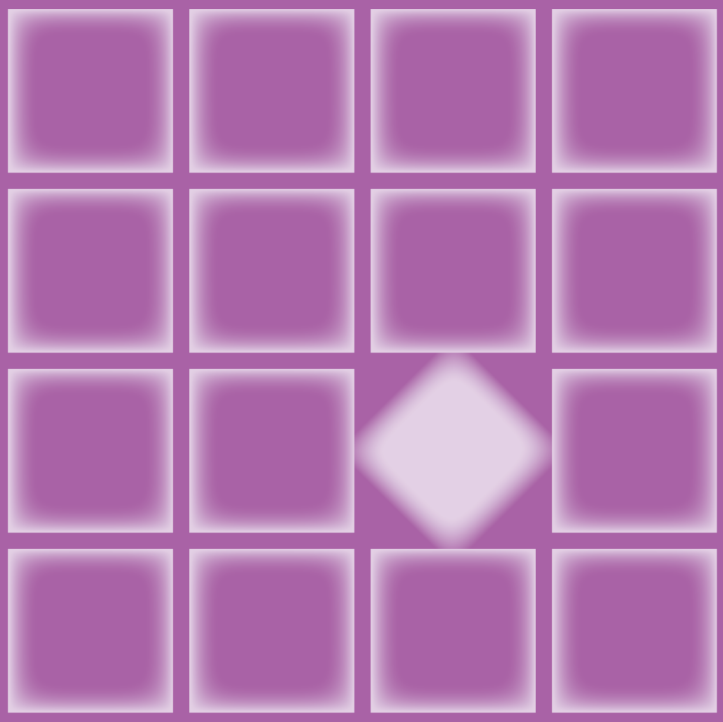
THE UNIVERSITY OF UTAH®

DEPARTMENT OF PSYCHOLOGY



CLINICAL HANDBOOK


THE UNIVERSITY OF UTAH
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CLINICAL AREA HANDBOOK

DEPARTMENT OF PSYCHOLOGY

UNIVERSITY OF UTAH

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I. PREFACE

This Handbook provides basic information about the Clinical Science Training Program at the University of Utah. It contains information pertinent to Clinical Program graduate students at all year levels. Most questions about rules and procedures within the Clinical Program can be answered by careful reading of this Handbook. This Handbook, and its supplements when issued, contain the current rules, regulations, and requirements for graduate study leading to the Ph.D. in Clinical Psychology. There are additional requirements and/or procedures, as well as details of related Codes, in other resources. Examples are the Code of Student Rights and Responsibilities that are found in the Departmental Graduate Student Handbook, the Graduate School Catalog and in the University of Utah's Regulations Library. Rules, regulations, requirements and policies may change during your enrollment in the graduate program and these changes will apply to you. Any handbook is dated, when even the most minor changes are implemented. Thus, you are expected to check with your advisor and the Director of Clinical Training (DCT) regarding any problems or ambiguities that might not be addressed in the Handbook. This Handbook is meant to guide both students and their advisors. Unanticipated problems or unique situations may occur and are resolved by mutual consultation between the student, their advisor, and the Clinical Faculty, who make decisions guided by their collective best professional judgment.

Useful Links:

Code of Student Rights and Responsibilities:
https://regulations.utah.edu/academics/6-400.php

Departmental Graduate Student Handbook:
https://psych.utah.edu/_resources/documents/graduate/Graduate%20Handbook_2019.pdf

University of Utah Graduate School Catalog:
https://gradschool.utah.edu/graduate-catalog/

University of Utah Regulations Library:
https://regulations.utah.edu/info/policyList.php

II. THE CLINICAL TRAINING PROGRAM

A. Goals & Aims of the Program

The major goal of this clinical science program is to train clinical psychologists who are expert at the development and application of knowledge aimed at understanding and improving psychological functioning. As defined by the Academy of Psychological Clinical Science, the term "clinical science" refers to a training model that emphasizes the application of knowledge directed at the promotion of adaptive functioning in ways that are consistent with scientific evidence. In this regard, our program maintains a commitment to empirically-based approaches to investigating the validity of hypotheses regarding human functioning and interventions and to advancing knowledge by the use of the scientific method in whatever endeavors we are engaged, whether research, teaching, or clinical work. As McFall (1991) wrote in his *Manifesto for a Science of Clinical Psychology*: "Scientists are not necessarily academics, and persons working in applied settings are not necessarily nonscientists. Well-trained clinical scientists might function in any number of contexts—from the laboratory, to the clinic, to the administrator's office. What is important is not the setting, but how the individual functions within the setting," and thus the best graduate education in clinical psychology focuses on "training all students to think and function as scientists in every aspect and setting of their professional lives." Consistent with this view, the aims of the Clinical Psychology program are as follows:

Aim #1: To ensure that students acquire an advanced understanding of a broad range of concepts specific to the field of clinical psychology, including:

- An advanced knowledge and understanding of the roles of affective, biological, cognitive, developmental, and social influences on behavior;
- Knowledge of current issues in the field of clinical psychology.

Aim #2: Provide students with the skills necessary to become active contributors to psychological science, including:

- Knowledge of contemporary research methods and statistical techniques relevant to the field of clinical psychology;
- The ability to critically review and integrate the existing research base to develop testable research questions;
- The ability to select and apply contemporary research methods and statistical techniques to design and conduct original research and analyze results;
- The skills necessary to produce and disseminate original, theoretically driven and empirically tested clinical science research, for example through publications, presentations, and/or teaching.

Aim #3: To ensure that students become competent clinicians who apply scientific principles and the most up-to-date scientific evidence to their clinical activities, including:

- Knowledge of the current evidence base in clinical assessment, diagnosis, and intervention;
- The ability to select, administer, interpret, integrate, and utilize evidence-based assessment strategies to conceptualize cases and inform treatment recommendations;
- The ability to select and implement evidence-based psychological and behavioral interventions;
- Knowledge of models and methods of clinical supervision

Aim #4: To ensure students develop and demonstrate the clinical and professional skills necessary to effectively function as a clinical scientist including:

- The ability to behave in ways that reflect the values and attitudes of a clinical psychologist;
- The communication and interpersonal skills expected of a clinical psychologist
- Respect for cultural and individual diversity;
- A commitment to lifelong learning;
- Knowledge of, and the ability to act in accordance with, the APA Ethical Guidelines and Code of Conduct;
- The ability to disseminate their knowledge, for example through teaching, mentoring, supervision, publishing, translating scientific findings into practice, advocacy, and/or public service.

Consistent with the aforementioned aims, students in the Clinical Psychology Program at the University of Utah receive training in research as well as the direct application of that research through carrying out evidence-based practice with clients. After completing a common core area of study, students enjoy a considerable degree of flexibility in choosing areas of concentration and associated research supervisors, academic courses, clinical practica, field and teaching placements, traineeships, and internships. All students are expected to develop a substantial background in research design, methodology, and research techniques, and to maintain an active involvement in research throughout their time in the program. Although the Master's degree is awarded, students are admitted with the expectation that they will pursue the Ph.D. Students have sufficient flexibility to prepare themselves for careers that focus on research or clinical service, but are nevertheless expected to achieve competence in both domains. It is also expected that students will develop a practical understanding of the reciprocal connections between clinical practice and scientific research.

Useful Links:

McFall (1991). Manifesto for a Science of Clinical Psychology. The Clinical Psychologist, 44, 75-88. https://sites.google.com/site/sscpwebsite/Home/manifesto-for-a-science-of-clinical-psychology

Website for the Academy of Psychological Clinical Science: https://www.acadpsychclinicalscience.org/mission.html

B. APA Accreditation, DSKs, & PWCs

The Clinical Program at the University of Utah has been accredited by the American Psychological Association since 1954.[1] Accreditation is essential to students who are applying for internships, licenses to practice, and jobs. APA accreditation implies that the Clinical Program is responsive to national priorities in training, national standards for coursework, and national standards for clinical supervision. The Utah program is also represented on the Council of University Directors of Clinical Psychology Programs (CUDCP).

Our curriculum was recently modified to reflect changes to the American Psychological Association's Standards of Accreditation (APA CoA) for the training of health service psychologists. As outlined by the APA CoA, "Health service psychology is defined as the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders." Consistent with this definition, the clinical psychology curriculum aims to integrate science, professional practice competencies, and an understanding and appreciation for diversity across all aspects of its curriculum. In doing so, and consistent with our program aims, the program ensures that students:

1. Achieve graduate-level, discipline-specific knowledge (DSK)[1] in the major content areas that serve as the cornerstone of health-service psychology, including:
    a. Providing students with broad, graduate-level exposure to the major content areas that serve as the foundation of health-service psychology, including history and systems of psychology as well as affective, biological, cognitive, developmental, and social aspects of behavior.
    b. Providing students with advanced training in the integration and application of the major content areas of health-service psychology.
    c. Providing advanced, graduate-level training in the design, conduct, and interpretation of scientific research, including statistical analysis and psychometrics.
    d. Ensure that trainees develop the core professional competencies required to effectively and ethically practice in the field of health service psychology.
2. Develop and demonstrate profession-wide competencies (PWCs)[2] necessary to effectively and ethically practice as a health-service psychologist, that are consistent with doctoral-level training, including:
    a. Competency in the design, conduct, interpretation, and application of scientific research.
    b. Understanding and acting in accordance with ethical and legal standards
    c. Conducting all professional activities with sensitivity to individual and cultural diversity
    d. Demonstrating the professional values, attitudes, communication, and interpersonal skills expected of a health-service psychologist.
    e. Competence in conducting evidence-based assessment and intervention consistent with the scope of Health Service Psychology
    f. Demonstrate knowledge of supervision models and practices

g. Demonstrate knowledge of consultation models and practices, as well as respect for the roles and perspectives of other professions.

[1] More information regarding how the APA defines discipline-specific knowledge is outlined in the Commission on Accreditation's Implementing regulations (see section C-7D in the "Implementing Regulation" link below). How the DSK areas are covered and measured in our program, can be found in Appendix A.

[2] More information regarding how the APA defines profession-wide competencies is outlined in the Commission on Accreditation's Implementing regulations, which can be found at the "Implementing Regulations" link below (see section C-8D) and are provided in Appendix B. How the PWCs are measured in our program, along with the level of competency expected at various levels of training, can be found in Appendix C.

Useful Links:

[1]American Psychological Association's Commission on Accreditation: https://accreditation.apa.org

[Contact info: 750 First Street, NE / Washington DC, 20002-4242 / 202-336-5979]

APA Commission on Accreditation Implementing Regulations: https://www.apa.org/ed/accreditation/section-c-soa.pdf.

APA Standards of Accreditation for Health Service Psychologists: https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf

Council of University Directors of Clinical Psychology: https://cudcp.wildapricot.org

C. Administrative Structure of the Clinical Program

The Clinical Program is administered by the Director of Clinical Training in conjunction with the Clinical Training Committee (CTC), a committee composed of the Clinical Faculty and four elected student representatives, one from each of the first four years in the program. Student CTC representatives participate and vote on all issues except those concerning staff and personnel reviews and evaluations of and decisions regarding students.

D. Clinical Faculty

The Core Clinical Faculty consists of 10 full-time faculty members (Anu Asnaani, Brian Baucom, Craig Bryan, Sheila Crowell, Matt Euler, Michael Himle, Patricia Kerig, Tim Smith, Yana Suchy, and Paula Williams), two clinical assistant professors (Katie Baucom and Sommer Thorgusen), and one adjunct clinical assistant professor who functions as the traineeship coordinator (Jordan Rullo). The number of faculty active on the Clinical Training Committee in any given year varies with leaves and vacancies.

Anu Asnaani, Ph.D., Assistant Professor (Boston University, 2013). Dr. Asnaani's research interests focus on understanding mechanisms that maintain and underlie meaningful change in fear-based disorders (anxiety disorders, OCD, and PTSD), improving outcomes that matter to diverse communities, and leveraging the use of technology and other modern advancements as a way to be innovative to assess and target underlying mechanisms of evidence-based treatments.

Brian R. Baucom, Ph.D., Associate Professor (UCLA, 2008).

Dr. Baucom's substantive research focuses on identifying dysfunctional interaction processes during couple/family conflict and couple-based interventions for reducing risk for engaging in dysfunctional interaction processes. He also has methodological research interests including quantitative methods for multiply nested designs and inter-disciplinary development of ambulatory technologies for measuring behavior and emotion in daily life.

Katherine J. W. Baucom, Ph.D., Assistant Professor (UCLA, 2012).

Dr. Baucom's research focuses on the ways in which couples communicate, links between communication and relationship satisfaction/outcomes, and couple-focused interventions for individual and relational distress. She is specifically interested in how couples cope with stressors (e.g., the transition to parenthood), and the utility of couple-focused interventions in promoting adaptation to stressful life events.

Sheila Crowell, Ph.D., Associate Professor (University of Washington, 2009).

Dr. Crowell's research is focused on the mechanisms underlying risk for suicide and severe psychopathology among self-injuring adolescents and emerging adults. She is particularly interested in researching biological vulnerabilities for emotion dysregulation and impulsivity and understanding how these vulnerabilities interact with environmental experiences across development. The goals of her research are to elucidate developmental precursors to borderline personality disorder and suicide to inform strategies for the prevention of both outcomes.

Matthew J. Euler, Ph.D., Associate Professor (University of New Mexico, 2010).

Dr. Euler's research aims to help clarify how variation in neural dynamics relates to higher-order cognition, and how that information could ultimately be used to improve cognitive assessment. This work involves both theoretical studies pertaining to the neuroscience of intelligence, as well as applied research on potential EEG applications for neuropsychological assessment. Dr. Euler (along with Dr. Suchy) is currently head of the Clinical Neuropsychology Specialty Track.

Michael B. Himle, Ph.D., Associate Professor (Univ. of Wisconsin-Milwaukee, 2007).

Dr. Himle's clinical and research interests are in clinical applied behavior analysis (ABA) with a focus on understanding and treating and "obsessive- compulsive spectrum disorders" (primarily Tourette and Tic Disorders) and the complex internalizing and externalizing symptoms that often co-occur with these conditions. He is specifically interested in understanding how these disorders develop and how to make treatments more effective and efficient. He is also interested in the application of technology to enhance treatment dissemination (training font line providers). His secondary interests are in understanding relationships and sexuality in individuals with autism spectrum and other pervasive developmental disorders. Dr. Himle currently serves as the Director of Clinical Training.

Patricia K. Kerig, Ph.D., Professor (University of California at Berkeley, 1989).

Dr. Kerig's clinical and research interests are in developmental psychopathology and the inter- and intrapersonal processes that contribute to risk or resilience throughout childhood, adolescence, and emerging adulthood. Her most recent investigations are focused on gender differences in the impact of trauma on physiological, emotional, and relational development, particularly among youth involved in the juvenile justice system. Dr. Kerig current serves as the director of the Clinical Child and Family track. She served as the Director of Clinical Training from 2010-2019.

Jordan E. Rullo, Ph.D., ABPP, Adjunct Clinical Assistant Professor (Univ. of Utah, 2011).

Dr. Rullo's clinical and research interests include sexual health, transgender health, health disparities, and couples therapy. She has a private practice in Salt Lake City and serves as the Traineeship Coordinator for the clinical program.

Timothy W. Smith, Ph.D., Professor (University of Kansas, 1982).

Dr. Smith's research and clinical interests are cardiovascular behavioral medicine, psychological adjustment in chronic disease, and integrations of social and clinical psychology. Most of his research addresses personality and social risk factors for cardiovascular disease. He is interested in the application of theory and methods from the interpersonal tradition in clinical, personality, and social psychology to the conceptualization and assessment of psychosocial risk factors for disease, and to the study of the psychophysiological mechanisms linking risk factors to disease. Dr. Smith currently heads the Clinical Health Psychology Specialty Track.

Yana Suchy, Ph.D., Professor (Univ. of Wisconsin-Milwaukee, 1998).

Dr. Suchy's research interests are in the area of executive functioning (i.e., a set of abilities that enable a person to plan, organize, and successfully execute mental and behavioral actions). Her clinical interests are in the area of neuropsychological assessment of adults with brain dysfunction. Dr. Suchy (along with Dr. Eluer) currently heads the Clinical Neuropsychology Specialty Track.

Sommer R. Thorgusen, Ph.D., Clinical Assistant Professor (Univ. of Utah, 2014).

Dr. Thorgusen's clinical and research interests are in neuropsychological assessment, with particular interest in cognitive aging and neuropsychological indicators of subclinical cognitive difficulties. Dr. Thorgusen provides didactic instruction and clinical supervision in clinical psychological assessment. This includes the 2nd year assessment practicum at the University Counseling Center where clinical psychology graduate students provide assessments to University students involving differential diagnosis of psychological disorders as well as diagnostic evaluations for attention deficit / hyperactivity disorder and learning disorders.

Paula Williams, Ph.D., Associate Professor (University of Utah, 1995).

Dr. Williams's research focuses on individual differences in risk and resilience for adverse mental and physical health, and the mechanisms underlying those associations. Of particular interest are the inter-relations among personality, cognitive (especially executive) functioning, and psychophysiological factors (e.g., tonic respiratory sinus arrhythmia) in the context of stress regulation (i.e., stress exposure, reactivity, recovery, and restoration).

E. Other Program-Associated Faculty

Students and faculty in the Clinical Program also have developed strong working relationship with many individuals in other departmental areas. These faculty often teach courses within the clinical curriculum, serve on thesis and dissertation committees, and occasionally co-advise clinical students. Students are encouraged to consult the faculty listing on the Department of Psychology website (https://psych.utah.edu/people/faculty/) for a full listing and description of departmental faculty members.

The Clinical Program also actively involves Adjunct Faculty from other departments on campus, at other universities, and in community agencies particularly for traineeship experiences and clinical research. These adjunct faculty are doctoral-level professionals in other departments at the University or in community settings who provide additional expertise in both theoretical and applied areas of psychology. Many are involved in community agencies that offer opportunities for students to learn and practice a variety of clinical skills in applied settings. A full listing of current adjunct faculty can be obtained from Nancy Seegmiller in the Department of Psychology Main Office. A list of Adjunct Faculty who supervise student traineeships can be obtained from the Traineeship Coordinator.

F. The Psychology Department

The Clinical Training Program is one of four doctoral training areas within the Psychology Department (Clinical, Cognitive and Neural Science, Developmental, Social). Departmental policy is set and reviewed by various governing committees, elected each year by the faculty as a whole. For graduate students, the most important of these committees is the Graduate Committee. It meets regularly to approve courses of study, award teaching fellowships, select the winners of various departmental awards/fellowships, etc. Students are represented on this committee, and are elected yearly (as are faculty). For further information about this committee, consult the Graduate Student Handbook, which can be found here: https://psych.utah.edu/_resources/documents/graduate/Graduate%20Handbook_2019.pdf.

The psychology faculty conducts a yearly review of student progress, at which time each area reports the results of its student evaluations (the CTC also conducts mid- year evaluations of all students: see Section VIII for complete details). The department as a whole also conducts evaluations of graduate courses and performance of individual faculty.

G. The Clinical Training Committee

The Clinical Training Committee (CTC), in conjunction with the Director of Clinical Training, governs and supervises the clinical training program. The CTC is composed of the regular Clinical Faculty and four elected student representatives, one from each of the first three years in the program, and one from the fourth year or beyond. The CTC is chaired by the Director of Clinical Training. The student representatives are selected by the clinical student body each Spring. Student representatives have full voting rights in all matters except staff and personnel reviews and evaluation of and decisions regarding students.

The CTC meets regularly (about every other week) during the academic year. Longer meetings are held for student admissions, student reviews, and policy planning. The CTC makes recommendations to the Director of Clinical Training about appointments to teaching fellowships, designs and evaluates the clinical curriculum, approves students' dissertation committees, reviews and considers student petitions, conducts mid-year and annual student reviews, and conducts other business related to the maintenance of the training program. Agenda items that students request be discussed or considered by the CTC (including student proposals and petitions) must be submitted seven days prior to the CTC meeting in which they are to be discussed. Please note that CTC agendas are set by Thursday 2:00 PM the week prior to each CTC meeting and any proposals, petitions or requests must be received in writing (email) by the Clinical Area Program Assistant (Jeanne Assay) and the DCT by that time.

The CTC strongly encourages students to be involved in program decision- making and policy formulation. Student access to the CTC can occur in any of the following ways: the student can ask that one of the faculty or one of the student representatives bring up a topic for discussion or clarification; the student can submit a petition to the CTC for discussion and voting; the student can ask his or her advisor to raise a particular issue with the CTC; the student can discuss particular issues with the Director of Clinical Training and ask that these be presented to the CTC as a whole. Students may also attend regular CTC meetings as non-voting members when the meeting is not concerned with confidential personnel or student matters. Finally, students are encouraged to bring up program and policy matters at the regularly scheduled faculty-student meetings that take place under the course title Current Issues in the Practice of Clinical Psychology (course number 7350).

As part of our ongoing efforts to ensure that we are meeting student needs and hearing student voices, at the end of each school year CTC student reps meet together with all other students in the clinical area to gather feedback on relevant training issues, identify problems students are experiencing, and propose constructive solutions where needed. This information is then presented to faculty in summary form to protect student confidentiality. This information is discussed by the CTC, which formally responds to the student feedback through the DCT and/or the student representatives, as well as addressing these issues at a student-faculty Town Hall meeting each fall. The DCT keeps an “open door policy” and is always happy to meet with individuals or groups of students to discuss issues related to the program’s strengths and weaknesses.

H. Areas of Concentration

The selection of an area of concentration typically occurs prior to the students’ admission to the program, based on the students’ preferences. Additional adjustments to the students’ placements within an area of concentration can occur based upon mutual agreement between the students and their advisors, and in consultation with the heads of individual concentration areas. The program is broadly based with divergent viewpoints represented. Students have considerable flexibility in developing their curriculum and may opt to bridge areas within the department. All students in the program receive advanced training in Adult Psychopathology (General Track). Students with interests in receiving specialized training may pursue additional training opportunities in Clinical Neuropsychology, Clinical Health Psychology, or Clinical Child and Family Psychology (see Appendices D, E, and F for more detailed descriptions of specialized training in these areas). Although not a formal concentration within the clinical program, there is an active core of students and faculty across departmental areas with specialized interests in the study of relationships.

Within these broad concentrations, students historically have taken advantage of the flexibility of the overall Clinical Program to devise somewhat more specific concentrations in areas such as cognitive behavioral therapies, trauma, human sexuality, interpersonal approaches to personality, psychopathology, relationships and health or other special interests represented by the Departmental and adjunct faculty. Thus, students frequently work with other departmental and adjunct faculty, and with faculty in other University departments, and are free to sample different orientations useful to their professional development.

Occasionally, a student may wish to apply formally to another program, either within the Psychology Department or elsewhere in the University. Such joint programs require the satisfaction of requirements in both administrative areas, and are arranged at the time of acceptance into the Clinical Program.

Although students are not required to concentrate in one of the broad areas described above, they are required to select their electives, clinical settings, and research topics in such a way as to develop a "core professional identity." We maintain a program with great flexibility, and a substantial group of students use that flexibility and the available university and community resources to devise other concentrations.

IV. PROGRAM REQUIREMENTS

A. Petitions to the CTC

The rules and timelines laid out in this Handbook should be considered as binding. That said, we do recognize that students encounter all kinds of extenuating circumstances during their time in the program, and such circumstances may require a modification to a given rule, or may preclude a student from meeting expected timelines. Thus, In many sections of this Handbook, reference is made to students being entitled, and even encouraged, to submit proposals, petitions, and requests to the CTC for individualization of their program of study. In all cases, petitions and requests should first be discussed with the advisor and come to the CTC with the advisor's approval and crafted with the advisor's collaboration. All petitions must be made in writing and reviewed by the CTC at a regularly scheduled CTC meeting. Students should note that CTC agendas are set by Thursday 2:00 PM the week prior to each CTC meeting and any petitions or requests must be received by the Clinical Area Program Assistant and the DCT a full seven days prior to the CTC meeting in which they are to be discussed. Upon receipt of a student proposal, petition, or request, the CTC will make efforts to review and respond in as timely a manner as possible; however, students also should be advised that some meeting agendas may already have been filled with time-sensitive issues that do not allow for an additional agenda item at the next available CTC meeting. As such, students will want to consider carefully the timing of submitting their proposals, petitions, and requests to the CTC, keeping in mind that the CTC normally does not meet in the summer months, during the breaks between semesters, nor indeed every week of the semester; students should refer to the CTC/7350 meeting schedule that is distributed each semester to be informed about which weeks the CTC is meeting and which weeks are eligible for consideration of students' proposals, petitions, and requests.

B. Program Timetable

The Clinical Psychology program at the University of Utah is designed as a 6-year curriculum in total, including 5 years of study and supervised experience at the University of Utah and a one-year full-time predoctoral internship for the degree. Per University requirements, to receive the doctoral degree, students must complete a minimum of three full-time academic years of graduate study (i.e., a minimum of 54 total credit hours, of which only 6 can be waived for prior work) and one year (2 consecutive semesters) in continuous, full-time residence at the University of Utah. This stipulation, along with the structure of the clinical program curriculum, therefore requires students to spend at least 3 years in the clinical program at the University of Utah in order to meet both University and program requirements. The typical student spends at least 5 years in full-time residence prior to internship. In accordance with program policy and APA regulations, students must complete all requirements, including successful defense of their dissertation and completion of their predoctoral internship, prior to degree conferral. Students who have met all program requirements, including successful defense of their dissertation, and who have completed their internship before the University deadline for summer graduation have their degree conferred at the end of the Summer academic term. If the internship completion date occurs after the deadline for Summer graduation, the degree is formally conferred at the end of the Fall semester in accordance with University regulations.

A listing of curriculum requirements with recommended timelines may be found in Appendices G and H. Although there is considerable individual variability in students' timetables because of specific needs and interests, the combined Departmental and Graduate School timetables

should be consulted. Students who become involved in especially complex research or additional clinical training may take longer to complete the degree. However, it should be noted that the Department has set a seven-year limit on doctoral work, and the Department and the Clinical Program impose expected progress deadlines within this time frame. In addition, the Graduate School provides that tuition remission can be used only for five years or a total of 10 semesters while the student is enrolled at the University of Utah. Three years (6 semesters) of tuition remission are available prior to completion of the Master's degree. Hence, if the Master's degree is not completed within three years, students will have to pay their own tuition until their thesis is completed, at which time the remaining tuition remission semesters can be used (again, up to the total allowable of 10 semesters in total).

As noted above, the Clinical Program requires that students complete all requirements (including the internship) within six years from the date of matriculation into the graduate program. Failure to complete the program within these time limits may be considered as grounds for termination. A student may petition for an additional one year extension, which may be granted if approved by the CTC and the Director of Graduate Studies.

B.1. Requesting an Extension

As noted previously, the expected course of study includes five years on campus followed by a year on internship. Exceptions to this timeline can be made only in specific, well-justified circumstances. Examples of justifiable reasons to remain on campus for a 6th year include students who have succeeded in obtaining fellowship or grant funding (e.g., an NRSA); having access to a new and important research opportunity that has the potential to make a significant impact on the student's career trajectory (e.g., the student's lab receiving a grant that would allow a longitudinal component to be added to the student's line of research); students whose professional goals require additional advanced training in clinical methods or statistics; and bona fide medical or family issues (e.g., pregnancy, illness, family responsibilities). However, in these circumstances, students might be advised to utilize medical or family leave that "stops the clock" rather than extending their time in the program per se). More information regarding University policy and instructions for requesting a leave of absence can be found on the Office of the Registrar's website [Note: per University policy, a leave of absences must be requested proactively; retroactive leave of absences are not granted]. More information on the Psychology Department's Graduate Student Parental Leave and Accommodation Policy can be found in the Graduate Student Handbook. In addition, it is recognized that unique circumstances and opportunities other than those listed above might justify a student remaining in the program for an extra year. All such requests will be handled on a case-by-case basis with input from the student's advisor and review and approval by the CTC.

B.1.a. When to Request and Extension

Requests to extend the program of study must be made proactively. It is strongly recommended that requests for extensions be received ***by February 15*** of the student's ***4th year in the program***. The purpose of this early deadline is to ensure that the student has time to prepare a dissertation proposal and internship applications (typically due by December 1 of the 5th year in the program) should the petition for an extension not be approved. Circumstances justifying and extension that arise after the February 15 deadline (e.g., notification of grant funding, unanticipated medical or family issues) will be handled on a case-by-case basis. Students are advised that the CTC only convenes during the regular Spring and Fall academic terms (i.e., does not meet during the

summer, holidays, or breaks) and should refer to the CTC meeting agenda that is distributed at the start of the Fall and Spring semesters regarding the last day to submit petitions to the CTC for each academic term.

B.1.b. Process for Requesting an Extension

The petition for an extension must come from the student with the active support of his or her advisor; student petitions to prolong time in the program against the advisor's advice will not be considered. Students wishing to request an extension should first meet with their advisor and obtain their advisors' approval for the proposed plan for the additional year on campus. The request for an extension should come to the CTC in the form of a Training Plan (a sample is provided in Appendix I), developed by the student in collaboration with the advisor, which articulates how the additional year on campus will be utilized in ways that will make vital contributions to the students' professional development. The Training Plan and petition must be based on a rationale that involves achieving significant training professional goals (i.e., not subsequent to nor because of failure to meet normal deadlines or make timely progress through the program).

Financial support during 6th year. Should a student be granted permission to remain on campus during a 6th year, departmental support during that year is not guaranteed. Students should consider whether they would be able to manage financially during that year without access to TAships, GIships, or tuition waivers. No departmental financial support will be provided beyond this 6th year; therefore, students also should think carefully about the ramifications should their internship applications not be successful, which would necessitate their becoming self-supporting following that 6th year on campus.

B.2. Admission with a Master's Degree

Normally, students are accepted into the program with either a Bachelor's or a Master's degree in Psychology. Students entering the program with a Master's degree or graduate work of high quality from an institution of recognized standing may desire to obtain credit for courses taken and/or experience gained while obtaining the Master's degree (or in some cases, the Bachelor's degree). In order for courses or experience to count toward doctoral program requirements, they must first be evaluated for equivalence to our requirements. This evaluation process is virtually identical to transfer of credit procedures described below. Since our program requires that students at the Master's level demonstrate competence in doing research, students entering the program with a Master's degree may desire to have their Master's thesis evaluated to demonstrate this competence. If appropriate, the student and advisor identify an appropriate supervisory committee of three faculty to evaluate the student's Master's thesis. The advisor should then prepare a petition of equivalency to be submitted to the CTC for approval and recommendation to be forwarded to the Director of Graduate Studies. Note that students who enter the program without an approved thesis (regardless of whether they have receive the Master's degree) will be required to complete Psy 6535 (regardless of prior research methods coursework) and complete a Master's thesis according to the timelines outlined in this handbook.

According to the rules of the Graduate School, students coming in to the program with a Master's degree are allowed 8 semesters (4 years) of tuition waivers to complete all the requirements for the Ph.D. This rule holds for all students who enter with a Master's degree, even if that degree is not in psychology. (See also the section on Financial Support, below).

B.3. Credit for Previous Graduate Coursework

Students who believe that their previous coursework, either at the undergraduate or graduate level, is equivalent to courses/experiences required within our curriculum can petition to receive credit for prior work. Students who are interested in this option should first should first discuss with their program advisor/mentor the advisability of petitioning for an exemption or credit. After a mutual decision that such a petition makes sense for the student's professional development, the student should provide documentation of course content (e.g., syllabus, written products, or letters from instructors) to the instructor of the equivalent course here at the University of Utah, with a request for a judgment of equivalency. If after meeting with the student and reviewing the course content, assignments, assessment methods, performance criteria, the grading rubric, and course policies, the instructor decides that the coursework is equivalent to our requirements, a formal petition with the endorsement of the advisor and the course instructor should be submitted to the CTC. If approved, the petition is then forwarded to the Departmental Graduate Committee for approval.

Student should note that due to the nature of our DSK curriculum, and APA requirements that DSK areas (with the exception of History and Systems) cannot be completed entirely prior to matriculation, students cannot petition for equivalency of Category 2 or 3 coursework (affective, biological, cognitive, developmental, or integrative). These courses must be taken in our program.

C. Advisors

C.1. Primary Academic Advisor

Students are admitted to the program with a primary academic advisor identified. The advisor is one of the most important resources in students' graduate careers. She or he serves as a professional role model, as a guide to graduate study, and a critic/advocate for a student's professional development. The Utah program operates on a mentorship model, which means that each student is admitted to the program under the supervision of a particular clinical (or a team of one clinical and one non-clinical) faculty member. Students may switch advisors with the approval of the CTC (see “Changing Advisors” under section C.3 below)

Students are expected to meet regularly with their advisor(s) to discuss their research, course work, and professional development. The advisor should be the first person contacted to answer program questions, deal with personal or professional problems, and the like. Students also are expected to participate actively in their advisor's research group, and, if appropriate, to sample the research groups of other faculty when they have overlapping interests. These research groups are a vital aspect of the Clinical Program, as they serve as important vehicles for the development of sound research skills and provide an opportunity to interact with students and other faculty engaged in related research.

Advisors also serve as the students’ first go-to person if questions about course-work, program requirements, or any other professional issues arise. Students should also consult with their advisor(s) prior to registering for courses, and should approach their advisor if conflicts in offerings occur. However, students need to understand that advisors may not have answers to all questions, and will often need to direct the student to the appropriate resource.

C.2. Allied Faculty as Advisors or Committee Members

Because of the structured involvement of allied faculty in clinical training (i.e., other Departmental faculty and Psychology Department adjunct faculty), administrative arrangements exist to facilitate the involvement of allied faculty in decision-making, advising, and monitoring of students when appropriate. Allied faculty who otherwise meet Departmental and Clinical Program requirements may be a clinical student's research advisor, when such an arrangement is in the student's best interest (see below for additional information about supervisory committees). If a clinical student's primary research advisor is not a member of the regular clinical faculty, a clinical faculty member must serve as a co-advisor.

Although students who apply to the clinical program are selected for admission by the Clinical Training Committee, allied faculty whose areas of interest are relevant to a student's interest shall be consulted during the admissions process to the mutual benefit of all concerned. When an allied faculty member serves as a student's advisor, he or she shall participate in that student's review, as a voting member of the CTC, during its semi-annual student evaluation meetings. However, as with all other evaluation procedures for clinical students, the Clinical Training Committee retains final authority in making decisions about a student's standing in the clinical program and in making recommendations to the department concerning a student's departmental standing.

Allied faculty may also participate in the grading of the student's preliminary projects. Finally, allied faculty who have been regularly involved in the teaching of courses that form part of the regularly offered clinical curriculum shall participate in the annual clinical program curriculum review, when course offerings that relate to their involvement are subject to modification.

C.3. Changing Advisors, Co-Advisors, and Students "At Large"

The Clinical Program at the University of Utah uses a model for advising that attempts to provide students with guidance and support from the very beginning of their graduate careers, but is also responsive to changing patterns of interest among students and advisors. This means that, when admitted, a student is identified as probably best suited to work with a particular named advisor who has also agreed to work with that student. Matching a student with an advisor is done thoughtfully and with the intention to be in the best interests of both the student and the advisor.

However, sometimes it becomes apparent that a particular advisor is not the best match for the research and training interests of a student. This happens in one of four "modal" ways: (a) Students' interests broaden in such a way that they wish to set up a "co-advisor" arrangement, sometimes within the Clinical Program, and sometimes extending to other areas within the Department; (b) students' or advisors' interests change in such a way that the student will be better served by selecting another advisor; (c) the student and the current advisor, regardless of interest match, do not have the kind of interpersonal relationship that is productive for either the advisor or the student; or (d) the student's primary advisor leaves the program.

Advisor changes that are desired by the student and/or advisor generally present no particular difficulties for the student, the advisor, or the administration of the Clinical Program and the Department. It is assumed that the student will have discussed these issues with her or his current advisor and prospective advisor, and will reach a mutually agreeable resolution. Only once the new advisor has agreed to mentor the student can the relationship with the prior advisor be dissolved. In these cases, it is only necessary that the student inform the Department Graduate Committee and the Director of Clinical Training of their intentions in written form. If any problems arise because of the

intended changes, they can be resolved administratively at this point. Similarly, changes that result from the primary advisor leaving the program are generally not problematic (as long as the student is in good standing), as the CTC accepts the responsibility in assisting the students to identify a new advisor among the available faculty.

If a situation arises in which a student and/or advisor feel that the advisor-advisee arrangement is not productive or sustainable for either or both parties, to the extent that an advisor change is necessary, the student and/or the advisor will need to inform the Director of Clinical Training of the issues (in written form) and the matter will be taken up by the Clinical Training Committee. A student is not allowed to be "at large," and must have an advisor registered with the Clinical Area and the Department at all times. If a student is at large for a period greater than three months, he/she may be dismissed from the program.

D. Curriculum

As noted above, the Clinical Program curriculum at the University of Utah is designed to meet the American Psychological Association's revised Standards of Accreditation (APA SoA) for the training of health service psychologists, which took effect July 1, 2017. These revised standards stipulate that all students, by the time they leave the program, demonstrate graduate-level knowledge in the discipline of health-service psychology (i.e., discipline-specific knowledge, DSK). The APA CoA defines discipline-specific knowledge as "the requisite core knowledge of psychology an individual must have to attain profession-wide competencies." Detailed information regarding profession-wide competencies can be found in Appendix B and C. Students are encouraged to read the information in these appendices carefully, as it contains important information about the various competency domains upon which they will be evaluated throughout their time in the program. The Clinical Program and Departmental curriculum requirements are detailed in Appendix G and a checklist is provided in Appendix H. These should be carefully studied before making choices, with your advisor's consultation. Because the Clinical Program curriculum involves a careful sequencing of courses, students should consult their advisor(s), the Director of Clinical Training, and the Clinical Training Committee before attempting to significantly alter the modal sequence.

Useful Link:

APA Standards of Accreditation for Health Service Psychologists:
https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf

D.1. Discipline Specific Knowledge (DSKs).

The Clinical Program requires that all students complete a collection of courses to ensure that they receive training in, and demonstrate graduate-level mastery of, the four DSK categories:

a. History & Systems of Psychology;
b. Basic Content Areas in Scientific Psychology (Affective, Biological, Cognitive, Developmental, and Social Aspects of Behavior);
c. Advanced Integrative Knowledge in Scientific Psychology; and
d. Research Methods, Statistical Analysis, and Psychometrics.

For some of these topics, the Clinical program requires that students take specific courses to meet the requirements, however under the new APA Standards of Accreditation, students are allowed to meet multiple DSK requirements with a single course. If clinical students choose alternative courses that are not the specified clinical DSK courses (listed below), the Clinical program regards those alternative courses as electives, even though such courses might satisfy other Departmental core requirements. The course offerings that satisfy the DSK requirements may change slightly from year to year. A list of the courses offered each year is circulated prior to Fall semester and is available in the Psychology Department office. The courses that are currently approved to meet each DSK are listed below. Students should also consult the program curriculum worksheet provided in Appendix G.

Students wanting to meet clinical program requirements via courses offered in other departments (e.g., the PhD program in EdPsych) must petition for permission to do so from the CTC, providing a rationale (e.g., the course won't be offered in our department before the student leaves for internship) as well as providing a syllabus of the course to allow CTC to evaluate whether it is the equivalent to the course our department offers.

D.1.a. History & Systems of Psychology

The revised APA Standards of Accreditation now allow students to meet the History and Systems requirement of the DSK prior to matriculation into the doctoral program and/or through undergraduate-level work after matriculation into the doctoral program (note that this is the only DSK that can be accomplished this way). Students who completed an undergraduate History and Systems course prior to matriculation into the program, and achieved a grade equivalent to a B or higher, can petition to the CTC to have their undergraduate History & Systems course meet this requirement. To do so, the student should provide documentation of course content (e.g., syllabus, written products, or letters from instructors) to the instructor of the equivalent course here at the University of Utah, with a request for a judgment of equivalency. If the instructor decides that the coursework is equivalent to our requirements, a formal petition, with the endorsement of the advisor and the course instructor, should be submitted to the CTC for review and approval along with a copy of the student's transcript. Students who do not meet this requirement are required to complete a History & Systems course during their time in the program. The following course(s) meet this requirement:

- History and Systems of Psychology (EDPS 7080)

D.1.b. Basic Content Areas in Scientific Psychology

Clinical students are required to complete a collection of courses to ensure that they receive training in, and demonstrate graduate-level mastery of, five basic content areas, including Affective, Biological, Cognitive, Social, and Developmental aspects of behavior. As noted above, under the new APA Standards of Accreditation, students are allowed to meet multiple DSK requirements with a single course The courses that currently satisfy each of these content areas are listed below:

1. *Affective Aspects of Behavior:*
    - Cognitive and Affective Bases of Behavior (EDPS 7863)
    - Biological Bases of Affective & Cognitive Processes (PSY 6360)

2. *Biological Aspects of Behavior:*

    - Biological Bases of Affective & Cognitive Processes (PSY 6360)
    - Neuropsychology (PSY 6700)

Basic Content Areas in Scientific Psychology (Cont.)

3. *Cognitive Aspects of Behavior:*

    - Cognitive and Affective Bases of Behavior (EDPS 7863)
    - Advanced Human Cognition (PSY 6120)
    - Biological Bases of Affective & Cognitive Processes (PSY 6360)

4. *Social Aspects of Behavior*

    - Advanced Social Psychology (PSY 6410)

5. *Developmental Aspects of Behavior*

    - Psychopathology Over the Lifespan (PSY 6330)

D.1.c. Advanced Integrative Knowledge in Scientific Psychology.

Under the new APA Standards of Accreditation, all APA-accredited programs must ensure that students receive advanced training in the integration of one or more of the DSK content areas. This requirement can be met in two ways: 1) an evaluated educational experience[3] that integrates at least two DSK content areas that have been previously covered through other methods, or 2) an evaluated educational experience that provides basic coverage in two or more areas and integration across those areas. For most students, it is expected that this requirement will be met through courses specifically designed (and approved by the CTC) to integrate and evaluate that a student has achieved advanced integrative knowledge. Students wishing to pursue other options for satisfying this requirement (including coursework not currently approved by the CTC) must submit a proposal to the CTC describing a) the proposed learning experience, b) the means and criteria by which the learning experienced will be evaluated in such a way as to demonstrate advanced integrative knowledge of two or more DSKs, c) the proposed person(s) who will evaluate the proposed learning experience. For students satisfying this requirement with approved coursework (listed below), no such proposal is necessary. As noted above for courses satisfying the core DSK requirements, courses that satisfy the advanced integrative requirement may change slightly from year to year and a list of the courses offered each year is circulated prior to Fall semester and is available in the Psychology Department office. The courses that are currently approved to meet the clinical area's advanced Integrative requirement include:

- Biological Bases of Affective & Cognitive Processes (PSY 6360): This course integrates Affective, Biological, and Cognitive aspects of behavior.

- Biological Mechanisms of Stress, Development, & Health (PSY 6465): This course integrates Affective, Biological, and Developmental aspects of behavior.

- ~~Cognitive and Affective Development (6220): This course integrates Affective and Cognitive aspects of behavior.~~ [This course is not currently being offered or approved for meeting the advanced integrative requirement]

- Social Development Across the Lifespan (PSY 6260): This course integrates Social and Developmental aspects of behavior.

As noted above, students wishing to satisfy this requirement with a course that is not currently approved must submit a petition to the CTC, along with a copy of the course syllabus. The CTC will review of the course syllabus, instructor qualifications, primary source material, assignments/grading methods, and approval by the CTC to ensure that the course meets the advanced integrative requirement.

[3]The APA CoA defines an "evaluated educational experience" as "a learning experience (e.g., course, parts of courses, or independent study) the outcome of which is assessed by a person recognized as having current knowledge and expertise in the area of the learning experience."

D.1.d. Research Methods, Statistical Analysis, & Psychometrics

In the first year, all clinical students are required to take the following:

- Advanced Research Methods in Clinical Psychology (PSY 6535)
- Quantitative Methods I (PSY 6500)
- Quantitative Methods II (PSY 6510).

In later years, as relevant to their professional goals, students are encouraged to take advanced statistical methods courses, such as the following:

- Structural Modeling (PSY 6550)
- Multilevel Modeling (PSY 6558)
- Analysis of Temporal Data (PSY 6556)

While psychometrics are infused throughout the assessment sequence (PSY 6611/6612/6613/6614), a specific Psychometrics assessment is conducted as part of Psychology 6613 (Assessment III), which all clinical students are required to take (and pass) in their second year of the program.

D.2. Culture and Diversity

The program endorses the perspective that culture and diversity training is critical to the development of competent, responsible social scientists. Appendix V provides an important statement regarding our program's policies related to our commitment to ensuring that students develop competencies for working with diverse populations. All students entering are required to complete at least one course that addresses issues of culture and diversity in psychology, and it is an important

academic competence to demonstrate understanding of issues related to diversity in your work as researchers, teachers, and practitioners. Competence in diversity includes understanding of the importance of considering issues such as age, sex, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, military/veteran status, and socioeconomic status in the design of research studies, the development of diagnostic/assessment instruments, in classroom contexts, and in the psychological treatment of clinical conditions. Recognizing that one course cannot address all aspects of diversity training, students are encouraged to supplement coursework with attending colloquia on themes of diversity and to take advantage of opportunities to gain clinical experience with diverse populations. Available offerings may vary from one year to the next, but in general, all students are required to complete the following course:

- **Diversity and Mental Health (PSY 7860)**

D.3. Other Core Requirements for the Clinical Program

With respect to the clinical core, our educational philosophy is based upon trying to ensure that graduating students possess: (a) knowledge of the theories and scientific bases of clinical interventions and psychological measurement and evaluation; (b) competence in designing research to evaluate, develop, and assess the applicability (including limitations), reliability, and validity of existing interventions and measurements; (c) knowledge of theories and scientific bases of a representative sample of relevant assessment and intervention strategies in general clinical psychology and the student's area of concentration; (d) ability to administer, interpret, and integrate assessment and intervention information from a representative set of methodologies and techniques; and (e) knowledge of the ethical and social policy bases of assessment and intervention and their limitations. In keeping with the principles of clinical science, our program also values the importance of teaching students to understand the vital interaction between testable, refutable theory that informs data and data that inform theory. We encourage students to learn to understand the whole individual as a system, rather than to acquire only a collection of specific approaches for targeted symptoms. Although our emphasis tends to be on the scientific side of the science/practice balance, we practice science that has high clinical relevance. In addition, the Clinical Core focuses on ensuring students achieve the profession-wide competencies outlined by the APA CoA (see Appendix B and C), including issues of professional standards and ethics, the development of appropriate role identity and socialization into the issues of professional psychology and its interface with psychological science and other social science, legal, and mental health disciplines.

Work in the first two years is designed to provide the basics that make one a professional clinical scientist and lay the foundation for specialty training. The required core, which consists of an integrated set of both didactic and experiential courses and requirements, is as follows:

D.3.a. Foundational Skills Sequence (First Year)

- **Psychology 6535; Advanced Research Methods in Clinical Psychology**
  - *What?* This course includes topics relevant to psychometric theory
  - *When?* 1st Year, Spring Semester

- **Psychology 6000; First Year Professional Development Practicum**

  - *What?* This course provides 1st year graduate students an overview of issues and skills relevant for graduate school success, including applying for funding, managing multiple responsibilities, becoming a productive writer and researcher, and research ethics.
  - When? 1st Year, Fall Semester

- **Psychology 6100; Teaching Practicum**
  - *What?* This course provides 1st year graduate students instruction on teaching preparation with a continued focus on professional development and the successful transition to doctoral training.
  - *When?* 1st Year, Spring Semester

D.3.b. Clinical Assessment Sequence (First Year)

- **Psychology 6611/6612/6961; Foundational Clinical Skills & Principles and Techniques of Assessment I & II**

  - *What?* This integrated suite of courses provides first-year students (students are enrolled across both semesters) a graduate-level introduction to the theoretical, practical, and *evidence-based principles* of psychological assessment, including psychometrics, helps students master the core *techniques* of clinical psychological assessment, and teaches *foundational clinical skills* for professional interaction with clients in both assessment and intervention settings. The first semester is primarily focused on the development of cognitive assessment skills, while the second semester focuses more on assessment of psychopathology. Instruction on and practice of foundational clinical skills will be spread relatively evenly across the two semesters. Over the course of the year, students will be introduced to (1) administration, scoring, and interpretation of the WAIS-IV, MMPI-2 and MMPI-2-RF, (2) clinical interviewing, (3) clinical report writing, and (4) ethical and diversity issues as they relate to assessment. Test administration and scoring skills, while important, are not viewed as the end goal of the course; rather, they are viewed as a vehicle that will allow students to learn broader assessment principles that they can apply in their future assessment courses, practica, and traineeships.

  - *When?*. Students sign up for 6611 in the Fall of their 1st year; 6612 in the Spring of their 1st year, and 6961 in Fall or Spring of their 1st year.

D.3.c. Clinical Assessment Sequence (Second Year)

- **Psychology 6613/6614: 6613 – Assessment Practicum: Traditional Adult and Child Assessment Skills; 6614 – Assessment Specialties Practicum**

What? This is a two-semester practicum course in psychological assessment and consultation. The practicum consists of didactic instruction, group and individual supervision meetings, and psychological assessments of clients referred from the University Counseling Center. This course is intended to give you practical experience with psychological assessment of adults, including a) gaining familiarity with a variety of assessment tools and techniques, b) demonstrating the ability to appropriately choose, administer, and interpret assessment instruments, c) demonstrating the ability to identify and integrate diversity-related issues in psychological assessment, d) developing clinical interviewing skills such as empathy, establishing rapport, etc., e) developing clinical report-writing skills, f) developing the ability to receive clinical supervision and to engage in self-evaluation, g) developing skills for providing clients with assessment feedback, and h) developing a professional identity as a competent psychological assessor

- *When?* 2nd Year, Fall Semester (6613) & Spring Semester (6614)

D.3.d. Psychopathology and Intervention Sequence (First Year)

- **Psychology 6391; Introduction to Clinical Science**

  - *What?* This course introduces students to the clinical science perspective, critical thinking about psychotherapy research, evidence-based practice principles, and the integration of research and practice.
  - *When?* 1st Year, Spring Semester.

- **Psychology 6330; Psychopathology Over the Lifespan**

  - *What?* Covers individual psychopathology across the lifespan, as defined by DSM-IV and alternative perspectives. Consistent with the Developmental Psychopathology approach, this course focuses on a continuum between normative and pathological development over the life span and provides a foundation for understanding individual differences in human behavior from a developmental perspective.

  - *When?* 1st Year, Fall Semester

D.3.e. Psychopathology and Intervention Sequence (Second Year)

- **Psychology 6960/6961; Practicum in Cognitive Behavioral Therapy**

  - What? This first semester of this course (6960) provides a theoretical and practical introduction to cognitive behavioral therapy (CBT). Students will learn the cognitive, learning, and emotional theories underlying CBT and the interventions suggested by each. They will critically examine the current research base for CBTs and the components/principles thereof, and understand the utility of on-going data collection consistent with a clinical science approach to evaluate progress and

facilitate decision-making in the practice of CBT. The focus of the second semester (6961) is on the application of Cognitive Behavioral Therapy (CBT) to clinical cases seen at the University Counseling Center (UCC). You will implement interventions based on cognitive, learning, and emotional theories previously discussed in your work with clients at UCC. Our time in class will be devoted to discussing how particular interventions can be applied to your specific cases, role-playing, and discussing relevant CBT interventions in more depth.

- *When?* 2nd Year, Fall Semester (6960) & Spring Semester (6961)

D.3.f. Supervision and Consultation

- **Psychology 7850, Consultation and Supervision**

  - *What?* Introduces students to the theoretical models, research, and practice of clinical supervision and consultation, and prepares students for participation in vertical teams in which students will have the opportunity to provide peer supervision to others under the umbrella supervision of licensed faculty.

  - *When?* Students can take this course at any time during their training. Most students find it useful to take this course as early in their training as possible.

D.3.g. Professional Issues in Clinical Psychology

- **Psychology 6300 or Ed Psych 7220; Ethics and Standards in Psychology**

  - *What?* This requirement is currently met by taking EDPS 7220. This course is designed to help students: a) develop an awareness of professional, ethical, moral, and legal issues in psychology; b) learn the ethical codes, laws, and guidelines applicable to the practice of psychology; c) develop the ability to apply ethical decision-making models and processes; d) identify personal values and biases that may impact one's professional activities; e) assess one's limits of competency, potential ethical dilemmas, and identify available resources; and f) gain the ability to explore and resolve ethical dilemmas.

  - *When?* Must be completed no later than the Fall of the 2nd year.

- **Psychology 7350; Current Issues in the Practice of Clinical Psychology**

  - *What?* This professional development series meets approximately once per month throughout the year and focuses on topics relevant to current issues in the practice of clinical psychology, including topics relevant to training, research, practice, and diversity. The schedule of topics is distributed by the DCT at the beginning of each semester.

- *When?* Students enroll in one credit every year beginning in their 2nd year in the Clinical Program (a minimum of 4 credit hours is required). Although 1st year students are not required to formally enroll in 7350, they are expected to attend.

D.4. Overall Training Hours and Additional Clinical Experiences

Students are required to accrue a minimum of 625 hours of supervised clinical experience in the context of practica, traineeships, and supervised community placements, prior to the internship. This should include a minimum of 500 actual client contact hours (intervention + assessment) and a minimum of 125 hours in formal, scheduled supervision. Although these are the minimum number of hours needed to apply for internship, students are advised that some internship programs have established a minimum number of hours required to be competitive for their site, and these minimum might be higher than the 625 hours required by our program. As such, students are advised to start exploring internship sites in which they might be interested early in their training so that they can adjust their training experiences as necessary. Students also should note that the breadth, depth, and type of clinical experiences they achieve is also likely to be an important factor for helping them to secure the internship training of their choice. Students should consult with their advisors on an ongoing basis (at least annually) as to which practica and traineeships are most appropriate to their training goals.

Students who have not yet acquired the minimum 500 contact hours at the point when they are requesting permission to apply for internship must petition the CTC and show that they and their advisor have devised a training plan that will ensure that a total of 500 contact hours and 125 supervision hours will be accumulated before the student leaves for internship.

D.5. Electives & Coherency Core

Students are expected to use their elective options to develop a coherent set of specialization courses. In addition to selecting practica and traineeships that make conceptual sense given the student's self-defined area of specialization, students frequently take advantage of offerings within the Clinical Program, the Department, or in other departments within the University. Appendix D describes the additional requirements and expectations for students in the Clinical Neuropsychology area; Appendix E for Clinical Health Psychology; and Appendix F for Clinical Child and Family.

D.6. Research Requirements

Students are expected to successfully complete both a Master's thesis and doctoral dissertation according to the guidelines established in the departmental and college handbooks.
Students are expected to be continuously involved in scholarly and scientific inquiry under the direction of their advisor as part of the advisor's research group, even if not formally enrolled for credit. In addition to the Master's thesis and dissertation, students are required to demonstrate their ability to disseminate research according to the publication and presentation requirements below.

D.6.a. Research Publication Requirement. By the time they graduate, students are required to publish (or have accepted for publication) a first-authored or later-authored manuscript, book chapter, or other published work in a professional peer-reviewed or edited outlet. The

publication must be based on work completed while the student was enrolled in the program; publications completed prior to matriculation into the program do not satisfy this requirement.

D.6.b. Research Presentation Requirement. By the time they graduation, students are required to complete a research presentation (via oral presentation or poster format) at a local, regional, or national conference (or similar venue) in which either a) the content of the presentation underwent peer review for inclusion in the meeting and the presentation itself is observed and evaluated by the student's advisor or a member of the CTC (or other approved evaluator), or b) the presentation is formally evaluated by at least three qualified professionals. While it is not required that the student be first author or sole author on the presentation, the student must be the presenter. In the case of option "b," copies of the completed evaluation forms (or summaries) must be reviewed and approved by the advisor in order to satisfy this requirement. A copy of an evaluation form that can be used for this purpose is provided in Appendix Y. Note that if the presentation venue utilizes their own evaluation forms, as is often the case at professional conferences, those forms will likely serve as a suitable substitution so long as they a) involve ratings of the quality of the presentation along multiple dimensions (content, presentation, etc.), and b) are completed by multiple members of a professional audience.

D.7. Internship

Students are expected to complete a minimum of 2000 hours of supervised clinical experience in a full-time, year-long APA-accredited internship. Details regarding the requirements for internship, timeline, and the application process are described in detail below.

E. Supervisory Committees

Students choose, in consultation with their advisor, supervisory committees for the Master's thesis and the Doctoral dissertation. Three faculty members are selected for the Master's thesis and, after successfully passing the Masters' requirements and being admitted to the Ph.D. Program, five faculty members are selected for the Ph.D. committee (one of whom must be from outside the Psychology department). Ordinarily, the advisor serves as the chair of each of these committees. The Clinical Training Committee has adopted the following regulations regarding the formation of a supervisory committee:

- The supervisory committee must consist of at least two full-time regular Clinical Area faculty. This requirement exists for both Master's and doctoral committees. When a substantial rationale exists for deviating from this norm, the student and his or her advisor should prepare a petition to the Clinical Training Committee outlining this rationale. The Clinical Training Committee will then consider the petition at its next regularly scheduled meeting.

- The Chair of the committee must ordinarily be a member of the regular clinical faculty. Allied faculty members may co-chair a supervisory committee so long as a regular clinical faculty member is identified as a co-chair, and all other regulations are met (see section on advisors for regulations governing the role of allied faculty as co-chairs).

- All committee members must be Ph.D.s or Psy.D.s. In special cases, individuals holding other doctoral degrees (e.g., M.D., DSW) may be accepted as committee members. However, in

such cases the student must petition the CTC with a written statement explaining the unique contribution expected from the prospective committee member.

- All committee members must be regular University of Utah faculty or Psychology Department adjunct faculty, and the size and constituency of the supervisory committee must otherwise satisfy both Departmental and Graduate School guidelines. For the Ph.D., the Graduate School requires that at least one of the five members be from a different department of the University. Exceptions may be made in special cases, but again, the student and his or her advisor must make a specific request to the CTC.

F. Master's Thesis

By the end of the first year of graduate study, the student, in consultation with the advisor, must have selected a topic for a potential Master's thesis project. This requirement is accomplished within the context of the first-year Research Methods course (PSY 6535) in which students are required to produce a draft of a research proposal and an annotated bibliography on a research topic of interest (see the Syllabus for Psy 6535 for more detailed information). Although the research proposal developed for this course is not contractual, and students are free to change the topic and/or methodology for their Master's thesis project based on consultation with their advisor, it is intended that the research proposal will ordinarily reflect the most likely topic for the thesis project. This requirement is intended to encourage students to become familiar with the literature in a selected area of study and to help students develop a conceptual and methodological perspective that will lead to the formulation of meaningful and testable hypotheses/questions, as well as specific plans for a thesis project that is feasible within the typical scope and timetable for the Master's.

Prior to proposing their Master's thesis, students select their Master's Thesis supervisory committee, consisting of three faculty members (see "Supervisory Committee" above for more details). Once the committee has been selected, the student presents to the supervisory committee a proposal for the Master's thesis. This proposal is announced via a two-page abstract to the entire Psychology Department, which also sets a time for the Master's colloquium. This colloquium should be held by the end of the Spring semester of the second year of graduate training. At the colloquium, the proposal is presented to the committee, the research plan is refined, and the committee votes on the proposal. The specific criteria upon which the proposal will be evaluated, the grading rubric, and the minimum level of achievement students' are expected to demonstrate are provided in Appendix J. Once committee approval is given, the research is conducted and when the report of the study is ready, the oral defense ("orals") of the thesis is conducted. Upon approval of the finished written report by the Graduate School, the Master's degree is awarded. A student is expected to complete the Master's thesis (approved by the committee and submitted to the University's thesis editor) within 36 months of the date of matriculation.

Successful defense of the thesis does not automatically result in permission to continue work toward the Ph.D. At the time of the Master's defense, the committee is asked to make a recommendation to the CTC (by way of the Chairperson) regarding the student's continued progress through the program.

G. Preliminary Examination Project

Following completion of the Master's degree, a student must successfully complete a Preliminary Examination Project that involves writing a 20-40 integrative research review paper that demonstrates the student's capacity to synthesize, integrate, critique, and evaluate a broad base of research and theory pertaining to a selected area of clinical psychology. The primary purposes of the prelim project are to demonstrate that you have the potential for doctoral-level scholarship in clinical science, and to facilitate your professional development. Frequently a tertiary purpose is to allow students to review and think deeply about the literature that will lead to their dissertation research. To complete this project, you will be expected to: (1) identify an important issue to be examined in a particular area of clinical psychology; (2) identify a broad base of literatures that can inform this issue; (3) integrate and evaluate different perspectives on the issue; and (4) write a cohesive, conceptual synthesis. In addition to the knowledge and skills gained by engaging in this Preliminary Examination Project, we expect you to be able to submit the final product for publication, although the success of such submission does not form the basis of final grade assignment. A detailed explanation of, and instructions for, the preliminary exam project is provided in Appendix K. The current format of the project is intended to reflect the Clinical Program's endorsement of the clinical scientist model of clinical psychology.

To ensure that the project is completed in a timely manner, students should propose the projects to the CTC no later than the end of the spring term prior to the year in which the student plans to apply to internship (i.e., by the end of spring semester of the 4th year). The specific procedures, timelines, and grading criteria for completing the prelim project are detailed in Appendix K. A sample preliminary exam proposal is provided in Appendix L.

H. Admission to Doctoral Candidacy

Although students are admitted to the Clinical Program with the expectation that the doctorate will be completed, there must be an explicit recommendation that each student, after the Master's degree, be allowed to continue in the program, and, after the passing of the Preliminary Examination project, be accepted for doctoral candidacy. The process of being advanced to doctoral candidacy involves the CTC evaluating the student's preparation, the recommendations from the student's Master's committee, and performance on the Preliminary Exam project, and then recommending approval or disapproval of the application for doctoral candidacy in the Clinical Program. However, students should note that even though they have achieved the milestone of being advanced to doctoral candidacy, they are advised to refer to themselves as "Clinical Psychology Doctoral Students," or a similar title indicating their student status, especially with clients. Consistent with the APA Code of Ethics (see the sections on informed consent to therapy and avoidance of false or deceptive statements), students are prohibited from using misleading credentials such as PhD-c (or variations thereof) or ABD (all but dissertation) after their names, as these are not a recognized credentials and thus can be confusing or misleading to the public, and thus their use is considered unethical. More information about why the use of potentially misleading credentials and titles (including "Doctoral Candidate") is potentially problematic and unethical can be found here: https://www.apa.org/gradpsych/2007/01/title

I. Doctoral Dissertation

Once the student has been admitted to doctoral candidacy, the dissertation committee may be formed. As with the Master's and prelim committees, CTC guidelines apply for the structure of the committee.

The dissertation proposal is submitted to the committee, is approved (or modified) at the dissertation colloquium, and the results are presented at the dissertation orals, just as with the Master's thesis. The specific criteria upon which the dissertation proposal will be evaluated, the grading rubric, and the minimum level of achievement students' are expected to demonstrate during their doctoral proposal and defense are provided in Appendix J.

The dissertation proposal must be approved in order for doctoral candidates to be permitted to apply for internship. The last possible date by which a student can have a proposal meeting is September 10 of the fifth year in the program (or the year that the student intends to apply for internship). Since it is possible that some revisions will be requested by the committee, the last possible date by which a proposal must receive a final committee approval is October 10 of the fifth year (or the year that the student intends to apply for internship). The doctorate in clinical psychology is not awarded until the student has passed the dissertation orals and has received certification by the Department Chair and Director of Clinical Training that the University, Departmental, and Clinical Program requirements (including an approved internship) have been completed.

V. SUPERVISED CLINICAL EXPERIENCE

A. Coordination of Professional Training

The professional training component of the program has three graduated levels: practicum, traineeship, and internship. The CTC is responsible for monitoring, evaluating, and coordinating such clinical experiences in general, but individual advisors must be consulted about traineeship placements, selection of training opportunities, and problems that arise in the course of clinical training. Additionally, neuropsychology placements must be approved by the Neuropsychology faculty. The DCT and heads of specialization areas (Health, Neuropsychology, or CCF) also are good sources of advice regarding clinical training.

Extra-departmental practica and traineeships are supervised by adjunct faculty or field supervisors at the agency, in coordination with a student's advisor or another appropriate member of the CTC. All clinical activities (practica, traineeships, internship) must be approved by, and fall under, the official auspices of the program. This requirement is an essential one to follow, as it is the only way in which these clinical experiences are covered by liability insurance, and it is the only way in which students can receive credit for these hours so as to claim them on their internship applications, as per APPIC's rules. The student's Departmental advisor is to meet regularly with the student to discuss progress at the agency. In the case of internships, when students are often out of state, occasional telephone contacts or emails are enough.

B. Clinical Practica

Practica are clinical experiences typically developed and supervised by core clinical faculty. They are generally preceded by a didactic "pre-practicum" aimed at integration of theory, research, and practice. Practica may be offered by different faculty members in different years. Practica are generally offered for 3 credit hours, but credit and number of semesters for a particular practicum in the Psychology 6960-6961 series is variable. Typically, students in practica engage in 1-3 hours of direct service each week, are involved in 1- 5 hours of collateral tasks such as report-writing, and receive 1-4 hours of group and/or individual supervision. Practicum grades are assigned by the instructor and/or supervisor. Currently or recently offered practica include the following:

B.1. Cognitive-Behavioral Therapy Practicum:

This practicum is required of all students in their second year of the program and begins with didactic training in cognitive-behavioral models, including their theoretical basis and empirical support. Therapy videos and role-playing are important features of the pre-practicum. This is followed by at least one semester in which students are seeing one or two individual therapy clients for a course of brief CBT. Therapy clients are acquired through the University Student Counseling Center. All therapy sessions are audio- or video-taped for weekly supervision, which occurs individually or in group consultation meetings held weekly. The course generally is limited to between 4 and 7 students to provide adequate individual attention and supervision. This practicum is currently taught and supervised by Dr. Craig Bryan, and also has recently been taught by Drs. Katie Baucom and Michael Himle.

B.2. Foundational Clinical Skills & Assessment Practicum:

The assessment practicum is a two-year integrated sequence that begins in the first semester of

the first year with Foundational Clinical Skills and Assessment I and II. Within this integrated practicum sequence, first-year students get practice conducting interviews and cognitive and personality assessments with undergraduate volunteers. A primary focus of this experience is on developing and demonstrating appropriate entry-level clinical skills to prepare them for the second-year CBT and Assessment Practica (e.g., developing rapport, test administration, communicating assessment findings, and engaging in the supervision process). In their second year, students begin a two-semester advanced assessment practicum. The second-year practicum consists of didactic instruction, group and individual supervision meetings, and psychological assessments of clients referred from the University Counseling Center. This sequence is intended to give students practical experience with psychological assessment of adults, including a) gaining familiarity with a variety of assessment tools and techniques, b) demonstrating the ability to appropriately choose, administer, and interpret assessment instruments, c) demonstrating the ability to identify and integrate diversity-related issues in psychological assessment, d) developing clinical interviewing skills such as empathy, establishing rapport, etc., e) developing clinical report-writing skills, f) developing the ability to receive clinical supervision and to engage in self-evaluation, g) developing skills for providing clients with assessment feedback, and h) developing a professional identity as a competent psychological assessor. Additional didactics are also occasionally provided in specialty assessment areas (e.g., health psychology, child psychology, neuropsychology, and personality) depending upon the instructor and composition of the student cohort. Students whose interests and career goals make it desirable to participate in the course both semesters in order to gain additional experience in conducting assessments may do so contingent on permission of the instructor (i.e., space, time, and workload permitting). This course is currently taught and supervised by Dr. Sommer Thorgusen.

B.3. Evidence-Based Therapy Practicum:

This elective practicum is taught by Dr. Sheila Crowell and offers advanced training in case formulation and evidence-based practice. During the first semester, students complete didactic training in case formulation, diagnostic interviewing, suicide risk assessment, and dialectical behavior therapy (DBT). DBT is selected as the exemplar therapy because it incorporates elements of cognitive-behavioral and acceptance-based therapies. During the second semester, students take on 2-3 clients, conduct diagnostic interviews for other clinicians, and participate in team meetings, individual supervision, and group supervision. Clients seen as part of this practicum range in age from around 8 years to older adulthood and have a variety of presenting problems. Students are expected to work with their client and supervisor to develop an evidence-based approach to treating the client and must also conduct regular assessments to ensure the client is making adequate progress. Each student is expected to present their cases informally and formally at several points during the semester. Depending upon the client(s), students may receive advanced training in CBT, DBT, or many other evidence-based treatments (e.g., acceptance and commitment therapy, exposure and response prevention, mindfulness-based cognitive behavior therapy, motivational interviewing, or prolonged exposure).

B.4. Neuropsychological Assessment Practicum:

This elective practicum (required only for students in the Clinical Neuropsychology track), typically takes place in the student's second year in the program. It begins with a semester of didactic instruction on theoretical issues that are central to neuropsychological assessment (history, theory, and methods of neuropsychological assessment, functional neuroanatomy and pathophysiology). Students also begin learning to administer neuropsychological tests, practicing on each other and/or

undergraduate volunteers, or through activities in the Neuropsychology Vertical Team (described below). In the second semester, students participate in assessments of cases seen through the Cognitive Concerns Clinic or other referrals sources as available. Additionally, students continue to receive didactic instruction on other general neuropsychological topics, and in areas directly relevant to their cases. An additional core component of the second semester involves using fictional, case-study, and de-identified historical cases to practice particular skills such as selecting neuropsychological test batteries, developing clinical hypotheses, giving oral case presentations, and interpreting and integrating assessment results. In addition to this two-semester course sequence, students in the Neuropsychology concentration also participate in Vertical Team meetings. This involves one year of Observation (taken prior to the practicum) and usually three years of Supervision (taken in the years following the assessment practicum). Students in the vertical team participate in group supervision, case presentations, and discussion of a variety of professional topics, as well as occasional (approximately twice a year) case evaluation conducted jointly by the entire team, under supervision from Drs. Yana Suchy or Matt Euler.

B.5. Couples Therapy Practicum.

This elective practicum is designed to teach doctoral students in the Clinical Psychology program how to conduct behavioral couple therapy, with a specific focus on Integrative Behavioral Couple Therapy (IBCT). Course instruction involves a combination of didactic reading, guided practice (i.e., role-play), and supervised experience conducting IBCT with couples who present for relationship distress, co-morbid chronic health conditions and relationship distress, or relationship enhancement. Students in this course will receive exposure to IBCT through reading about the theory and practice of IBCT, building skills through supervised role-play, and gaining experience conducting IBCT with a community couple who presents with mild to moderate relationship distress. Advanced students who continue in the course after a 1-year experience will have additional opportunities (e.g., IBCT with a couple who presents with relationship distress in the context of one or both partners' chronic health condition).

C. Clinical Traineeships (Psychology 6910)

Community placements, referred to as "traineeships," appear in many forms. They range from opportunities for the student to have further exposure to basic (or specialized) assessment and intervention approaches to which they have been introduced in their course work and practica, and to professionally acceptable intervention specialties that are not offered by the department. traineeships are field-based; that is, the student is a trainee (paid or volunteer) in the agency through which the traineeship is offered. Although traineeships are offered continuously, many agencies prefer to begin them in the Fall. Traineeships vary with respect to specialization and almost all of them require completion of relevant practicum requirements.

Traineeships differ from practica in that they: (1) are not supervised by core clinical faculty, (2) they are available on an ongoing basis, but are not individually listed in our formal curriculum, (3) they are not preceded by a didactic pre-practicum course, and (4) they can range from as few as 3 to as many as 20 hours per week. The maximum number of hours students should be spending on all traineeship activities combined in any semester is 20 hours per week. Students who feel they have a compelling reason to spend more than 20 hours per week in traineeship-related activities should consult with their advisors and, if appropriate, submit a petition to the CTC for approval prior to engaging in such activities. The clinical program assumes that a two-credit traineeship translates roughly into 10 hours of direct client contact and supervision time. Supervisory time needs to be

provided in a manner professionally appropriate to the nature of the client population and the student's level of ability.

The CTC determines all traineeship placements and there must be signed, valid contracts in place before students may engage in any clinical activities at the site(s) to which they are placed. The importance of this cannot be overstated. For a student to engage in any clinical activities that are not officially sanctioned by the graduate program would be a violation of the APA regulations and the Utah statutes that govern the practice of psychology. Further, to engage in clinical training activities without a contract in place would leave a student not covered by the university's liability insurance. There are two contracts needed for each site. The first is an Agency contract that is secured by the Traineeships Coordinator. The second is an individual Supervisory Agreement that is completed by the supervisor who will be providing supervision at the site (a copy of the contract is provided in Appendix U). Students are responsible for assuring that both contracts for the agency with which they intend to undergo training are on file prior to enrollment in 6910 (an enrollment code will be given to each student once this has been confirmed by the Clinical Area Project Coordinator). It is only through these contracts and proper course registration that students are covered by the university's malpractice insurance—thus, this is vital. For more detailed information, see section on Registering for traineeships below.

The Traineeship Coordinator maintains a description of active traineeship sites through the departmental website. If students wish to gain clinical training experiences that are not currently available, they are encouraged to discuss this with their advisor and the Traineeship Coordinator, who will seek out additional relevant traineeship opportunities.

Students receive University credit for their clinical field experiences if they (a) register with the University for a traineeship, (b) secure individual Supervisory Contracts, (c) have adequate field supervision, and (d) assure that completed required evaluation forms are filed by both student (i.e., site evaluation), and supervisor (i.e., student competencies evaluation). Credit for traineeships will be granted only when these documents have been received by the Clinical Area Project Coordinator.

If students wish to secure paid or volunteer experience in any clinical setting while in Graduate School, the CTC requires that they seek prior approval and structure such experiences as traineeship. This is done for protection of students from unethical or inadequate training experiences, and to optimize the students' training experiences prior to internship. In particular, the following is accomplished by structuring clinical experiences as traineeships: (a) the student and his or her advisor can consider the adequacy of the placement in the light of the students' total educational program; (b) the University can provide malpractice coverage for the student; (c) the placement can add eligible hours to the internship application; (d) these training experiences will appear on the student's transcript when he/ she presents for licensing and other forms of professional certification; and (e) it is assured that the student's community work in providing psychological services is consistent with the Psychologist Act of the Utah Code (58-25a-1 et seq., as amended). Students are allowed to include on the internship application only those hours for which they received formal academic training and credit, or that fall under program-sanctioned training experiences (e.g., a VA summer traineeship).

C.1. Registering for Traineeships.

The following steps outline the process that students must to register for traineeships:

1. First, students should consult the descriptions of available traineeships on the departmental website (https://clerkships.psych.utah.edu/index.php) and identify those

that appear to be a good match to their interests, and for which they have completed prerequisite training. (If students identify a potential site that is not currently listed, they need to first consult with their advisor and then the Traineeship Coordinator. Students cannot start a traineeship at a given agency until an Agency contract has been secured by the Clinical Program and the CTC has decided to place the student at that site.)

2. Once potential traineeships are identified, students should consult with their advisor and, if desired, with other students who have had an experience with a given traineeship.
3. Late in the Fall semester (or early Spring semester), the Traineeship Coordinator will hold a 7350 with students to discuss available sites, training needs, and the application process.
4. Early in the Spring semester the Traineeship Coordinator will email the online traineeship application to all students.
5. On February 5th all students interested in traineeship experiences must submit a traineeship application form to the Traineeship Coordinator with top 4 choices of traineeship assignments and a description of how these placements would further the student's career goals. All material on the online application must be discussed with, and approved by, advisors prior to the submission of the application.
6. The CTC makes final decisions on the placements for all clinical students based on the above application. More specifically, the Traineeship Coordinator consults with advisors and specialty track faculty, and ultimately facilitates a CTC discussion of the best placements for individual students. Prior to this meeting the Traineeship Coordinator may facilitate student interviews at some sites (determined by site supervisor preferences).
7. Once a student is placed into a Traineeship, he or she must secure an individual Supervisory Agreement (Appendix U) to be signed by the student and the traineeship supervisor (a licensed clinical psychologist). All contracts must be filed with the Clinical Program via the Program's Project Coordinator before any activities at the site begin, and must be updated annually.
8. Students registering for traineeship placements are usually required by the Agency Contracts to complete a series of steps prior to approval of their placement by the site (e.g., background check, immunizations). The Program's Project Coordinator (Jeanne Asay) and Traineeship Coordinator (Dr. Rullo) work with students to ensure requirements are met. The Program maintains records of students' completion of any necessary steps in their file.

C.2. Traineeship Supervisor Evaluation:

At the end of each semester, the Competency Evaluation Form indicating the student's performance must be completed by the on-site supervisor and reviewed and discussed together by the trainee and supervisor. After the supervisor's electronic submission of the evaluation form to the Program, the Clinical Area Project Coordinator sends the evaluation to the student's Departmental advisor, the DCT, and the Traineeship Coordinator. This evaluation form is then placed on file in the clinical program office. The student also will complete a form documenting the number of clinical hours accrued during the traineeship, will review this with the traineeship supervisor for accuracy, and will submit this form to the Clinical Program's Project Coordinator. These forms are placed in the student's file, and used to verify student's reporting of clinical hours when the student is applying for internship. The student also completes a student evaluation of the traineeship (Appendix W) which is

reviewed and used by the Traineeship Coordinator, DCT, and the CTC to evaluate the traineeship site address any concerns about traineeship placements. NOTE: The student's feedback is NOT shared directly with the traineeship site or the student's site supervisor. If the student raises issues that need to be addressed or with the site, this will be handled by the CTC in an appropriate manner. Appendix S includes the student competency evaluation form (for the evaluation of the student). Appendix M includes a sample form for documenting clinical hours and Appendix N provides the APPIC definitions for what should be counted in each of these categories. The student will not receive University credit for the traineeship placement unless all properly completed forms (Agency Contract, Supervisory Contract, supervisor's student evaluation, and student's site evaluation) are on file.

C.3. Malpractice Insurance

When a student has registered formally with the University for a clinical placement, the student is covered for malpractice by the University of Utah as long as: (a) the Clinical Training Agreement is signed and on file (if any modifications are made to the standard Clinical Training Agreement they need to be reviewed by the University of Utah Office of General Counsel), (b) the Supervisory Acknowledgement Form (formerly known as the Supervisory Contract) is completed and on file, and (c) the agency is located in the State of Utah. If any of these conditions are not met, the student may not be covered by the University of Utah for malpractice. Students are responsible for making sure they have met the conditions for all placements at all times, including the summer semester.

Students are required by the program to also purchase their own (moderately priced) APAIT malpractice insurance throughout all their years of clinical training. Application forms can be obtained from the Clinical Area's Project Coordinator or found here: https://www.trustinsurance.com/Insurance-Programs/Student-Liability. In addition to being good practice, doing so will provide the student with additional protections. Having APAIT insurance will not, of course, excuse the students from completing the required registration, contracts, supervisions and evaluations.

Students should know that the University cannot provide malpractice insurance during the internship. For this reason, students are required to purchase APAIT student malpractice insurance to cover their professional activities during internship. Application forms can be obtained from the Clinical Area's Project Coordinator or at the link listed above.

D. Documentation of Clinical Training Hours

For all clinical training experiences, students should carefully document every relevant aspect of their training hours in order to facilitate the internship application process, and later licensure applications. Examples of information you will need for your internship application and possible later certifications include type of supervision, number of cases and supervised hours using a particular approach, length of time each case was seen, number of assessments, number of uses of each assessment approach/instrument, and so on. Most APA-accredited clinical internships are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC), which has developed a standard application form providing detailed documentation of clinical training experiences. Because these documentation forms may change from year to year, students are encouraged to check the APPIC web site (http://www.appic.org) to ensure that they are maintaining records at the proper level of detail required for internship applications.

In order to provide verifiable documentation for the DCT's authentication of students' hours (which is required as part of the APPIC internship application), students should complete at the end of each training experience (practicum, traineeship, etc.) a list detailing the clinical hours accrued during that experience. These hours should be listed in the categories required by the AAPI (APPIC Application for Psychology Internships) form (a sample form you might utilize for this purpose can be found in Appendix G). This list should be reviewed with the on-site clinical supervisor as part of the final evaluation process that occurs at the end of the training experience and should be signed by the student supervisor.

Students can use any method of their choosing (an excel spreadsheet, etc.) to document their hours over the course of their training. Most students chose to use one of several commercially-available online programs specifically designed to map onto the APPI categories. The program that most of our recent internship-seeking students utilize is a commercially-available program called Time2Track (other options such as PsyKey have also been used by students in the past). Advantages to using these programs is that they map onto the internship application categories, that they allow students to keep a running cumulative total of their hours accrued to date at any point throughout their graduate training, and that they also allow students to select out and report their hours accrued fora specific training experience.

Regardless of the program or method students' choose to utilize to track their hours, it is strongly recommended that they pay close attention to the definitions and instructions provided by APPIC regarding assessment and intervention hours, which are provided in Appendix N and can also be accessed online at the following links:

Useful Links:

General information and updates regarding the APPI Online:
https://www.appic.org/Internships/AAPI

A sample APPI can be found here:
https://www.appic.org/Portals/0/downloads/BlankAAPI-2019-20.pdf

APPIC Instructions for assessment hours:
https://portal.appicas.org/applicants2013/instruction/ins_psya_exp.htm

APPIC Instructions for intervention hours:
https://portal.appicas.org/applicants2012/instruction/ins_exp_intervention.htm

Important information regarding enhancements to the 2019-2020 APPI (including recent updates and clarifications related to the definitions of hour and training experiences):
https://www.appic.org/Portals/0/downloads/AAPI_Enhancements_2019_20.pdf

E. Internship

The internship is a major component of the clinical psychology training program. It involves a full-time, year-long commitment, and it is often a major determinant of career paths.

E.1. Requesting approval to apply for internship

Before applying for internship, students must obtain the approval of their advisor and the DCT. This is accomplished through submitting a plan that documents what requirements have been completed and how many remaining departmental and clinical program requirements will be met prior to the start of the internship year (see the Program Requirements/Internship Readiness Checklist in Appendix H). A completed copy of the Internship Readiness Checklist must be signed by the student, the student's advisor, and the DCT and placed in the student's file prior to applying for internship. Students are eligible to apply for internship only after they have 1) completed their Preliminary Examination Project; 2) have successfully proposed the doctoral dissertation; 3) have a plan that provides for the completion of all remaining departmental and clinical program requirements prior to the start of the internship year; and 4) are able to document that they will have acquired a minimum of 500 clinical contact (face-to-face with client) hours and 125 supervision hours before beginning internship; however, a total of 600 contact hours is recommended to increase students' competitiveness for internship sites.

As noted above, the dissertation proposal must be approved in order for doctoral candidates to be permitted to apply for internship. The last possible date by which a student can have a proposal meeting is September 10 of the fifth year in the program (or the year that the student intends to apply for internship). Since it is possible that some revisions will be requested by the committee, the last possible date by which a proposal must receive a final committee approval is October 10 of the fifth year (or the year that the student intends to apply for internship). The doctorate in clinical psychology is not awarded until the student has passed the dissertation orals and has received certification by the Department Chair and Director of Clinical Training that the University, Departmental, and Clinical Program requirements (including an approved internship) have been completed.

Before leaving for internship, students must complete any remaining requirements for coursework, practica, or traineeship hours. Students who are applying for internship typically "project" that certain requirements will be fulfilled by the start of the internship, and they bear the responsibility, along with their advisors, of ensuring that these "projections" are reasonable.

E.2. Applying for internships & Psychology 7270

Each year, a 7350 is dedicated to briefing students on the internship application process. Senior students who have already completed their internship are sometimes available and can be an excellent source for advice. Additionally, students are expected to work closely with their primary advisor (or clinical co-advisor if their primary advisor is outside of the clinical area) to develop a list of appropriate internship sites and to write their internship application essays. Lastly, students applying for internship are expected to sign up for Psychology 7270 (currently taught by Dr. Patricia Kerig) <u>for the Fall semester of the year before they apply for internship</u>. Although students register for 7270 for the Fall Semester preceding internship, the course typically begins meeting in the prior Spring semester (typically in April) and continues through the summer prior to the internship application window (application due dates vary by program the first of which are typically due in October). The purpose of

this course is to provide students with the structure and guidance needed to navigate the transition from graduate school to the important professional step of obtaining and beginning an APA-accredited internship in clinical psychology. The course reviews practical information, such as considerations to make in order to complete an effective internship application, but the main focus is on assisting each student to arrive at and articulate a well-thought-through individual vision of their proximal and distal goals and how those can be best met by the internship settings they choose to strive toward. Each student receives intensive individual feedback on her or his written work (e.g., essays, CVs, personal statements, etc.).

The process of determining where and how to apply for internship begins in the summer and fall of the year preceding the internship year. Students should familiarize themselves with the Association of Psychology Internship and Postdoctoral Center (APPIC) website (see "Useful Links" below), which provides important information about current APA-accredited internship sites, standard application forms, and dates for submitting information for the national Internship Matching Program. Students are also encouraged to sign up for the APPIC Match News listserv in the Spring semester prior to their internship application cycle (see "Useful Links" below). The actual application deadlines for specific internship programs vary, but generally fall during the October to December period. As such, students should plan to have their internship applications completed by October 1 of the year they are applying. Typically, applications require transcripts, recommendation letters, a certification from the DCT (as to a student's status within the Clinical Program and areas of strength/further development), detailed application forms, and interviews. APA-accredited internships subscribe to the APPIC Internship Matching Program; rules for matching may change from year to year but are explained in detail at the APPIC web site. Under the national matching program, internship applicants and agencies submit their rank ordered preferences between late January to early February, and matching results are available in mid to late February.

A complete copy of the current APPIC internship application form (now entirely online) is available on the APPIC website. If problems in internship application or acceptance procedures arise, students are urged to contact the DCT or their advisor.

There are several APA-accredited pre-doctoral internship programs available locally. However, students are encouraged to select internships not based on geographical location but on the basis of their match to the student's interests and professional goals. Whereas the competition for nationally prominent internship openings can be fierce, the advantages are worth the struggle. The benefits of high-quality intensive training, possible exposure to nationally prominent clinicians, and interaction with interns from other programs must be weighed against the costs of relocating and the lack of involvement with the home programs. Again, "veteran" interns from our program can be a good source of information on this matter.

Useful Links:

Association of Psychology Internship and Postdoctoral Center (APPIC) website: http://www.appic.org

APPIC Match News Listserv:
https://www.appic.org/E-Mail-Lists/Choose-a-news-list/Match-News

E.3. Requirements for the predoctoral internship

Students are required to complete 2,000 hours of approved internship training in a full-time, year-long APA-accredited internship setting. A list of APA-accredited internships is published each December on the APA's website (see "Useful Links" below). In addition, substantial updated information on internship applications is available on the APPIC web site (see "Useful Links" below).

During the internship year, students may maintain their status as graduate students by using the "continuing registration" option, which at the time of this writing requires a tuition payment of $37.50 per semester. The rationale is that students are not using University resources while away on internship. However, during the semester in which the student defends the dissertation, and thus is using University resources, the student must be enrolled in one credit hour. Also, it is important to remember that students must have enrolled in 14 credits of dissertation hours in order to defend and graduate; therefore, students should make sure to sign up for those dissertation hours prior to or during the semester in which they intend to defend the dissertation.

Students on internships are normally considered to be "off-campus" for the internship year. As a result, office space occupied by these students may be used by the department for other needs. Students who have need for office space during the internship year can be accommodated, but will need to make a specific request for their needs. As noted above, the University cannot provide malpractice insurance during the internship. For this reason, students are required to purchase APAIT student malpractice insurance to cover their professional activities during internship. Application forms can be obtained from the Clinical Area's Project Coordinator or at the APAIT website.

Useful Links:

American Psychological Association's Doctoral Internship website:
https://www.apa.org/education/grad/internship

Association of Psychology Internship and Postdoctoral Center (APPIC) website: http://www.appic.org

APAIT Insurance website:
https://www.trustinsurance.com

E.4. Internship Evaluation

Evaluation forms (or letters) from APA-accredited internship agencies are accepted by the CTC. An evaluation form or letter from the internship agency documenting the students' successful completion of the internship must be on file in the Clinical Area Office before University of Utah credit is given for the internship. In the rare event that the internship does not provide an adequate evaluation report on the student's performance, our program's competencies evaluation form may be used.

VI. RESEARCH TRAINING

All clinical students are expected to acquire or develop research skills in line with the clinical scientist model of psychology training. The Ph.D. is a research degree that indicates ability to produce and consume high quality psychological research. Students are encouraged to enroll in courses beyond the required research-related coursework that will prepare them to adequately carry out their primary research tasks, the Master's thesis and the doctoral dissertation. Students are also encouraged to pursue additional research projects of their interest.

The philosophy of the Clinical Program is to have a structure of available research training opportunities that will: (a) ensure that all clinical students have an appropriate level of research capability (i.e., ability to produce high quality theses and dissertations); and (b) allow interested students to extensively develop their research skills to a point where these students are able to conduct independent and programmatic research. Students are encouraged to consult and collaborate with each other as well as with faculty, as they develop research skills and interests.

Ordinarily, students are required to attend their advisor's research groups and our area's colloquium series, entitled Current Topics in Clinical Psychology (Psy 7350). Students are encouraged to avail themselves of other clinical area and departmental research training opportunities. These opportunities include: Additional departmental courses in statistics and experimental design; clinical area research consultation and supervision seminars; area and departmental faculty research programs; and departmental colloquia. The CTC encourages students to seek financial support for their research experience through grant support (see below). Students are also encouraged to attend professional meetings, to present their work, and publish their work in professional journals.

VII. TEACHING TRAINING

Clinical students who are interested in future academic/teaching careers can get extensive training in the teaching of psychology. One major source of funding for students is through teaching assistantships (prior to completing the course work requirements for the Master's degree) and graduate instructorship (after earning a Master's degree). To prepare for these experiences, all first year students are required to take a semester-long teaching practicum (Psy 6100). This practicum focuses on practical issues related to teaching (e.g., how to develop a course, how to lead a discussion group, etc.), theory and research on teaching and learning, and provides ongoing supervision for issues that come up during students' first teaching experiences (e.g., What do I do if I think someone is cheating?). Students also engage in a number of extensively supervised activities during this year such as leading discussion groups and giving a lecture in an undergraduate class. During the teaching practicum, students are also encouraged to develop a proposal for a University Teaching Assistantship (UTA), a program sponsored by the Graduate School to enhance graduate training in the service of undergraduate education (see section VIII-A below for more information). Typically, students propose to assist with an individualized sequence of courses for two semesters, and to use that training to develop a unique course to be taught during the summer term. As one example, one clinical student proposed a "Diversity in Clinical Psychology" sequence, which allowed the student to assist with an ethnic studies course and a psychology diversity course, and then to develop an abnormal psychology course that incorporated issues of culture and ethnicity.

VIII. FINANCIAL SUPPORT

Our department only admits students for whom funding is available for the first four years. Tuition remission is provided to all students in good standing. Funding mechanisms available to the students in our program are described below:

A. Teaching Positions

The most common forms of financial assistance for graduate students currently are teaching assistantships (TAs) and graduate instructorships (GIs). These stipends are awarded in the spring of each year (for the following year), and typically involve 1/4 time (5 hours per week), 1/2 time (10 hours per week), or full-time (20 hours per week) appointments. Duties vary each year, and sometimes each semester during the year. TAs are evaluated every semester by the instructor to whom they are assigned, and are appointed for one or two semesters, depending on the needs of the student and the program. Occasionally, summer TA appointments are also available. Graduate instructorships involve full teaching responsibility for certain undergraduate courses (some of which are taught at night), and are available for more advanced graduate students (i.e., those who completed all course work for Master's degree; typically the first two years in the program). Students on probation are not prioritized to receive TAs or GIs. In addition to summer departmental TAs, other positions occasionally become available both within and outside of the psychology department. Clinical students may apply for these positions and should watch for postings in the departmental office, and in the Clinical Office.

Other support from teaching can come from the teaching of summer courses or "adult education" type courses through the Division of Continuing Education (DCE). Students interested in pursuing this possibility should contact the department chair, graduate director, and/ or the DCE psychology liaison.

The Graduate School often provides stipends through their University Teaching Assistantship (UTA) program, for which clinical psychology graduate students have routinely been highly competitive. The UTA program was developed to provide funding to promote the professional development of graduate students wishing to obtain unique supervised teaching experiences, while simultaneously improving undergraduate education. UTA experiences generally involve completing an integrated set of highly supervised TA experiences during Fall and Spring semesters, culminating in a GI experience during the Summer semester. When UTA stipends are available, the Graduate Committee announces the program and application procedures, and then forwards the strongest student-generated proposals onto the Graduate School for competitive evaluation.

B. Research Assistantships

Some students receive funding as research assistants (RAs) on faculty research grants (e.g., NIH, NSF, foundation grants). These positions are typically arranged directly between a member of the faculty (typically the student's advisor) and the student. A research assistantship most often includes an opportunity to engage in research activities for approximately 15-20 hours per week; however the responsibilities, qualifications for, and salary associated with these positions, as well as the length of the position, are determined by the faculty member providing the assistantship funding.

C. Paid Traineeships

Another source of financial support (primarily for more advanced, post-master's students) is traineeship pay provided by community sites. A variety of part-time positions typically are available. The availability of such part-time positions is announced by e-mail or memo when they are received. Students accept such paid experiences in the community only with the prior approval of their advisor and the CTC and when all the conditions described in the section on Supervised Clinical Experience have been met. Clinical students are required to arrange any paid experiences as traineeships and must enroll for credit.

D. Intramural Research Support

The University awards a small number of competitive research fellowships each year. Psychology graduate students are generally quite successful in receiving these awards. The two most common research fellowships are the Eccles Fellowship and the Graduate Research Fellowship. These fellowships are usually announced during the Fall term, and applications are due early in the Spring term. Interested students are encouraged to be aware of the announcements and the deadlines. For students who receive in-house scholarships, if the in-house scholarship is for an amount less than the amount of the psychology department stipend, the department makes up the difference.

Research assistantships (RAs) are also available, typically awarded by faculty members who have obtained grants. Usually, but not always, RA funding is awarded to the research advisees of the faculty who has such funds.

E. Extramural Research Support

Many sources are available to support student research, although some are specific to students at the doctoral level and all are highly competitive. Examples of fellowships include:

E.1. Competitive Graduate Student Fellowships (Examples):

- AAUW American and International Fellowships:
  - American fellowships offer dissertation fellowship funding as well as research grants for female doctoral candidates who are U.S. citizens. International fellowships support full-time study or research in the U.S. for female non-U.S. citizens.

- APA Minority Fellowship Program:
  - Up to three years of support for doctoral students studying ethnic minority mental health.

- Ford Foundation Diversity Fellowships:
  - Offers predoctoral and dissertation support for students at research institutions. Must be a citizen of the US, demonstrate high academic achievement, and be committed to a college or university-level career in teaching and research.

- Jacob K. Javits Fellowship Program:
  - Fellowship support for students in the social sciences. Must apply within first year of doctoral program.
- NIH Ruth L. Kirschstein National Research Service Award (F31 Predoctoral):
  - Support for (typically) 2-3 years of doctoral study. Must be a citizen, non-citizen national, or permanent resident of the US at the time of award. Must be enrolled in a PhD or equivalent research program and be at the dissertation stage.

- NSF Graduate Research Fellowship:
  - Support for up to three years of doctoral study. Must be a US citizen in a research-focused graduate program. Cannot have completed more than 12 months of graduate study at time of application.

- Sigma Delta Epsilon-Graduate Women in Science Fellowships:
  - Provides support for female scientists in the natural sciences, including the social sciences. Must be enrolled as a graduate student, or engaged in post-doctoral or early-stage junior faculty academic research; fellowships support research-related costs only. Membership in SDE/GWIS is not required for application for the Fellowships. There is a $30 application processing fee.

E.2. Competitive Graduate Student Research Funding:

- SRCD Student and Early Career Dissertation Funding Award:
  - Support for dissertation research costs up to $2000. Must be an SRCD student member to apply.
- APA Dissertation Research Award:
  - Support for dissertation research costs up to $5000. Must be a student affiliate or associate member of APA to apply.
- Psi Chi Graduate Research Grants:
  - Up to $1500 in research support. Must be a member of Psi Chi to apply.
- Sigma Xi Grants-in-Aid of Research:
  - Up to $1000 in research support. Membership in Society is not a requirement for application, but 75% of funds are allocated to member applicants.
- Social Sciences Research Council Dissertation Proposal Developmental Fellowship:
  - Interdisciplinary training for early-stage graduate students with up to $5000 in support for research costs.

F. Loans

Students interested in federal loan programs are urged to contact the university's office of financial assistance. Our program does not rely on such loans as a source of support for students. Thus, student loans would only represent a supplement to the support provided by the department.

G. Tax Liability

The issue of tax liability for stipends received while a TA, GI, RA, or intern is somewhat complicated and individual to each student's financial situation. Students concerned about this should check with the IRS.

H. In-State Residency

Students are strongly encouraged to apply for Utah residency. Residency status reduces tuition costs and saves money for the student and/or department. Students can contact the Graduate Director or the main Psychology Office for information regarding requirements for establishing residency.

I. Students entering with a Master's degree

According to the rules of the Graduate School, students coming into the program with a Master's degree are allowed 8 semesters (4 years) of tuition waivers to complete all the requirements for the Ph.D. This rule holds for all students who enter with any Master's degree, even if that degree is not in psychology. Should a student need funding beyond that period, such funding might come from a faculty member's or the student's research grant, an extramural training grant (e.g., NRSA), or a traineeship site. However, in addition to the stipend from that funding source, additional funds (either from the grant, traineeship site, or the students' own resources) would be required to pay tuition. Students need to be continuously enrolled for at least 3 credit hours. For the current fees for residential tuition, please check the university website. Students entering with a Master's degree should carefully read the information in the sections on "Admission with a Master's Degree" and "Credit for Previous Coursework" above.

IX. EVALUATION OF STUDENT PROGRESS

A. General Procedures

A student's progress and development are evaluated through a variety of formal processes, in addition to ongoing informal monitoring by the advisor and supervisory committee. The faculty conducts two reviews annually. The first evaluation, which occurs at the end of Fall Semester, is intended to be formative and to make sure students are continuing "on track" for the year. The second, which occurs at the end of the Spring Semester, is summative and more formal.

At the mid-year review, students meet with their advisors to review their accomplishments (and any problems) in the past review interval—providing an updated CV can be a helpful way to structure this review. In addition, specific goals and plans for the coming review interval are discussed (e.g., plans for coursework, research, teaching, and clinical work), including proposals for addressing any competency deficits if necessary. At these semi-annual reviews, advisors present this information and their recommendations to the CTC and any allied faculty who are involved in the student's specialization.

Prior to the formal year-end review, students are required to update their CV using a standard format (see Appendix O), and complete the departmental progress form (Appendix P). Advisors review these documents as well as the students' course grades, teaching evaluations (if relevant), practicum/traineeship evaluations, and overall progress in meeting program milestones. The CTC then meets to discuss each student's progress and to provide input into the student's individual training plan. The Director of Clinical Training presents the progress of clinical students in an annual student review meeting of the entire Psychology Department faculty. Non-clinical Departmental faculty provide additional feedback based on their interactions with the particular student.

After these faculty meetings, summative feedback to the student is provided through the primary advisor, who completes an integrative competency evaluation (see below, and Appendix S) incorporating all sources of data. The advisor then shares the summary with the student during the feedback meeting and provides the student the opportunity to comment and provide input. Each student also receives a formal letter documenting this year-end assessment which is cosigned by the advisor, DCT, Director of Graduate Studies, Department Chair, and the student (indicating that they have received a copy of the feedback). These procedures have several purposes:

1. They ensure that students have been notified of those aspects of their academic or clinical performance that may place their status in jeopardy;

2. students have the opportunity to present their own views on the issues that may be involved;

3. faculty members have an opportunity to acquire sufficient data upon which to base a careful and deliberate decision about the student status according to their best professional judgment; and

4. the procedures for appeal of the faculty decisions are made clear to the student.

B. Evaluation Criteria

The Clinical Psychology Program at the University of Utah takes seriously their duty to ensure that all students, during their time in the program and prior to entering the profession, demonstrate the doctoral-student profession-wide competencies outlined by the APA CoA. In addition to meeting all other program requirements, students are expected to demonstrate a level of competence consistent with their level of training across all of the domains outlined below and in Appendix C and students will not be approved to apply for internship until they have done so.

B.1. Academic and Professional Criteria

Given that ours is a clinical scientist program, a student's progress and professional development are judged against both academic and professional criteria. The academic criteria for student progress evaluations are discussed at length both in this Handbook and in the departmental Graduate Student Handbook. The program endorses the guidelines on the comprehensive evaluation of student competence developed by the Student Competence Task Force of the Council of Chairs of Training Councils, which you will find in Appendix Q

A student's progress towards his/her degree is evaluated according to two sets of overlapping criteria: academic and professional performance. From a legal point of view, both traditional academic performance and professional clinical performance are considered "academic" performance and subject to academic actions as defined in the University's Code of Student Rights and Responsibilities ("Student Code") policy 6-400 (Rev: 8) which can be found here: https://regulations.utah.edu/academics/6-400.php.). Ethical violations such as cheating on examinations, violations of confidentiality, or other violations of professional or university ethical codes are also considered professional violations, as they speak to a student's fitness for the profession. Failure to conform to professional or university ethical codes is a violation of professional performance standards and will be subject to review by the CTC and academic review and appeal procedures. All students are required to read and adhere to the APA Ethics Code upon entering the program, which is provided in Appendix R. Students are also required to sign the form provided in Appendix Z indicating that they have read and agree to adhere to the APA ethics code, the Program's Diversity Statement (Appendix V), and the Program's Guidelines for Use of Social Media (Appendix Y).

A student's progress is thus evaluated according to the following general criteria:

(a) Course work. A graduate student is expected to take required and elective coursework and research projects in a timely fashion and to complete such coursework within the timeframe established by the department and the graduate school (see respective Handbooks and Bulletins). Furthermore, a graduate student is expected to maintain the grade requirements specified by the Department, including a minimum grade of B (not B-) in the core courses.

(b) Research skills. A graduate student is expected to demonstrate knowledge and skill of methodological, statistical, and research design issues and the ability to independently conceptualize, plan, execute, and interpret research projects in their chosen area at a level consistent with an advanced degree.

(c) Ethical and professional conduct. A graduate student is expected to adhere to Ethical Principles of Psychologists and Code of Conduct (American Psychologist, 2002, reproduced in Appendix R) in all domains of their professional career, including the roles of student, researcher, instructor, and provider of psychological services.

In addition to being aware of relevant ethical and professional standards, an effectively functioning clinical psychology trainee should demonstrate appropriate professional behavior in accordance with these standards. This includes, but is not limited to, avoiding the following types of ethical/professional violations: gross negligence, incompetence, exploitation, or ethical impropriety; problems in record-keeping, keeping appointments, or meeting deadlines; failure to show professional demeanor in professional settings; disregard of supervisory directions; inappropriate actions with clients; clear disregard of agency rules; misuse of professional title; violation of client confidentiality; evidence of debilitating personal problems; evidence of drug, alcohol, or other substance misuse; mistreatment of support staff; and sexual harassment of clients, colleagues, or staff.

> "Students at the University of Utah are members of an academic community committed to basic and broadly shared ethical principles and concepts of civility. Integrity, autonomy, justice, respect, and responsibility represent the basis for the rights and responsibilities that follow. Participation in the University of Utah community obligates each member to follow a code of civilized behavior." Excerpt from the Code of Student Rights and Responsibilities, Policy 8-10

B.2. Professional Practice Competencies

A graduate student in clinical psychology is expected to possess and demonstrate a wide variety of professional and interpersonal competencies related to their ability to deliver mental health services to clients. An effectively functioning clinical psychology trainee should possess an appropriate degree of skill in assessment and service delivery, should be aware of the limits of their skills, should be aware of relevant ethical, legal, and professional standards that relate to assessment and service delivery, and should be able to incorporate such standards into practice. In addition, an effectively functioning clinical psychology trainee should be aware of scientific data related to his or her area of practice, should know how to access the scientific literature relevant to his or her practice, and should be current with it. Thus, a trainee should be able to: develop and deliver appropriate assessment and intervention strategies; discuss critical clinical issues with the client and consumer; articulate a coherent approach to treatment or assessment; and deliver appropriate mental health services according to relevant ethical, legal, and professional standards. A psychology trainee should also demonstrate professional competencies in the areas of interpersonal skills in professional settings. This includes, but is not limited to, using supervision effectively; being aware of and open to feedback about his/her potential impact on clients and colleagues; appropriately using consultation from peers, colleagues, and supervisors; seeking feedback on his or her clinical performance; being able to learn from colleagues or supervisors; being aware of his/her impact on others and modifying his/her behavior in response to feedback in order to protect a client's welfare and to deliver the most effective interventions; making clinical decisions in a careful manner according to appropriate professional standards; setting appropriate limits with clients and responding appropriately to a wide range of

client characteristics; and being free enough of personal problems, preoccupations, or limitations to focus on the well-being of the client.

B.3. Competencies Related to Individual and Cultural Diversity

The Clinical Psychology program at the University of Utah is committed to that graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. In keeping with the APA Ethics Code (APA, 2010) and the Guidelines and Principles for the Accreditation of Professional Psychology Programs of the APA's Commission on Accreditation (APA, 2012), we are dedicated to providing an inclusive and welcoming environment for all members of our community. Consistent with this principle, our program requires that trainers and trainees do not discriminate on the basis of age, sex, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, military/veteran status, or socioeconomic status in our teaching, research, or the services provided in our practica and traineeship sites. Students in our program are expected to demonstrate awareness, sensitivity, and skill in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics, broadly defined, consistent with the competencies expected of a clinical psychologist and to adhere to our program's policies for working with diverse individuals outlined in Appendix V.

B.4. Competency Benchmarks & Evaluation.

The Competency Evaluation form (Appendix S) utilized for our student review, is designed to map onto the Competency Benchmarks framework recommended by the American Psychological Association (for further information, see the citations listed below).

American Psychological Association (2007, June). *Assessment of Competency Benchmarks Work Group: A developmental model for the defining and measuring of competence in professional psychology.* Washington D.C.: Author.

Fouad, N. A., Hatcher, R. L., Hutchings, P. S., Collins, F. L., Grus, C. L., Kaslow, N. J., . . . Crossman, R. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, 3, S5–S26.

Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehmn, L., & Richie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice*, 36, 347–354.

This framework defines specific competencies that are foundational for the profession of clinical psychology (e.g., professional values and attitudes; individual and cultural diversity; ethical and legal standards and policy; reflective practice, self-assessment, and self-care; and professional relationships) as well as those that are functional for carrying out the roles played by clinical psychologists in the field (e.g., scientific knowledge and methods; research/evaluation; evidence-based practice; assessment and intervention; consultation; teaching; supervision; interdisciplinary systems; management and administration; and advocacy). For a detailed description of the competencies expected in each of these

domains, based on level of training, students are encouraged to carefully read the "Competencies Codebook" provided in Appendix C. For each competency, students are evaluated according to the level of mastery they have demonstrated in relation to each sequential level of training in the program, as defined by the behavioral indicators on the evaluation form: whether the student has demonstrated competency indicating that she or he is ready for practicum, for traineeship, for internship, or for the profession. It is expected that students who are progressing successfully through the program will be rated as demonstrating competencies consistent with their level of training, for example:

First Year	o Rated as "Ready for Practicum" by first-year practicum supervisors & their advisor by the end of the 1st year.
Second Year	o Rated as "Demonstrating Level-Appropriate Development" by practicum supervisors by mid-year. o Rated as "Meets Expectations for Practicum- Ready for Traineeship" by practicum supervisors by end of 2nd year. o Rated as "Ready for Traineeship" by advisor by end the 2nd year.
Third & Fourth Year	o Rated as "Demonstrating Level-Appropriate Development" by traineeship supervisors according to their level of training and experiences (e.g., mid-year supervisor evaluations). o Rated as "Meets Expectations for Traineeship- Ready for Internship" by traineeship supervisors according to their level of training and experiences (e.g., end-of-year supervisor evaluations).
Fifth Year	o Rated as "Ready for Internship" by traineeship and advisor.

Competency evaluation forms are completed independently by every practicum and traineeship supervisor, and these ratings are integrated in the advisor's own summative end of year evaluation (provided in the student's end-of-year letter) to create an overall integrative summary of student competence. It is also expected that more individualized feedback will be provided to students one-on-one with their supervisors. Following this process, advisors write a letter summarizing the student's progress and training plan in a more personalized format. These letters are co-signed by the DCT, the Department Chair, the Director of Graduate Training, and the student. The end-of-year progress summaries and letters will be placed in the student's file and become part of the student's official record. Students also are required to sign the letter indicating that they have received their annual evaluation. Letters and summary forms must be completed in the summer by the date set by the Director of Graduate Studies.

C. Process for Addressing Competency Problems

1. Should problems arise in a student's timely progress through the program (as laid out in the timeline described in this handbook) or demonstration of other competencies (e.g., poor grade in a course, failing a prelim exam; low performance ratings from a traineeship site, deficiencies in profession-wide competencies), the advisor will, in consultation with the CTC, draft and send to the student a formal letter of concern identifying those

problems and the specific performance benchmarks that must be demonstrated in order for those problems to be considered resolved. This letter will detail any plans for remediation and will be co-signed by the advisor and DCT.

2. Although this letter will typically be written in the context of the semester- or year-end review, it may be sent at any time during the year that the CTC feels it would be beneficial for the student to receive this feedback. Also, at any time during the year, situations that require immediate attention according to the judgment of the CTC and the DCT may be referred to the Graduate Committee, the Department Chair, or the Faculty as appropriate.
3. Students who choose to do so have the opportunity to respond to this letter and to present their views personally to the CTC regarding their progress and plans for remediation of any competency deficits. The student also may choose to be accompanied by a CTC Student Representative at this meeting. If a student does not agree with the evaluation letter, or perceives inaccuracies in the data upon which it is based, or does not wish to comply with the training recommendations/requirements of the CTC, the student may append his or her own comments to the letter, thereby initiating an appeal (see section on "Appeals" below).
4. If the issues raised in the letter of concern are not successfully resolved within the established timeframe, the student will be placed on probation. In consultation with the CTC, the advisor will provide the student with a plan for remediation describing the remedial work to be performed and the behavioral outcomes to be demonstrated within a specific timeframe in order for the student to continue in the program. In most cases, the remediation plan will include the following elements as outlined in Vecha-Haase et al. (2018) Remediation plans for trainees with problems of professional competence. Training & Education in Professional Psychology, 13, 239-246:
    a. A description of the specific professional competencies to be remediated.
    b. Specific criteria for determination of success (e.g., benchmarks).
    c. The timeframe for completion.
    d. Planned strategies/activities to acquire (or re-acquire) competence.
    e. The designated supervisor(s) of activities outlined in the plan.
    f. Responsibilities of each party.
    g. Assessment strategies to be implemented.
    h. The expected level of achievement for each assessment strategy at completion.
    i. Consequences of success or failure.
    j. Clarification of what remains confidential in the remediation process and under what circumstances the process and outcomes will be shared and with whom.
    k. Signatures affirming acceptance of the plan by the trainee, director of clinical training, and appropriate others.
    l. Specification about who is involved in design, implementation, and outcome assessment (e.g., the trainee's advisor, faculty, clinical supervisors, etc.)

5. Should a student on probation fail to successfully complete the remediation plan within the timeframe established, the student will be terminated from the program, unless otherwise outlined in the remediation plan.
6. Although the process outlined above will be followed for most areas of concern, recurrent or egregious competency problems (and in particular ethics violations) that fall outside the scope of remediation may result in immediate termination from the program.
7. In addition to the process described above for addressing competency problems, as described in this handbook, all students also undergo a formal evaluation by the CTC at the point when the Master's thesis is completed to determine whether the student should be allowed to continue in the program. This decision is based on the quality of the student's overall progress and performance in the program, including the Master's product and defense, and the recommendations from the student's Master's committee.

D. Appeals

If a student wishes to appeal the recommendations and/or decisions of the CTC, several levels of appeal are possible and should be pursued in order.

1. The University encourages the informal resolution of problems. As such, the first level of appeal is the CTC itself. If the student believes that additional information exists that should have been brought to the attention of the CTC, he or she should immediately bring that information to the attention of the CTC by submitting a petition to the CTC outlining the additional information, or the reasons why he or she believes that the recommendation/ decision should be reconsidered. In addition, the student has the option to present their views personally to the CTC at a regularly scheduled CTC meeting.
2. The second level of appeal is to the Chair of the Department. This appeal needs to be filed within 40 working days of notification of the original academic action. The chair, at his/her discretion, may then ask that the appeal be heard by the departmental Graduate Committee. It is most helpful if the student writes a petition (memo) to the departmental Chair, outlining the reasons why she or he believes the recommendation/decision should be reconsidered. The role of the Graduate Committee, in this context, primarily involves insuring that proper procedures were followed by the area when the recommendations and/or decisions were made. Within 15 working days of the notification by the student, the chair will notify the student and faculty involved in writing of his or her decision. If student or faculty members disagree with the Chair's decision, they have 15 working days to appeal to the Academic Appeals Committee (see below).
3. The third level of appeals is to University's Academic Appeals Committee. The procedures for filing an appeal are detailed in the University's Code of Student Rights and Responsibilities ("Student Code") policy 6-400 (Rev: 8) which can be found here: https://regulations.utah.edu/academics/6-400.php. In brief, this procedure allows for an outside (the college) review of individual faculty, program, or departmental decision making regarding academic actions including administrative decisions to grade, graduate, suspend, or dismiss students based upon either academic dishonesty or violations of professional and ethical standards. The Committee reviews the decision making with respect to whether or not it was either arbitrary or capricious.

E. Commitment to Non-Discrimination

The University Of Utah is committed to equality of educational opportunity. The University does not discriminate in offering access to its educational programs and activities on the basis of age, color, creed, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status.

F. Student Health, Medical Leave, Special Accommodations.

A clinical psychology doctoral student with a diagnosed psychiatric disorder or other physical, mental, or emotional disability may participate in all aspects of the program so long as the condition is managed sufficiently with or without reasonable accommodation to permit the student to satisfy program requirements. Students who seek reasonable accommodations for disabilities must contact the University's Center for Disability Services (CDS). The CDS office will determine a student's eligibility and recommend appropriate accommodations and services. Note that any accommodations requested by the student must be accompanied by documentation from CDS and be requested proactively.

The clinical faculty and program make a concerted effort to maintain a supportive, safe, and caring environment for our students in which they feel comfortable acknowledging any academic or personal issues that arise and feel encouraged and supported in finding and accessing support services. In the event of deteriorating function, it is essential that a doctoral student be willing and able to acknowledge the need for and to accept professional help before the condition poses a danger to the student, clients/patients, other students, faculty and staff members, or research participants. Many students who are working toward a doctoral degree in clinical psychology seek psychological services at some point during their graduate school career. The clinical program encourages students to pursue this opportunity for self-growth and self-knowledge, as well as maintenance of emotional well-being. The clinical faculty have assembled a list of clinicians who have indicated an interest in working with graduate students and a willingness to work at a reduced fee. This list is provide in Appendix T.

Students who require a leave of absence due to a medical condition, disability, or other situation that is affecting their ability to function in the program should be aware that there is a petition that must be submitted to the graduate school in order to request official permission for such a leave. Forms and instructions for submitting such petitions can be found here: https://gradschool.utah.edu/current-students/forms/ In cases where students do not require a leave but wish to request special accommodations due to a medical condition (e.g., extensions on deadlines, permission to miss classes, delayed progress through the program), students should make such requests in writing to the CTC and should provide supporting documentation regarding the medical necessity for the accommodations. Such petitions should be submitted in advance of the accommodations requested.

Recognizing that graduate school can be a stressful time, we encourage students to consult with their advisor, the DCT, or any clinical faculty member early and often if any problems arise. The clinical faculty and program are committed to providing a supportive environment for our students in which they feel comfortable acknowledging any academic or personal issues that arise and that they feel encouraged and supported in finding and accessing support services. Student advisors, the DCT, and clinical faculty are always available to listen, problem-solve, or assist students in finding resources, whether the issue is directly program related or not. In addition, the College and University offer a

variety of free or low-cost resources to students struggling with personal, financial, health, or academic issues. Most of these resources can be found on the "Graduate Student Support Services" webpage, which can be accessed at https://gradschool.utah.edu/graduate-student-support-services/. A list of some of the helpful resources provided by the U include:

- A Dissertation/Thesis Writing Bootcamp offered during the Fall and Spring Break periods that aims to help students learn to write more productively, offers peer motivation and support, and provides general content and writing assistance.
- Financial aid assistance.
- Workshops to help graduate students understand and successfully apply for funding opportunities.
- The Center for Teaching and Learning Excellence offers short courses for assisting graduate students in teaching, including handling difficult situations, preparing lectures, etc. as well as free classroom evaluations of teaching effectiveness and advice for improving teaching.
- Writing consultants that are available to assist graduate students will all aspects of the writing process.
- The Financial Wellness Center provides confidential free individual coaching, courses, and resources (e.g., tax advice through the Free Tax Clinic) on a wide range of topics relating to personal finance.
- The Career & Professional Development Center provides free career coaching to graduate students and has a dedicated representative from Social & Behavioral Sciences.
- The Center for Child Care and Family Resources offers assistance in finding local childcare options, including financial advice.
- The Student Health Center provides comprehensive health care to students (and takes student insurance).
- The Graduate School Diversity Office provides many resources for diverse students, including funding opportunities, mentoring, resources for undocumented students, professional development resources, travel resources, and student support and engagement groups.
- The Center for Disability Services provides assistance with disability documentation, determining eligibility for accommodations, and assisting students in accessing and implementing accommodations.

Finally, although we encourage students to address any conflicts or problems they are experiencing directly with their advisor, the DCT and/or Department Chair are also available to meet with students if they are not comfortable doing addressing an issue with their advisor (for whatever reason). In addition, students have the option of consulting the University Ombudsman (housed in the Academic Affairs office) if those options are not satisfactory. More information about the University Ombudsman and services he/she can offer can be found here: https://academic-affairs.utah.edu/office-for-faculty/facultyombudsman/

G. Student Files

Student files are stored in locked filing cabinets in the Clinical Area Program Coordinator's office. These files contain information regarding all decisions and documentation related to the student's progress in the program. Whenever an important decisions is made (e.g., approval of petitions), the student should make certain that a copy of the documentation is recorded in writing and placed in the student's file. This is done by sending an email to the Clinical Area Project Coordinator

with a PDF version of the document attached or by delivering a hard copy directly to the Clinical Area Project Coordinator. Students are strongly encouraged to keep their own copies of all official documentation and correspondence related to their activities and progress through the program, including as a record of courses completed, clinical hours accrued (i.e., signed clinical hours forms, see Appendix M), a copy of their internship APPI, internship readiness forms, and other documentation that might be required for future licensure or employment. A copy of the student's program file will be kept for at least 10 years post-graduation from the program, after which time they will be transferred to University Archives and Records Management for permanent retention. Copies of Official Department- and University-level documents (i.e., forms required by the graduate school, decisions regarding substitution of required courses or exemptions from departmental area requirements, etc.) are stored in locked filing cabinets in the departmental office. Official University and Graduate School forms will automatically be placed in the file, with the exception of grade reports, which are accessed online as DARS reports. When changing an incomplete, the instructor should report the change to the main office.

H. Changes in Student Contact Information Before and After Graduation.

If the student's address, telephone number, email address or other contact information changes during their time in the program, they should inform the department office and the Clinical Area Project Coordinator of these changes. In addition, the APA now requires that accredited programs gather information from students at 2- and 5-years post-graduation regarding employment, licensure status, and professional activities and competencies. As such, students are asked to update the Clinical Area Project Coordinator (or the DCT) whenever their contact information changes within this timeframe.

X. PROFESSIONAL ISSUES AND ETHICS (PIE) COMMITTEE

As explained in the Psychology Department Graduate Student Handbook, the PIE committee serves as an educational and professional resource for graduate students concerning professional issues and ethics, with the aim of preventing serious ethical and professional problems. The committee provides an entry point for questions and consultation concerning professional issues, and will funnel queries to appropriate committees as needed. Professional issues that may be directed to this committee include (but are not limited to) issues concerning boundary issues (between faculty, graduate students, undergraduate students, and staff), authorship issues, concerns regarding exploitation, sexual harassment, career choice, development and management, etc. The committee provides informal feedback to faculty, students, and staff concerning questions that may arise.

XI. ROLE OF GRADUATE STUDENTS

Graduate students have an important role in the program. The Department in general, and the Clinical Program in particular, values students as informed consumers of training and as future colleagues. Students have a voice in governing the Clinical Program through their elected CTC representatives, and in governing the Department through their representatives on the Graduate Committee. In addition, students serve on the Diversity Committee and on the Professional Issues and Ethics (PIE) Committee. Consistent with the department effort to involve students, there is strong encouragement to participate in the periodic workshops, colloquia, and research meetings sponsored by different areas in the Department.

In addition to roles in the department, it is hoped that students will be able to provide support to each other. Incoming students are provided contact information for a more senior student who becomes available as a student mentor on an as needed basis. Occasional social events are sponsored by students as well as by faculty in the Clinical area. In addition, faculty and students from other areas of the department are important resources in a student's development as a psychologist, and students are encouraged to avail themselves of all collegial resources.

Appendix A: Discipline Specific Knowledge (DSK)

APA Definition of DSK:

Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies.

APA Categories of discipline-specific knowledge:

Category 1: History & Systems of Psychology, including the origins and development of major ideas in the discipline of psychology.

Category 2: Basic Content Areas in Scientific Psychology

- **Affective Aspects of Behavior,** including topics such as affect, mood, and emotion.
- **Biological Aspects of Behavior,** including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior.
- **Cognitive Aspects of Behavior,** including topics such as learning, memory, thought processes, and decision-making.
- **Developmental Aspects of Behavior,** including transitions, growth, and development across an individual's life (must include coverage across more than one developmental period).
- **Social Aspects of Behavior,** including topics such as group processes, attributions, discrimination, and attitudes.

Category 3: Advanced Integrative Knowledge in Scientific Psychology, including graduate-level scientific knowledge that entails integration of multiple basic discipline-specific content areas define in Category 2.

Category 4: Research Methods, Statistical Analysis, and Psychometrics

- **Research Methods,** including topics such as strengths, limitations, interpretations, and technical aspects of rigorous case study; correlational, experimental, and other quantitative research designs; measurement techniques; sampling; replication; theory testing; qualitative methods; mixed methods; meta-analysis; and quasi-experimentation.
- **Statistical Analysis,** including topics such as quantitative, mathematical modeling and analysis of psychological data, statistical description and inference, univariate and multivariate analysis, null-hypothesis testing and its alternatives, power, and estimation.
- **Psychometrics,** including topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization.

University of Utah Clinical Psychology Program DSK Curriculum		
DSK Domain:	**How Covered?**	**Minimum Level of Achievement**
Category 1:		
History & Systems	Advanced UG History & Systems Course	From an accredited 4-year institution + Grade of B or better + Instructor review of syllabus + Department Approval
	EDPSY 7080: History & Systems of Psychology	Grade of B or better
Category 2: (see DSK Curriculum Worksheet Below)		
Affective Aspects	(satisfied by completing one or more of the following) *PSY 6360: Biological Bases of Affective & Cognitive Processes *EDPSY 7863: Cognitive & Affective Bases of Behavior	Grade of B or better
Biological Aspects	(satisfied by completing one or more of the following) *PSY 6360: Biological Bases of Affective & Cognitive Processes PSY 6700: Neuropsychology	Grade of B or better
Cognitive Aspects	(satisfied by completing one or more of the following) PSY 6120: Advanced Cognition *PSY 6360: Biological Bases of Affective & Cognitive Processes *EDPSY 7863: Cognitive & Affective Bases of Behavior	Grade of B or better

University of Utah Clinical Psychology Program DSK Curriculum		
DSK Domain:	**How Covered?**	**Minimum Level of Achievement**
Category 2 continued: (see DSK Curriculum Worksheet Below)		
Developmental Aspects	(Satisfied by completing the following required course) PSY 6330: Psychopathology Over the Lifespan	Grade of B or better
Social Aspects	(Satisfied by completing the following required course) PSY 6410: Advanced Social Psychology	Grade of B or better
Note: Courses marked with * satisfy multiple DSK domains. Note that students satisfying multiple DSK requirements with a single course (e.g., PSY 6360) must pass each DSK element of the course per the grading rubric (corresponding to a grade of B or better) independently to satisfy the requirement.		
Category 3: Advanced Integrative Knowledge (see DSK Curriculum Worksheet Below)		
Advanced Integrative Knowledge	(Satisfied by completing one or more of the following) PSY 6360: Biological Bases of Affective & Cognitive Processes PSY 6465: Biological Mechanisms of Stress, Dev., & Health PSY 6260: Social Development Across the Lifespan	Grade of B or better
Category 4: Research Methods, Statistical Analysis, & Psychometrics		
Research Methods	(All students must complete the following) PSY 6535: Advanced Research Methods in Clinical Psychology PSY 6970: Thesis Research (Master's: see handbook) PSY 7970: Thesis Research (Doctoral: see handbook)	Grad of B or better in PSY 6535; Must successfully propose and defend Master's Thesis & Dissertation.
Statistical Analysis	(All students must complete the following) PSY 6500: Quantitative Methods I PSY 6510: Quantitative Methods II PSY 6970: Thesis Research (Master's: see handbook) PSY 7970: Thesis Research (Doctoral: see handbook)	Grad of B or better in PSY 6500 and 6510; Must successfully propose and defend Master's Thesis & Dissertation.
Psychometrics	(All students must complete the following) PSY 6611/6612: Principles and Techniques of Assessment I & II	Must successfully pass the course as a whole as well as the specific psychometrics requirement associated with PSY 6613 (see syllabus)

Category 1: History & Systems	
Option 1	**Option 2**
Advanced Undergraduate H&S course: 1. From accredited 4-year institution 2. Grade B or better 3. Instructor review of syllabus & department approval	EDPSY 7080: History & Systems of Psychology

Category 2: Basic Content Areas			
Option 1 (Recommended)		**Option 2**	
A	6360	A	EDPS 7863 (Must be taken if not taking 6360)
B		B	Select from below
C		C	Select from below
D	6330 (Required)	D	6330 (Required)
S	6410 (Required)	S	6410 (Required)

Courses Satisfying Category 2 Basic Content Areas					
Course	Affective	Biological	Cognitive	Developmental	Social
PSY 6120			X		
PSY 6330				X (Required)	
PSY 6360	X	X	X		
PSY 6410					X (Required)
PSY 6700		X			
EDPS 7863	X		X		

Category 3: Advanced Integrative Knowledge (must complete 1 to satisfy this requirement)					
Course	Affective	Biological	Cognitive	Developmental	Social
PSY 6360	X	X	X		
PSY 6465		X		X	
PSY 6260				X	X

Course #	Title	Instructor(s)	When Typically Offered
PSY 6120	Advanced Cognition	Stefanucci	Fall
PSY 6260	Social Development Across the Lifespan	Wainryb/Raby	Fall
PSY 6330	Psychopathology Over The Lifespan	Crowell	Fall
PSY 6335	Advanced Research Methods in Clinical Psychology	Asnaani	Fall
PSY 6360	Biological Bases of Affective & Cognitive Processes	Suchy	Spring
PSY 6410	Advanced Social	Aspinwall	Fall
PSY 6465	Biological Mech. Stress, Dev., & Health	Ellis	Spring
PSY 6500	Quantitative Methods I	Butner	Fall
PSY 6510	Quantitative Methods II	Deboeck	Spring
PSY 6611	Principles and Techniques of Assessment I	Euler/Suchy/Thorgusen	Sequence starts in Fall
PSY 6700	Neuropsychology	Drew	Spring
PSY 6970	Thesis Research (Master's)	Advisor	Continuous until complete
PSY 7970	Thesis Research (Dissertation)	Advisor	Continuous until complete
EDPS 7080	History & Systems	Huebner	See below
EDPS 7863	Cognitive & Affective Bases of Behavior	Lohani	See below
Note: EDPS schedules their own courses independently of our department. Students are strongly encouraged to check with that department in advance about course scheduling and offerings.			

Appendix B
Profession-Wide Competencies

C-8 D Profession-Wide Competencies
(Commission on Accreditation, October 2015; draft revised for public comment, November 2016; revised July 2017)

Introduction

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the doctoral (Section II.B.1.b), internship (Section II.A.2), and post-doctoral (Section II.B.1) levels.

This Implementing Regulation refers specifically to aspects of a program's curriculum or training relevant to acquisition and demonstration of the profession-wide competencies required in all accredited programs. The CoA acknowledges that programs may use a variety of methods to ensure trainee competence, consistent with their program aim(s), degree type, and level of training. However, all programs must adhere to the following training requirements:

- ***Consistency with the professional value of individual and cultural diversity*** (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent with SoA Introduction, Section II.B.2.a.

- ***Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology*** (SoA Introduction, Section II.B.2.d). The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.

- ***Level-appropriate training***. The CoA expects that training in profession-wide competencies at the doctoral and internship levels will provide broad and general preparation for entry level independent practice and licensure (SoA Introduction, Section II.B.2.b) Training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B.2.c). For postdoctoral programs that are accredited in a specialty area rather than a developed practice area of HSP, the program will provide advanced preparation for practice within the specialty.

- ***Level-appropriate expectations***. The CoA expects that programs will require trainee demonstrations of profession-wide competencies that differ according to the level of training provided (i.e., doctoral, internship, post-doctoral). In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training.

- ***Evaluation of trainee competence***. The CoA expects that evaluation of trainees' competence in each required profession-wide competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance that are consistent with the SoA (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

I. Research

This competency is required at the doctoral and internship levels. Demonstration of the integration of science and practice, but not the demonstration of research competency per se, is required at the post-doctoral level

The CoA recognizes science as the foundation of HSP. Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. Trainees are expected to:

Doctoral students:

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Conduct research or other scholarly activities.
- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

Interns:

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

II. Ethical and legal standards

This competency is required at the doctoral, internship, and post-doctoral levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees at all levels are expected to demonstrate competency in each of the following areas:

- Be knowledgeable of and act in accordance with each of the following:
    - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
    - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
    - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

III. Individual and cultural diversity

This competency is required at the doctoral, internship, and post-doctoral levels.

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

Trainees at all levels are expected to demonstrate:

- an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;

- knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;

- the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. Trainees are expected to:

Doctoral students:

- Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

Interns:

- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Post-doctoral residents:

- Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

IV. Professional values and attitudes

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Doctoral students and Interns are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

- actively seek and demonstrate openness and responsiveness to feedback and supervision.

- respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

V. Communication and interpersonal skills

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies.

Doctoral students and interns are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

VI. Assessment

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

Doctoral students and Interns are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

VII. Intervention

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, an organization, a community, a population or other systems.

Doctoral students and Interns are expected to demonstrate the ability to:

- establish and maintain effective relationships with the recipients of psychological services.
- develop evidence-based intervention plans specific to the service delivery goals.
- implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- demonstrate the ability to apply the relevant research literature to clinical decision making.
- modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,
- evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

VIII. Supervision

This competency is required at the doctoral and internship level.

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Trainees are expected to:

Doctoral students:

- Demonstrate knowledge of supervision models and practices.

Interns:

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

IX. Consultation and interprofessional/interdisciplinary skills
This competency is required at the doctoral and internship level.

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees are expected to:

Doctoral students and Interns:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.

Doctoral students:

- Demonstrates knowledge of consultation models and practices.

Interns:

- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- role-played consultation with others.
- peer consultation, provision of consultation to other trainees.

APPENDIX C

Expectations and Measurement of Profession-Wide Competencies (Competencies "Codebook")

NOW APPENDED TO THE END OF THE HANDBOOK

Appendix D

Additional Requirements for Clinical Neuropsychology Specialization

COURSEWORK

The Clinical Neuropsychology Track meets the requirements for the designation as a "Major Area of Study" according to the Taxonomy for Education and Training in Clinical Neuropsychology. To maintain this designation, the students in the clinical neuropsychology track are expected to complete the following formal courses:

- Cognitive neuropsychology (ideally in the first year)
- Neuropsychology vertical team suite of courses (see below for additional details)
- At least two other neuropsychology seminars in the area of interest to the student
- Functional neuroanatomy

VERTICAL TEAM

Vertical Team (VT) is a unique feature of our program. It consists of a suite of courses designed to provide sequential and cumulative training. These are:

1. Neuropsychological assessment observation (usually in the first year)
2. Neuropsychological assessment pre-practicum (usually in the fall of the second year)
3. Neuropsychological assessment practicum (usually in the spring of the second year)
4. Neuropsychological assessment supervision (usually in the third year through graduation)

All students in the Clinical Neuropsychology Track are expected to register for these courses and to participate in the weekly VT meetings throughout their time in the program.

The VT meetings serve several general purposes:

- Develop and maintain a sense of community and belonging.
- Develop and maintain professional identify as clinical neuropsychologists, by participating in discussions with neuropsychology faculty and more senior students.
- Keep students and faculty "current" by discussing a variety of new professional and scientific issues as they emerge on the national/international neuropsychological scene.
- Afford in-depth analysis of clinical cases that goes beyond what is typically affordable in the real-world clinical settings.

Specific activities during VT meetings include:

- Discussion of interesting neuropsychological cases seen by trainees in the community.
- In-depth analysis of neuropsychological assessments conducted by the VT, including literature review, discussion of interpretation, and detailed analysis of the reports generated by trainees.
- Review of didactics covered in the Neuropsychological Assessment Pre-practicum, to facilitate preparation for the students currently enrolled in that course for their final exam, and to help maintain the knowledge gained by more senior trainees in that same course during previous years.
- Focused in-depth discussion of various topics of interest, such as psychometric and normative issues, test selection, in-depth analysis of specific disorders, or in-depth analysis of specific neurocognitive domains, to name a few.
- Review of presentations VT members saw at national/international neuropsychological conferences.
- Review of activities and opportunities at various traineeship sites
- Review of internship application process, experiences from internship interviews, etc. (discussion is led by senior students who are in the process of internship application).

In addition to the weekly meetings, VT members are required to attend a monthly case conference.

TRAINING SEQUENCE WHILE IN THE PROGRAM:

	1st year	2nd year	3rd year	4th year	5th year
Neuropsychologl Assessment Observation	Fall and spring: Meet weekly				
Neuropsychologl Assessment Prepracticum		Fall: Meet weekly with VT, and 1x week with instructor			
Neuropsychological Assessment Practicum		Spring: Meet 1x week with VT, and 1x week with instructor			
Neuropsychologl Assessment Supervision			Fall and spring: Meet weekly	Fall and spring: Meet weekly	Fall and spring: Meet weekly
Case conferences	Once a month	Once a month	Once a month	Once a month	Once a month
Assessment cases	1x semester	1x semester	1x semester	1x semester	1x semester

This table provides an overview of training expectation throughout the students' time in the program.

TRAINEESHIPS

All students in the program are expected to gain additional experience with neuropsychological assessment by becoming trainees at approved traineeship sites. Students begin to register for traineeships in their third year in the program. It is expected that students will complete a series of several traineeships, so as to gain experience with different clinical settings, clinical populations, and assessment styles.

CAPSTONE PROJECT

Students in the program are expected to complete a capstone project prior to their application for internship. The project consists of a formal, high-quality case presentation, that includes an in-depth literature review of a topic that is relevant for the conceptualization of the selected case.

RESEARCH

Students in the program are strongly encouraged to conduct their primary research in the area of clinical neuropsychology, or to conduct research projects that bridge clinical neuropsychology with another area. Because the Psychology Program at the University of Utah is committed to promoting research and training in biological bases of behavior, faculty linkages to neuroscience are available in all four areas represented in the department.

Appendix E

Additional Program Requirements for Clinical Health Specialization

In addition to the general University, Department, and Clinical Program requirements, students pursuing the specialization in Clinical Health Psychology must meet the following requirements:

1. Regular attendance at Behavioral Medicine Research Group
2. Foundations of Clinical Health Psychology I and II.
3. Minimum of one year traineeship in behavioral medicine setting
4. Minimum one additional graduate seminars in health psychology
5. Master's thesis and dissertation on health-related topic, broadly defined
6. Prelim exam on health-related topics, broadly defined
7. Completion of APA approved internship with a minimum of 50% time in behavioral medicine rotations and related experiences.

Strongly encouraged – but not required – experiences include: coursework and practicum experience in neuropsychology; regular attendance at related professional meetings (e.g., American Psychosomatic Society, Society for Behavioral Medicine); additional graduate seminars in health psychology; graduate seminars in allied health sciences outside of health psychology (e.g., epidemiology and public health); advanced quantitative training.

Clinical Health students with an interest in pediatrics/child health psychology are strongly encouraged to meet all requirements in the child clinical specialization, and additional graduate course work in developmental psychology.

Timeline

The program is designed to be completed in five years on campus, plus an additional one-year APA approved clinical internship. The Foundations of Clinical Health Psychology course is typically taught every two years. Hence, students would ordinarily take this experience in their second or third year, with a health psychology/behavioral medicine traineeship concurrently (for those in the third year) or in the following year. Additional coursework in health/behavioral medicine can be taken throughout the five-years on campus.

Appendix F

Additional Requirements for Clinical Child and Family Specialization

1. Regular attendance at a brownbag relevant to CCF, as discussed and agreed upon by the student and the advisor. The Developmental/CCF brownbag is one likely, but not the only, option.

2. One additional advanced course/seminar in developmental or clinical/child family (e.g., PSY 7960- Attachment Theory & Research; PSY 6260- Social Development Across the Lifespan).

3. 6320: Development, Psychopathology & Intervention (1-3): Core class designed to provide CCF students with a theoretical base for working with child and adolescent psychopathology. Content rotates among the core CCF faculty. Students must enroll in this course at least twice during their first three years in the program.

4. Minimum of one child/family pre-practicum/practicum sequence OR an additional year-long child/family-focused traineeship plus a case presentation (either as a part of PSY 7350 or a scheduled meeting of the CCF students and faculty).

5. Minimum of one year of child/family traineeship

6. Clinical child/family-focused prelim and dissertation topics

Appendix G

Summary of Timeline & Requirements (Sample Curriculum)

Course #	Course Title (credits)	Course #	Course Title (credits)
Year 1: Fall semester		**Year 1: Spring semester**	
PSY 6330	Psychopathology Over the Lifespan (4)	PSY 6535	Advanced Research Methods in Clinical Psychology (3)
PSY 6500	Quantitative Methods I (3)	PSY 6510	Quantitative Methods II (3)
PSY 6391	Introduction to Clinical Science (1)	PSY 6970	Thesis Research: Master's (variable)
PSY 6961	Foundational Clinical Skills Practicum (This course is integrated into PSY 6611/6612). Student enroll for either Spring or Fall semester, but the course runs throughout the year.		
PSY 6611	Principles and Techniques of Assessment I (2)	PSY 6612	Principles and Techniques of Assessment II (2)
PSY 6000	First Year Prof. Dev. Practicum (1)	PSY 6100	Practicum in Teaching Psychology (1)
PSY 7350	Current Issues in the Practice of Clinical Psychology (0; *1st year students attend but do not need to enroll*)	PSY 7350	Current Issues in the Practice of Clinical Psychology (0; *1st year students attend but do not need to enroll*)
PSY 6961	Practicum in Clinical Psychology: Foundational Clinical Skills (1)	PSY 6961	Practicum in Clinical Psychology: Foundational Clinical Skills (1)
Year 2: Fall semester		**Year 2: Spring semester**	
PSY 6613	Assessment Practicum: Traditional Adult and Child Assessment Skills (2;	PSY 6614	Assessment Specialties Practicum (2; Fall or Spring)
PSY 6960	Topics in Clinical Psychology- Cognitive Behavior Therapy: Didactic (2)	PSY 6961	Practicum in Cognitive Behavioral Therapy (2)
EDPS 7220	Ethics and Standards (3)	PSY xxxx	**Core/Elective/Advanced quantitative course (3 or 4)
PSY 6970	Thesis Research: Master's (variable)	PSY 6970	Thesis Research: Master's (variable, ***6 total required for Master's Degree***)
PSY 7350	Current Issues in the Practice of Clinical Psychology (1)	PSY 7350	Current Issues in the Practice of Clinical Psychology (1)
Year 3: Fall and Spring Semesters			
PSY xxxx	**Core/Elective/Advanced quantitative courses		
PSY 6970	Thesis Research: Master's (Must be completed by end the summer semester of 3rd yr)		
PSY 7350	Current Issues in the Practice of Clinical Psychology		
PSY xxxx	Prepracticum, practicum, traineeship		
Year 4: Fall and Spring semesters			
PSY xxxx	**Core/Elective/Advanced quantitative courses		
PSY 7350	Current Issues in the Practice of Clinical Psychology		
PSY xxxx	Prepracticum, practicum, traineeship		
	Preliminary Examination completed		
Year 5: Fall and Spring semesters			
PSY xxxx	**Core/Elective/Advanced quantitative courses		
PSY 7350	Current Issues in the Practice of Clinical Psychology		
PSY 6910	Clinical Psychology Traineeship		
PSY 7970	Thesis Research: Ph.D.– dissertation proposal must be approved by October 10 to be eligible to apply for internship		
****Discipline Specific Knowledge Requirements That Must Be Met With Electives**			
Social	Must take Advanced Social Psychology (6410)		
Biological	See Attached DSK Worksheet		
Cognitive	See Attached DSK Worksheet		
Affective	See Attached DSK Worksheet		
History and Systems[1]	History and Systems of Psychology (EDPS 7220)		
Diversity	Must take Cultural Diversity and Mental Health (7860)		
Supervision and Consultation	Must take Consultation and Supervision (7850)		
Advanced Integrative Course	See Attached DSK Worksheet		

1. Students may be able to meet the History & Systems requirement if they completed an advanced undergraduate History & Systems course with a grade of B or higher. The syllabus must be reviewed and approved by the instructor of Ed 7220 and the course waiver approved the CTC.

Overview of Requirements & Timeline

A total of 30 to 36 credit hours, including a minimum of 24 to 30 hours of course work and 6 credit hours of PSY 6970 (Thesis Research: MS) are required for the Master's degree. A minimum of 14 credit hours of PSY 7970 (Thesis Research: Ph.D) is required for the Ph.D. degree, with at least 54 credit hours total. This total includes the 30 to 36 hours required for the Master's degree.

Students on teaching assistantships must enroll in 12 credits/semester for full-time status, students on research assistantships must enroll in 11 credits/semester.

Timeline

Prior to proposing their Master's thesis, students must establish a Master's Thesis Committee consisting of three faculty members. The colloquium for the thesis should ideally be successfully completed during the second year (preferably during the Fall semester) and the successful oral defense should ideally be held during Spring semester of the second year or at the latest, the Fall semester of the third year. However, if the ideal time-line is not met, students must meet all Master's level requirements (defense of the thesis, completion of two core and two quantitative courses, and any additional Area requirements) by the end of Spring semester of their 3rd year in order to remain in good standing. The Preliminary Examination projects should ideally be proposed by the end of the 3rd year, and completed by early fall of the 4th year, but must be completed and passed prior to dissertation proposal. The dissertation must be defended successfully by October 10 in the year that internship applications are to be submitted; for example, a student intending to go on internship in the 6th year must have the proposal defended by October 10 of the 5th year.

Students must complete all requirements (including the internship) within 7 years from the date of matriculation into the graduate program (a Graduate School requirement). Failure to complete the program within these time limits may be considered as grounds for termination. A student may petition for an additional one year extension (maximum seven years without internship) upon recommendation of the Supervisory Committee and approval of the Department Chair or Director of Graduate Studies.

Students coming in to the program with a Master's degree are allowed 4 years of tuition remission (8 semesters) to complete all the requirements for the Ph.D., according to rules established by the Graduate School. However, their academic requirement timeline is the same as that of students who entered the program with a Bachelor's degree.

Other Requirements

Students are required to accrue a minimum of 625 clock hours of supervised clinical experience in the context of practica, traineeships, and supervised community placements, prior to the internship. In order to be eligible to apply for internships, students will need a minimum of 500 face to face client contact hours and a minimum of 125 hours in formal, scheduled supervision; however, acquiring 600 direct contact client hours is recommended in order to increase students' competitiveness for internship site.

Although students are not required to maintain full-time student status while on internship, they must maintain registration in order to keep their student record active. However, students are advised that not maintaining full-time status might impact loan repayment schedules and have other

personal implications that are unique to each student. Students should consult with their student loan lender and the financial aid office so that they can make an informed decision regarding the best course of action given their individual situation. Students who do wish to maintain full-time status (for example, for loan payment deferment) must register for 3 credit hours of 7970 (Thesis) each semester. Students who do not need to maintain full-time status can register for 1 credit of 7990 (a zero credit, reduced tuition course that keeps their student record active). Students who have not defended prior to internship must register for one credit hour of 7970 in the semester they defend (if they have not defended prior to internship). Overall clock hours for the internship should be at least 2000.

Appendix H

Clinical Program Requirements / Internship Readiness Form

Clinical Program Requirement/Internship Readiness Checklist

Student Name:_____ Advisor Name: _____

Requirement	Courses That Meet Requirement or activity meeting requirement	How Requirement Satisfied? (e.g., Course Taken)	Semester completed	Course Grade
Discipline Specific Knowledge				
History and Systems	History and Systems of Psychology (7508) or Advanced UG course (with instructor & CTC approval			
Biological Aspects of Behavior (DSK)	See DSK Worksheet			
Cognitive Aspects of Behavior (DSK)	See DSK Worksheet			
Affective Aspects of Behavior (DSK)	See DSK Worksheet			
Social Aspects (DSK)	Advanced Social Psychology (6410)	6410		
Developmental Aspects (DSK)	Psychopathology over the Lifespan (6330)	6330		
Advanced Integrative Requirement	See DSK Worksheet			
Psychometrics	Assessment I	6611		
	Assessment II	6612		
	Psychometrics Assignment (6613) Pass/Fail	6613		Pass / Fail
Research Methods	Advanced Research Methods in Clinical Psychology (6535)	6535		
Statistical Methods	Quantitative Methods I (6500)	6500		
	Quantitative Methods II (6510)	6510		

Requirement	Courses That Meet Requirement or activity meeting requirement	How Requirement Satisfied? (e.g., Course Taken)	Semester completed	Course Grade
Profession-Wide Competency Coursework				
Culture and Diversity	Cultural Diversity and Mental Health (7968)	7968		
Supervision and Consultation	Supervision and Consultation (7850)	7850		
Ethical & Legal Standards	Ethical and Legal Issues in Professional Psychology (EDPS 7220)	7220		
	First Year Professional Development Practicum (PSY 6000)	6000		
Foundational Clinical Skills	Foundational Clinical Skills Practicum (PSY 6961)	6961		
Clinical Assessment	Assessment I (PSY 6611)	6611		
	Assessment II (PSY 6612)	6612		
	Assessment III (PSY 6613)	6613		
	Assessment IV (PSY 6614)	6614		
Intervention	Intro to Clinical Science (PSY 6391)	6391		
	CBT Pre-Practicum (PSY 6960)	6960		
	CBT Practicum (PSY 6961)	6961		
Teaching (Communication)	First Year Teaching Practicum (PSY 6100)	6100		

Research Requirements	Date Completed	Anticipated Completion Date
Master's Proposal		These requirements must be completed prior to applying for internship
Master's Defense		
Preliminary Exam		
Dissertation Proposal		
Dissertation Defense		
Research Publication Requirement	(# pubs):	
Research Presentation Requirement	(# presentations):	

Clinical Requirements **Completed**	Number
Number of direct intervention hours	
Number of direct assessment hours	
Number of supervision hours (received)	
Direct intervention + assessment hours (Total) **A total of 500 is required to apply for internship**	
Direct intervention + assessment + supervision hours (Total)	
Number of integrative assessments (as defined by APPIC)	

Additional Clinical Hours **Anticipated** by the time you leave for internship	Number
Number of additional direct intervention hours anticipated	
Number of additional direct assessment hours anticipated	
Number of additional supervision hours (received) anticipated	
Number of additional direct intervention + assessment hours (Total) anticipated	
Number of additional direct intervention + assessment + supervision hours (Total) anticipated	
Number of additional integrative assessments (as defined by APPIC) anticipated	

_____ _____

Student Date

_____ _____

Advisor Date

_____ _____

Director of Clinical Training Date

By signing this form the advisor affirms that:

1. The student has been rated as "Ready for Internship" across all profession-wide competency domains.
2. The dissertation has been successfully proposed.
3. The student is ready to apply for internship

A SIGNED COPY OF THIS FORM MUST BE PLACED IN THE STUDENTS FILE PRIOR TO APPLYING FOR INTERNSHIP

Appendix I

Sample Training Plan for Requesting Additional Year in Program

Date

Dear CTC,

I am writing to request permission from the Clinical Training Committee to apply for internship during Fall of 2016 at the beginning of my 6th year in the program. Although students typically apply during their 5th year, I believe additional time would benefit me in a number of ways that will better prepare me for post-doctoral and academic positions later in my career. First, I have applied for an NRSA fellowship and am currently waiting to receive news of my funding status. Should I receive this award, I would like time to be able to engage with training opportunities it would afford me such as taking additional coursework, training closely with Dr. Uchino (my co-sponsor), and attending a number of trainings and conferences offered across the country. Second, my advisor Dr. Sheila Crowell and I have developed a productive writing relationship. An additional year would allow us to produce a number of publications that would enhance my chances of acquiring an academic position following graduation. Third, I would be able to collect data for and defend my dissertation prior to leaving on internship. Finally, I would have time to pursue clerkship opportunities that offer child neuropsychiatric testing. This experience is not essential for matching on internship, yet will make me a more compelling candidate for the type of sites in which I would like to be placed. Thank you very much for considering my petition. I am currently on track with all developmental milestones. Thus, extra time would only serve to enrich my training experience.

Please see the proposed timeline below:

Semester	*Fall 2015*	*Spring 2016*	*Fall 2016*	*Spring 2017*
Activities	Receive NRSA funding or revise for 12/8/15 deadline	Propose dissertation	Apply for internship	Defend dissertation
	8 manuscripts are planned for submission or resubmission with Dr. Crowell	Submit manuscript based on preliminary exam for publication	Child neuropsychiatric testing placement	Child neuropsychiatric testing placement
		Data collection for dissertation	Data collection/reduction for dissertation	Continue to publish with Dr. Crowell and collaborators
		Take courses in accordance with NRSA proposal	Take courses in accordance with NRSA proposal	
			Continue to publish with Dr. Crowell and other collaborators (e.g., Koen Luyckx)	

Appendix J

Thesis & Dissertation Grading Forms & Rubrics

Grading Rubric & Rating Form: Thesis/Dissertation (Proposal)

Learning Objectives:

1. Demonstrate advanced knowledge and synthesis of major concepts, existing research, and theoretical perspectives related to the research project area of study.
2. Demonstrate advanced understanding and application of research methods in psychology, including research design, measurement, data analysis, and interpretation of results.
3. Apply relevant ethical guidelines when conducting research.
4. Effectively communicate the research question, methods, and results in written form and through oral presentation.

Minimum Level of Achievement Required to Demonstrate Competency:

Students must earn a score of 1 or greater for each domain from a majority of the committee in order to successfully pass the proposal and be approved to proceed with his/her research project.

Committee Final Determination:

- ☐ Approved: The student is approved to proceed with his/her research project. If minor revisions are recommended, they can be approved by the chair (advisor).

- ☐ Decision deferred pending major revisions. Significant and substantial revisions are required and will be outlined and described in a separate document. The following are required (check all that apply):

    - ☐ A revised written document must be submitted and re-evaluated by all committee members.
    - ☐ Another oral proposal is required.

- ☐ Not Approved. The student's proposal did not meet expectations. He/she is not approved to proceed with his/her research project. The CTC will discuss the appropriate course of action, taking into account the student's overall performance and progress in the program. The CTC's decision will be communicated to the student in writing.

_____ _____

(Committee Chair) Date

_____

(Committee Member)

_____

(Committee Member)

_____

(Committee Member)

_____

(Committee Member)

Thesis/Dissertation Proposal Rating Form

Name of Student:	**Date:**	
Name of Rater:		
Professional Writing: • Quality, clarity, integration, organization, flow		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Introduction: • Reviews/synthesizes relevant literature, appropriate level of detail, justifies research question/hypotheses		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Research Questions & Hypotheses: • Adequately rationalized and justified, testable, clearly stated		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Design / Data Collection Plan: • Adequately described & justified, capable of generating data needed to test hypotheses/research question		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Analytic Plan: • Appropriate, adequately described, appropriate for testing hypotheses/research question		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Oral Presentation: • Clear, appropriate level of detail, prepared and rehearsed, demonstrates mastery of material		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Question/Answer Period: • Able to answer questions with appropriate level of scaffolding/help, demonstrates mastery of material		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Research Ethics:		
Significant ethical concerns about the proposed research that were not adequately anticipated or acknowledged; student unable to demonstrate level-appropriate knowledge or decision making concerning research ethics.	0	
Student demonstrates that proposed research will be conducted in accordance with ethical standards; potential ethical concerns adequately anticipated, recognized, acknowledged, and addressed; student demonstrated level-appropriate knowledge or decision making concerning research ethics.	1	

Grading Rubric & Rating Form: Thesis/Dissertation (Defense)

Learning Objectives:

1. Demonstrate advanced knowledge and synthesis of major concepts, existing research, and theoretical perspectives related to the research project area of study.
2. Demonstrate advanced understanding and application of research methods in psychology, including research design, measurement, data analysis, and interpretation of results.
3. Apply relevant ethical guidelines when conducting research.
4. Effectively communicate the research question, methods, and results in written form and through oral presentation.

Minimum Level of Achievement Required to Demonstrate Competency:

Students must earn a score of 1 or greater for each domain from a majority of the committee in order to successfully pass the thesis/dissertation.

Committee Final Determination:

- ☐ Pass with distinction: The student has exceeded expectations across all domains.

- ☐ Pass: The student has met or exceeded expectations across all domains. If minor revisions are recommended, they can be reviewed and approved by the thesis/dissertation committee chair (advisor).

- ☐ Decision deferred pending major revisions. The student does not meet expectations in one or more domain (one or more domain with a score of 0). Revisions to the written document and/or another oral defense is needed in order for the student to demonstrate competency. Revisions must be reviewed and approved by all committee members prior to a final determination.

    - ☐ A revised written document must be submitted and re-evaluated by all committee members. Revisions will be outlined in a separate document.
    - ☐ Another oral defense is required.

- ☐ Fail. Major concerns that could not be easily addressed with revisions. Student has not demonstrated competency on one or more domain.

_____ _____

(Committee Chair) Date

_____

(Committee Member)

_____

(Committee Member)

_____

(Committee Member)

_____

(Committee Member)

Thesis/Dissertation Defense Rating Form

Name of Student:	**Date:**	
Name of Rater:		
Professional Writing: • Quality, clarity, integration, organization, flow		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Introduction: • Reviews/synthesizes relevant literature, appropriate level of detail, justifies research question/hypotheses		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Research Questions & Hypotheses: • Adequately rationalized and justified, testable, clearly stated		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Design / Data Collection Plan: • Adequately described & justified, generated data needed to test hypotheses/research question		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Analytic Plan: • Adequately described, appropriate for testing hypotheses, conducted appropriately, accurate interpretation		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Discussion: • Accurate conclusions, connected to research questions, addresses limitations, makes case for contribution		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Oral Presentation: • Clear, appropriate level of detail, prepared and rehearsed, demonstrates mastery of material		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Question/Answer Period: • Able to answer questions with appropriate level of scaffolding/help, demonstrates mastery of material		
Does not meet expectations	0	
Meets expectations (satisfactory)	1	
Exceeds expectations (exemplary)	2	
Research Ethics:		
Significant ethical concerns resulting from the way the research was conducted; potentially serious ethical concerns not adequately anticipated, recognized, acknowledged, or addressed; student failed to consult with appropriate others about any ethical situations that arose; student unable to demonstrate level-appropriate knowledge or decision making concerning research ethics.	0	
Research was conducted in accordance with ethical standards; potential ethical concerns adequately anticipated, recognized, acknowledged, and addressed; consulted appropriately about any ethical situations that arose; demonstrated level-appropriate knowledge or decision making concerning research ethics.	1	

Thesis & Dissertation Proposal Grading Reference Form

Quality of Writing:	
Poorly written, major grammatical problems, obvious omissions; problems in expression, integration, organization, or flow make it hard to follow	0
Clearly written, well organized, only minor issues	1
Level-appropriate professional writing, journal quality	2
Introduction:	
Connection between introduction and research question/hypotheses unclear or poorly developed; Omission of important studies, theories, or concepts	0
Reviews and synthesizes the relevant literature but with excessive information or minor omissions, but introduction justifies research question/hypotheses	1
Reviews and synthesizes the relevant literature with appropriate level of detail and appropriate breadth and depth; introduction justifies research question/hypotheses	2
Research Questions & Hypotheses:	
Missing, incoherent, untestable, or not well justified; Lacking in sufficient detail	0
Only minor issues related to clarity or wording that would not have a significant negative impact on the project	1
Clear, testable, complete	2
Design / Data Collection Plan:	
Design/methods will yield data inadequate for testing hypotheses; major confounds that cannot be addressed with design; different design or data collection methods needed to adequately answer research question; alternative explanations not considered; flaws with data collection	0
Design appropriate and well justified but minor confounds or flaws not fully considered	1
Design and methods well justified; methods generate all data needed to test hypotheses or question	2
Analytic Plan:	
Analyses inadequate or inappropriate for testing hypotheses/research question; inadequate understanding of data analytic techniques; additional analyses will be needed to draw conclusions	0
Analyses generally appropriate to answer question but supplemental analyses or interpretation would produce more sophisticated or nuanced conclusions	1
Analyses will lead to clear tests of hypothesis or research question	2
Oral Presentation: (Flow, Content, Preparation, Oral/Speech, Mastery of Material)	
Problems with flow or ordering of information; excessive or insufficient information and/or major project elements missing; poor quality visuals; major problems with volume or rate of speech; reading of most slides; presentation demonstrates lack of preparation and/or poor mastery of material.	0
Presentation is clear and flows logically from one topic to the next; any project details missing are minor; presentation is well prepared and rehearsed; acceptable quality of visuals; rarely reads from slides; acceptable rate and volume of speech; demonstrates mastery of all major areas with only minor concerns.	1
Presentation is clear and flows logically from one topic to the next; all major project elements presented; presentation is well prepared and rehearsed; high quality visuals; references but does not read from slides; clearly demonstrates mastery of material across all areas	2
Question/Answer Period:	
Unable to properly answer multiple questions, even with scaffolding/help	0
Satisfactory answers to questions, scaffolding/help only needed with a few difficult questions	1
Easily handles even difficult questions	2

Thesis/Dissertation Grading Reference Form

Quality of Writing:	
Poorly written, major grammatical problems, obvious omissions; problems in expression, integration, organization, or flow make it hard to follow	0
Clearly written, well organized, only minor issues that could easily be fixed with minor revision	1
Level-appropriate professional writing, journal quality	2
Introduction:	
Connection between introduction and research question/hypotheses unclear or poorly developed; Omission of important studies, theories, or concepts	0
Reviews and synthesizes the relevant literature but with excessive information or minor omissions, but introduction justifies research question/hypotheses	1
Reviews and synthesizes the relevant literature with appropriate level of detail and appropriate breadth and depth; introduction justifies research question/hypotheses	2
Research Questions & Hypotheses:	
Missing, incoherent, untestable, or not well justified; Lacking in sufficient detail	0
Minor flaws that could easily be fixed with minor revisions	1
Clear, testable, complete	2
Design / Data Collection:	
Design/methods will yield data inadequate for testing hypotheses; major confounds that cannot be addressed with design; different design or data collection methods needed to adequately answer research question; alternative explanations not considered; flaws with data collection	0
Design appropriate and well justified but minor confounds or flaws not fully considered	1
Design and methods well justified; methods generate all data needed to test hypotheses or question	2
Analytic Plan:	
Analyses inadequate or inappropriate for testing hypotheses/research question; analyses conducted incorrectly or inappropriately; inadequate understanding of analyses and/or interpretation of statistical results; additional analyses or more thorough interpretation needed before conclusions can be drawn	0
Analyses generally appropriate to answer question but supplemental analyses or interpretation would produce more sophisticated or nuanced conclusions	1
Analyses lead to clear tests of hypothesis or research question; appropriate interpretation	2
Discussion:	
Misleading or inadequate interpretation of findings and/or conclusions; obvious limitations and/or alternative interpretations not appropriately acknowledged or considered; contribution misleading, overstated, or not considered	0
Accurate interpretation and conclusions that addresses hypotheses or research question but insufficient detail or minor omissions; one or more minor limitation not considered or addressed; discussion of contribution accurate but could be better justified or described	1
Detailed and accurate interpretation and conclusions that address hypotheses or research question, limitations adequately considered and addressed; makes a good case for contribution	2
Presentation: (Flow, Content, Preparation, Oral/Speech, Mastery of Material)	
Material not presented in a way that the listener can follow; problems with flow or ordering of information; excessive or insufficient information and/or major project elements missing; poor quality visuals; major problems with volume or rate of speech; reading of most slides; presentation demonstrates poor mastery of material.	0
Presentation is clear and flows logically from one topic to the next; only minor project details missing; presentation is well prepared and rehearsed; acceptable quality of visuals; rarely reads from slides; acceptable rate and volume of speech; demonstrates mastery of all major areas with only minor concerns.	1
Presentation is clear and flows logically from one topic to the next; all major project elements presented; presentation is well prepared and rehearsed; high quality visuals; references but does not read from slides; clearly demonstrates mastery of material across all areas	2
Question/Answer Period:	
Unable to properly answer multiple questions, even with scaffolding/help	0
Satisfactory answers to questions, scaffolding/help only needed with a few difficult questions	1
Easily handles even difficult questions	2

Appendix K

Preliminary Exam Description & Instructions

Overall Objective

The primary purposes of the prelim project are 1) to demonstrate that you have the potential for doctoral-level scholarship in clinical science, and 2) to facilitate your professional development. Frequently a tertiary purpose is to allow students to review and think deeply about the literature that will lead to their dissertation research. To complete this project, you will be expected to: (1) identify an important issue to be examined in a particular area of clinical psychology; (2) identify a broad base of literatures that can inform this issue; (3) integrate and evaluate different perspectives on the issue; and (4) write a cohesive, conceptual synthesis. In addition to the knowledge and skills gained by engaging in this Preliminary Examination Project, we expect you to be able to submit the final product for publication, although the success of such submission does not form the basis of final grade assignment.

Selecting the Preliminary Exam Topic

In developing the proposal, students should talk with their advisor(s) regarding the focus and scope of the project. Students also are free to consult with other faculty with relevant expertise regarding their ideas for their project during the development stage. However, once a project is approved, students must work on the project independently without the help of the advisor, faculty, or other students, friends, or colleagues. In other words, the project must be the student's own, original work: The student is solely responsible for reviewing the literature, generating an organizing structure for their manuscript, writing and editing the paper, etc. If the student has questions at various stages of the project, he/she should contact the DCT who will determine whether it is appropriate to obtain consultation from others regarding those questions.

Proposing the Preliminary Exam

The student should submit a brief (no more than 2 single-spaced pages) written proposal to be submitted for approval to the CTC faculty. This proposal should:

(d) Describe the general topic or research questions;

(e) Explain and justify why this is an important topic in clinical science;

(f) Identify and describe the broad base of literatures that will be drawn on and integrated in the final document.

(g) Identify a target journal to which the student plans to submit the finished article along with information about the length requirements the journal lists in their instructions for authors;

(h) Include an annotated bibliography, organized around subheadings, that demonstrates the adequacy of the existing literature. The bibliography should acknowledge and briefly describe any previously published reviews on the selected (or related) topic and include a brief description of how the current review will contribute above and beyond the previously published reviews (e.g., the proposed review will focus on an aspect of the general topic that has not been covered in previous reviews, or the proposed review will

examine a large literature that has been published since the prior review).

(i) Identify three appropriate faculty proposed to constitute a prelim grading committee (note that the final grading committee will be selected by the CTC). Non-CTC faculty are permitted to serve as graders, however they must be approved by the CTC and cannot serve as the chair of the grading committee. Students who wish to propose non-clinical faculty member on their preliminary exam should include a brief rationale for including this person in their proposal that describes the proposed grader's expertise on the topic.

(j) Propose the timeline by which the project will be completed.

Preliminary Exam Proposal Approval Process & Timeline

The evaluation of the preliminary exam proposal will proceed as follows:

Step #1: Pre-Review:

1. The student must submit the preliminary exam proposal to the area project coordinator (Jeanne Asay), along with three proposed grading committee members identified by the student. The area project coordinator will then forward the proposal to the full CTC who will ultimately determine and approve the three members of the pre-review committee.
2. The pre-review committee will have two weeks to review the proposal to determine the appropriateness of its content and readiness for evaluation by the CTC. As such, students should allow at least two weeks for the pre-review, plus additional time for potential revisions.
3. If the pre-review committee believes that the proposal is not ready for "full review" by the CTC, the proposal will be returned to the student with suggestions for revision. Students are allowed to consult with their advisors or other experts if revisions are required. The student's timeline for getting the prelim proposal approved should account for the possibility of one or more rounds of revision. As a general rule, students should plan for one additional week (per round of revision) for the pre-review committee to review each version of the revised proposal. If the nature of the revisions are such that the pre-review committee feels that they need more than one week (e.g., the requested revisions will result in a significantly different proposal), this will be communicated to the student in writing at the time feedback is provided.

Step #2: Full CTC-Review:

4. Once the proposal is approved by the pre-review committee, the student must submit it for review by the full CTC. The final proposal must be submitted to the area project coordinator (Jeanne Asay) two full weeks before the CTC meeting in which the full review of the proposal will take place. The primary purpose of the full review by the CTC is to ensure that the project is meeting the overall objectives of the preliminary exam (particularly with respect to the breadth and integrative nature of the proposed paper) and to provide the student with assurance that he or she is on the right track to proceed. Students should refer to the CTC meeting schedule distributed each semester in order to know which weeks CTC meetings are being held and when the last possible week of the semester is that a full review of proposals can take place.

5. If the student's proposal is approved by the CTC, they will be notified by the DCT or the student's advisor and he/she may begin writing the prelim according to the proposed/approved timeline. Any concerns or recommendations raised by the CTC will be communicated to the student in writing. The CTC will determine whether the student will a) be allowed to proceed with the expectation that the feedback will be incorporated into the final product, or b) be required to revise and resubmit the proposal for additional review by the CTC.

Preliminary Exam Grading Committee:

In their proposal document, students should propose a minimum of three faculty members knowledgeable on the topic who could comprise an appropriate prelim grading committee. These faculty members will comprise the initial review committee (see #1 above). After CTC discussion, the final prelim grading committee will be composed of three faculty members, the Chair of which must be a CTC member (as many as two other committee members may come from outside the CTC). Students who would like to propose a non-CTC member for their grading committee are responsible for contacting this person about her/his willingness to serve; this needs to be done prior to the submission of the proposal. Taking into account the students' suggestions, as well as faculty availability and workload distribution, the CTC will identify the final prelim grading committee and the grading committee Chair will convey that information to the student when the project is approved.

Timelines:

As noted above, preliminary exam proposals must be submitted to the CTC for review at one of its regularly held meetings of the semester. The proposal should be submitted to the Clinical Area Project Coordinator by 2:00 PM two full weeks (14 days) in advance of the CTC meeting in which it will be evaluated. To facilitate students' planning, each semester the 7350/CTC schedule will indicate to students which weeks the CTC is meeting and what the last possible date is by which proposals can be received and reviewed by the CTC (typically, this date will be two weeks prior to the end of classes). As part of the proposal, students should provide their timeline for beginning and completing the exam. When considering their timeline, students should be aware that faculty members' willingness to participate in committee work (including grading preliminary exams) during summer term and winter break cannot be assumed and therefore completed projects submitted during these periods might not be graded during the summer. Students should take this into account when proposing their preliminary exam timeline (as part of the proposal process). If the project completion date falls during a regularly scheduled break, it is the student's responsibility to determine whether each member of their grading committee is willing to grade the completed project over the break. If the student fails to get such agreements (in writing), the preliminary exam will be graded no more than one month following the commencement of the subsequent semester.

In determining the timeline, students should note that typically the written product is due no more than 90 days after the proposal has been approved. However, students also may request (in their proposal) modifications of the timeline in order to accommodate a proposed delay in the start date (e.g., to delay beginning the project until after the demands of the semester are over) or a temporary pause in writing during the examination period (e.g., to allow time with family over major holiday breaks, etc.). In order to facilitate students getting their project proposed in a timely manner during the semester, students can propose up to 6 weeks delay in the start-date. Such proposals must be requested in the proposal and be accompanied by a rationale. If exceptional circumstances justify a modification of greater than 6 weeks, the student must submit a petition to the CTC prior to submitting the proposal outlining their proposed timeline and justification. Students requesting a delay in start date or temporary pause in writing will be required to provide the DCT with a written statement promising not to work on the

project outside of the approved timeline and acknowledging their understanding that breaching that promise would be a violation of the university honor's code and the APA code of ethics.

Students also should be aware that the CTC does not normally meet during the summer/winter breaks and therefore proposals cannot be considered during these times and that a project which would be completed during these periods might not be graded until the next Fall or Spring semester. Furthermore, given the heavy workload that builds up at the end of each semester, faculty might not always be available to evaluate prelims at these congested times. For these reasons, students are encouraged to plan to submit all preliminary examination papers to their committees within 6 weeks of the end of the semester in which they are to be evaluated.

The Written Project

Content and format. The paper is expected to be written in a manner that is suitable for submission to a journal of student's choice assuming it is a well-respected peer-reviewed journal. Students should consult with their advisor about appropriate outlets; however, outlets should ideally be selected such that the paper would follow APA style and should be between 20 to 40 pages of narrative (excluding references). If a student has a strong rationale for selecting a journal that does not meet these criteria, the student should submit a petition to CTC prior to submitting the proposal for pre-review. In preparing the paper, we recommend that the student read an editorial in the July 1997 issue of Psychological Bulletin (pp. 3-4) regarding the types of papers that are suitable for publication in that journal, as well as a special section on "Writing articles for Psychological Bulletin" in the September 1995 issue of Psychological Bulletin (pp. 171-198), as these descriptions provide a good model for the type of review the students should aspire to write for their preliminary exam.

Submission of the completed preliminary exam project. The completed preliminary exam project should be turned in to the Clinical Area Project Coordinator for distribution to the grading committee no later than midnight of the approved project completion date. Projects turned in late will receive a failing grade.

Feedback timeline. For projects submitted during the regular Fall and Spring semesters (see "Timeline" above), students will receive a grade and written feedback within four weeks of submission. To accomplish this, each member of the grading committee will submit his or her grading form to the grading committee chair and the Clinical Area Project Coordinator within three weeks of receiving the submitted proposal. The grading committee Chair will then have one week to compose a cover letter summarizing the results and feedback and will submit the final grade to the student and clinical area project coordinator within the four week grading window. However, as noted above, faculty members' willingness to participate in committee work during summer term and winter break cannot be assumed and therefore completed projects submitted during these periods will be graded no more than one month following the commencement of the subsequent semester.

Feedback procedures. The grading committee chair will compose a cover letter synthesizing the feedback from the committee and will provide the student with the specific written feedback of each committee member. The student and committee chair should meet to discuss any issues that require further clarification; students are responsible for initiating the scheduling of their oral feedback session. The committee chair will give a copy of all feedback to the other grading committee members, and will submit the feedback and final grade to the Clinical Area Project Coordinator for placement in the student's academic file.

Evaluation process & Criteria. Each member of the grading committee will evaluate the project on four dimensions using the 0-3 point grading rubric outlined below. To pass the exam, students must receive scores of 2 or higher on all domains from a majority of the grading committee members. Once a final grade has been determined by the grading committee, it will be communicated to the student, the DCT, and the student's advisor (with the Clinical Area Project Coordinator cc-ed) along with an explanation of any additional steps are needed to pass the Preliminary Examination Project.

Evaluation Domains:

1. *Significance* – Does the student demonstrate the importance of the issue? Will this advance our understanding of an important area in clinical psychology?

2. *Breadth, depth, and accuracy of knowledge* – Does the student demonstrate that they have a solid grasp of the relevant literatures? Are the major relevant topics covered or are there gaps? Is the information provided accurate? Does the student demonstrate an ability to carefully evaluate the extant literatures?

3. *Integration/Cohesiveness* – Did the student demonstrate an ability to integrate various perspectives into a unified perspective? Is the overall conceptualization cohesive and clear?

4. *Writing style* – Is the organization of the paper reasonable? Is the writing style clear?

Grading Rubric:

0 = Fail (Scholarship is below that expected of modal students)

1 = Rewrite (Expected level of scholarship not fully demonstrated)

2 = Pass (Demonstrates well developed scholarship that is consistent with what is expected of modal students)

3 = High Pass (Demonstrates exemplary scholarship that is better than what is expected of modal students)

Pass. To pass the exam, students must receive scores of 2 or higher on all domains from a majority of the grading committee members.

Rewrite. If the student receives scores of 1 (rewrite) from two or more reviewers on any domain, they will be allowed to revise and resubmit the document. The revised document must be submitted within one month of receiving feedback. The student submit the revised written document to the Clinical Program's Project Coordinator, who will distribute it to the grading committee. The grading committee will grade the revised project no more than four weeks after it has been turned in and distributed. The grading committee chair will then provide the student with written feedback and a final grade within one week of receipt of all reviews. Only one rewrites is allowed. The final grade for rewrites cannot be higher than a "Pass."

Fail. If the student receives a failing grade from two or more reviewers on any domain, the student will have failed the Preliminary Examination Project. If the student fails outright (without a rewrite option) or fails after a rewrite has been completed, the student will be allowed a second chance to successfully complete the preliminary exam requirement. In such a case, the student needs to develop a plan to remediate the deficiencies raised by the grading committee (in collaboration with his or her advisor) to avoid producing the same types of problems in the new project. This will typically involve proposing and writing an alternative project on a new topic. The CTC must review and approve the proposed remediation plan. Once the remedial plan is approved by the CTC, the student must complete the plan and turn in the written product within three months. If the student fails a second time, he or she will be dismissed from the program.

Overview of Steps:

1. Before the Proposal is Submitted

   (a) Student consults with advisor and any other relevant faculty about his or her idea for a preliminary exam and drafts a proposal.

   (b) Student receives feedback from advisor on drafts of the proposal.

   (c) Student secures the agreement of any non-CTC members to be named as proposed Grading Committee Members.

   (d) Students wishing timeline modifications greater than 6 weeks must submit a petition with rationale to the CTC prior to submitting their proposal.

2. Review of the Proposal

   (a) Once the proposal is approved to go forward by the advisor, the student submits the proposal to the Clinical Area Project Coordinator along with the names of 3 proposed grading committee members.

   (b) The clinical area project coordinator distributes the proposal to all CTC members (and any outside committee members proposed by the student) via an email which alerts the proposed committee members that they are asked to conduct a pre-review (the CTC has final say in who will ultimately be the three members of the pre-review committee).

   (c) The pre-review committee reviews the proposal to determine the appropriateness of its content and readiness for evaluation by the CTC. Students should plan to allow two weeks for the pre-review process, plus additional time for potential revisions.

   (d) If the pre-review committee believes that the proposal is not ready for "full review" by the CTC, the proposal will be returned to the student with suggestions for revision. Students are allowed to consult with their advisors or other experts if revisions are required. The student's timeline for getting the prelim proposal approved should account for the possibility of one or more rounds of revision. Students should plan for one additional week (per round of revision) for the pre-review committee to review each revised version of the proposal.

   (e) Once the proposal is approved by the pre-review committee, the student must submit it for review by the full CTC. The final proposal must be submitted to the area project

coordinator (Jeanne Asay) two full weeks before the CTC meeting in which the full review of the proposal will take place.

(f) The CTC reviews the proposal, resulting in either approval or suggestions for revision. If approved, the CTC also will determine the final Grading Committee and the deadline for submission, after considering any student requests for modifications of the start and end dates. The outcomes of each of these deliberations (approved/revise, constitution of Grading Committee, due date for completion) will be communicated to the student by the Grading Committee Chair after the CTC meeting.

(g) The clinical area project coordinator will enter the names of the Grading Committee Members and the due-date for the final project completion on the Master Calendar.

3. Project Completion

(a) When approved to work on the proposal, the student will do so independently.

(b) On or before the due-date, the student will turn in the completed project electronically to the clinical area project coordinator. She will distribute copies of the project and grading form, along with the grading deadline, to all members of the Grading Committee, with the student cc-ed.

4. Evaluation of the Completed Project

(a) One week before the grading deadline, the clinical area project coordinator will send the Grading Committee members a reminder, including another copy of the grading form (appended below).

(b) Within three weeks after receiving the completed project, Grading Committee members will complete the Grading Form, including their assessment of each of the dimensions listed using the grading rubric. The reviewers grades and comments will be summarized by the grading-committee chare and shared with the student. Grading Committee members also are welcome (but not required) to also make comments directly on the student's manuscript in order to provide more detailed feedback regarding strengths and weaknesses or revisions that would be needed to increase the work's publish-ability. Grading Committee members also may choose to make confidential comments to the Grading Committee Chair, such as about their evaluation of the students' qualifications to be advanced to candidacy for the doctoral degree, in a separate conversation or in the body of the email to which their grading form is attached. Completed grading forms should be sent to the Grading Committee Chair, with the clinical area project coordinator cc-ed, by midnight on the due-date.

(c) If any grades are not received when the deadline for receipt of the grades has elapsed, the clinical area project coordinator will send a reminder to that Grading Committee member, cc-ing the Grading Committee Chair and the DCT.

(d) If three days have elapsed past the deadline and any grades still have not been received, the clinical area project coordinator will notify the DCT, who will address the grading committee member directly.

5. Feedback to the Student

(a) Within one week of receiving all grades, the Grading Committee Chair writes a cover letter including a brief overall summary (akin to what an Action Editor provides to an author after all reviewer comments are received), and determines the grade as per the policies described above. The Grading Committee Chair provides this information to the student, along with any other non-confidential feedback from graders (i.e., comments written on the prelim document). The clinical area project coordinator is cc-ed on this message and places a copy of the cover letter, including the final grade and feedback summary, in the student's file.

Preliminary Examination Grading Sheet

Student: _____ Grader: _____

Date due (21 days after submission): _____

The primary purpose of the prelim project is to demonstrate that students have the potential for doctoral-level scholarship in clinical psychology, and to facilitate their professional development. Frequently a secondary purpose is to allow students to review and think deeply about the literature that will lead to their dissertation research. To complete this project, students are be expected to: (1) identify an important issue to be examined in a particular area of clinical psychology; (2) identify a broad base of literatures that can inform this issue; (3) integrate and evaluate different perspectives on the issue; and (4) write a cohesive, conceptual synthesis that advances the field's understanding of the issue and/or will lead to novel, theoretically-driven research on the topic. In addition to the knowledge and skills gained by engaging in this Preliminary Examination Project, the final project should be of a quality that is submit-able for publication, although the success of such submission does not form the basis of final grade assignment. To pass the exam, students must receive scores of 2 or higher on all domains from a majority of the grading committee members.

Grading Rubric:

0 = Fail (Scholarship is below that expected of modal students)

1 = Rewrite (Expected level of scholarship not fully demonstrated)

2 = Pass (Demonstrates well developed scholarship that is consistent with what is expected of modal students)

3 = High Pass (Demonstrates exemplary scholarship that is better than what is expected of modal students)

Evaluation and Comments

- *Significance/contribution* – Does the student demonstrate the importance of the issue? Will this advance our understanding of an important area in clinical psychology and/or lead to advancements in research on the topic?

  Domain Rating (0-3): _____

  Comments:

- *Breadth, depth, and accuracy of knowledge* – Does the student demonstrate that they have a solid grasp of the relevant literatures? Are the major relevant topics covered or are there gaps? Is the information provided accurate? Does the student demonstrate an ability to carefully evaluate the extant literatures?

  Domain Rating (0-3): _____

  Comments:

- *Integration/Cohesiveness* – Did the student demonstrate an ability to integrate various perspectives into a unified perspective? Is the overall conceptualization cohesive and clear?

  Domain Rating (0-3): _____

  Comments:

- *Writing style* – Is the organization of the paper reasonable? Is the writing style clear?

  Domain Rating (0-3): _____

  Comments:

Appendix L

Sample Preliminary Exam Proposals

Moderators of family conflict in adolescents with and without chronic illness: Theoretical gaps and future directions in pediatric psychology

Date: February 4, 2020
To: Proposed Preliminary Exam Grading Committee: Dr. Berg (Chair), Dr. Himle, Dr. Kerig
FR: MaryJane Campbell
RE: Proposal for Research Preliminary Exam

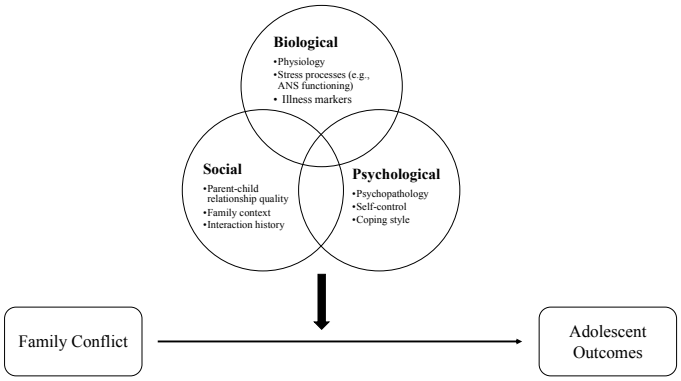
Parent-adolescent conflict is a normative part of development that, under certain conditions, can promote or interfere with adolescent development. A breadth of literature documents the positive correlates of normative family conflict, including promoting adolescent autonomy and self-regulation and strengthening the parent-adolescent relationship (Collins, Laursen, Mortensen, Luebker, & Ferreira, 1997; Laursen & Collins, 1994; Mazor & Enright, 1988; Smetana, 2011). Researchers have concluded that parent-adolescent conflict is not universally bad, with moderators of family conflict including parent-child relationship quality, family context (e.g., family structure, sibling support), attributes of conflict episode (e.g., intensity, resolution, affective regulation), biological processes (e.g., ANS functioning), and conflict frequency (Adams & Laursen, 2007; Branje, van Doorn, van der Valk, & Meeus, 2009; El-Sheikh & Erath, 2011; Laursen & Hafen, 2010; Montemayor, 1986; Smetana, 1996).

In the context of pediatric chronic illness, however, less is known about the positive correlates of family conflict. In fact, family conflict is one of the most common predictors of poor disease outcomes in pediatric populations (Anderson, 2004; Coakley, Holmbeck, Friedman, Greenley, & Thill, 2002; Jacobson et al., 1994; Psihogios, Fellmeth, Schwartz, & Barakat, 2019; Rybak et al., 2017; Vaid, Lansing, & Stanger, 2018). Despite this robust association, very few researchers have examined potential moderators that may lessen the negative impact of conflict on adolescent outcomes or promote adjustment in the context of a chronic illness. The relative lack of empirical examination of moderators limits our understanding of family conflict as a normative aspect of adolescent development in this population and importantly, the conditions under which family conflict may actually promote adjustment (e.g., autonomy in disease management). Consequently, this gap limits our ability to develop interventions to target these modifiable factors. If new insights are revealed about modifiable factors that buffer the relations between conflict and adolescent health outcomes, interventions may be developed to help families better manage conflict when it arises. By applying conceptualizations from the broader developmental and family literature to this unique population, this review aims to guide future research in pediatric psychology to include consideration of family conflict as a normative, modifiable aspect of illness management and encourage translation of this research into practice.

Aims of the Preliminary Exam. The prelim paper will synthesize the extant literature that demonstrates the multifinality of psychosocial, developmental, and health correlates of family conflict during adolescence. The overarching goal is to integrate research from fields such as developmental, family, and child clinical psychology to develop a guiding framework from which to propel future research in pediatric populations. The aims of my proposed preliminary exam are to: 1) integrate relevant literature documenting the constructive aspects of parent-adolescent conflict and empirically supported moderators of the association between conflict and adolescent development, 2) highlight related gaps in the current pediatric psychology literature, 3) apply this conceptual framework of family conflict in pediatric populations to type 1 diabetes (T1D) as an example illness, and 4) outline future research directions and clinical implications.

Implications for Pediatric Psychology. Family conflict in the context of pediatric chronic illness shares many of the same qualities of normative parent-adolescent conflict in that it involves arguments around broad developmental topics (e.g., risky behavior, autonomy) and specific, daily events (e.g., daily illness management tasks). In fact, many risk-taking behaviors may be riskier for adolescents with a chronic illness given their severe health implications. Therefore, chronic illness populations represent an ideal sample in which to apply new ways of thinking about this important issue. An expanded view of family conflict in this population may alter current education approaches to normalize family conflict during adolescence and promote effective ways to buffer the negative effects of conflict on health outcomes. For instance, evidence of affective regulation during conflict buffering the relations among conflict and illness outcomes may lead to targeted interventions to improve emotion regulation skills. As such, this review will guide future research to examine potential moderators that can be translated into existing or novel clinical interventions.

I will utilize a biopsychosocial framework to guide my review and frame the future research directions of family conflict in pediatric populations. This framework is frequently used to highlight the interrelated biological, psychological, and social aspects of health in pediatric psychology, including adjustment to illness, relations among family functioning and illness outcomes, and self-management of chronic disease (Graef, Byars, Simakajornboon, & Dye, 2019; Holbein, Peugh, & Holmbeck, 2017; Lansing & Berg, 2014). The theorized and empirically supported moderators abstracted from my literature review, such as biological processes, psychosocial functioning, and family characteristics, map onto the core facets of the biopsychosocial model, which makes it a useful framework to guide future research. The vast majority of research on disease-specific family conflict and its relation to adolescent outcomes has been conducted among T1D samples (Anderson, 2004; Campbell, Wang, et al., 2019; Campbell, Berg, & Wiebe, 2019; Hauser et al., 1990; Main et al., 2014; Miller-Johnson et al., 1994; Rybak et al., 2017; Wysocki, 1993), providing ample examples of biological, psychological, and social factors that may serve as moderators in this population. As such, I will use the example of family conflict in T1D to outline potential biopsychosocial moderators of family conflict and to justify the utility of this approach in pediatric populations.



Timeline and Target Journal. I propose a deadline of 90 days following the final approval of this proposal. Following completion, I plan to submit my paper to Clinical Child and Family Psychology Review for publication. I selected this as my target journal due to its range of contributions from fields including psychology (child, clinical, family) and medicine (pediatrics), ensuring that my paper will reach my target audience. As this journal is an invitation-only journal, alternative journal outlets include Health Psychology Review and the Journal of Pediatric Psychology (significantly reduced into a Topical Review format).

References

Articles related to the normative nature of family conflict across broad disciplines
40 articles identified, most influenctial cited below:

Adams, R. E., & Laursen, B. (2007). The correlates of conflict: Disagreement is not necessarily detrimental. *Journal of Family Psychology*, *21*, 445–458.

Branje, S. J. T., van Doorn, M., van der Valk, I., & Meeus, W. (2009). Parent-adolescent conflicts, conflict resolution types, and adolescent adjustment. *Journal of Applied Developmental Psychology*, *30*, 195–204. https://doi.org/10.1016/j.appdev.2008.12.004

Collins, W. A., Laursen, B., Mortensen, N., Luebker, C., & Ferreira, M. (1997). Conflict processes and transitions in parent and peer relationships: Implications for autonomy and regulation. *Journal of Adolescent Research*, *12*, 178–198. https://doi.org/10.1177/0743554897122003

Fuligni, A. (1998). Authority, autonomy, and parent-adolescent conflict and cohesion: A study of adolescents from Mexican, Chinese, Filipino, and European backgrounds. *Developmental Psychology, 34*, 782-792.

Laursen, B., & Collins, W. A. (1994). Interpersonal conflict during adolescence. *Psychological Bulletin*, *115*, 197–209.

Laursen, B., & Hafen, C. A. (2010). Future directions in the study of close relationships: Conflict is bad (except when it's not). *Social Development*, *19*, 858–872. https://doi.org/10.1111/j.1467-9507.2009.00546.x

Mazor, A., & Enright, R. D. (1988). The development of the individuation process from a social-cognitive perspective. *Journal of Adolescence*, *11*, 29–47. https://doi.org/10.1016/S0140-1971(88)80021-6

Montemayor, R. (1986). Family variation in parent-adolescent storm and stress. *Journal of Adolescent Research*, *1*, 15–31. https://doi.org/10.1177/074355488611003

Smetana, J. G. (1996). Adolescent-parent conflict: Implications for adaptvie and maladaptive development. In D. Cicchetti & S. L. Toth (Eds.), *Adolescence: Opportunities and Challenges* (pp. 1–50). Rochester, New York: University of Rochester Press.

Smetana, J. G. (2011). Adolescents' social reasoning and relationships with parents: Conflicts and coordinations within and across domains. In *Adolescent Vulnerabilities and Opportunities: Developmental and Constructivist Perspectives* (pp. 139–158). https://doi.org/10.1017/CBO9781139042819.009

Articles related to specific moderators of family conflict in developmental/family literature
12 articles identified, most influential cited below:

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33 articles identified, most influential cited below:

Anderson, B. J. (2004). Family conflict and diabetes management in youth: Clinical lessons from child development and diabetes research. *Diabetes Spectrum*, *17*, 22–26.
Campbell, M. S., Berg, C. A., & Wiebe, D. J. (2019). Parental self-control as a moderator of the association between family conflict and type 1 diabetes management. *Journal of Pediatric Psychology*, *44*, 999–1008. https://doi.org/10.1093/jpepsy/jsz040
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Campbell, M. S., Wang, J., Cheng, Y., Cogen, F. R., Streisand, R., & Monaghan, M. (2019). Diabetes-specific family conflict and responsibility among emerging adults with type 1 diabetes. *Journal of Family Psychology*, *33*, 788–796. https://doi.org/10.1037/fam0000537

Main, A., Wiebe, D. J., Croom, A. R., Sardone, K., Godbey, E., Tucker, C., & White, P. C. (2014). Associations of parent–adolescent relationship quality with type 1 diabetes management and depressive symptoms in latino and caucasian youth. *Journal of Pediatric Psychology*, *39*, 1104–1114. https://doi.org/10.1093/jpepsy/jsu062

Maliszewski, G., Patton, S. R., Midyett, L. K., & Clements, M. A. (2017). The Interactive Effect of Diabetes Family Conflict and Depression on Insulin Bolusing Behaviors for Youth. *Journal of Diabetes Science and Technology*, *11*(3), 493–498. https://doi.org/10.1177/1932296816664363

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12 articles identified, most influential cited below:

Graef, D. M., Byars, K. C., Simakajornboon, N., & Dye, T. J. (2019). Topical review: A biopsychosocial framework for pediatric narcolepsy and idiopathic hypersomnia. *Journal of Pediatric Psychology*, *45*, 34-39. https://doi.org/10.1093/jpepsy/jsz085

Holbein, C. E., Peugh, J. L., & Holmbeck, G. N. (2017). Social skills in youth with spina bifida: A longitudinal multimethod investigation comparing biopsychosocial predictors. *Journal of Pediatric Psychology*, *42*, 1133-1143. https://doi.org/10.1093/jpepsy/jsx069

Kazak, A. E. (2008). Commentary: Progress and challenges in evidence-based family assessment in pediatric psychology. *Journal of Pediatric Psychology, 33*, 1062-1064.

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Woods, S. B., & McWey, L. M. (2012). A biopsychosocial approach to asthma in adolescents encountering child protective services, *Journal of Pediatric Psychology*, *37*, 404-413, https://doi.org/10.1093/jpepsy/jsr104

Existing reviews related to parent-adolescent conflict across broad literatures:

Dashiff, C., Hardeman, T., & McLain, R. (2008). Parent-adolescent communications and diabetes: An integrated review. *Journal of Advanced Nursing, 62*, 140-162.

This article synthesizes the literature on parent-adolescent communication about type 1 diabetes, which includes parent-adolescent conflict. The authors present two broad models of parent-adoelscent communication developed from the review, which respectively describe indicators of productive or problematic communication. My paper will zoom in on one aspect of parent-adolescent communication described in this review (conflict) and will argue that while the extant pediatric literature only highlights associations with poor diabetes outcomes, alternate perspectives (e.g., from developmental literature) may reveal that family conflict about type 1 diabetes is not always problematic.

Laursen, B., & Collins, W. A. (1994). Interpersonal conflict during adolescence. *Psychological Bulletin*, *115*, 197–209.

This review article discusses the occurrence of interpersonal conflict during adolescence and its impact on adolescent development from a variety of theoretical perspectives, including psychoanalytical, cognitive-relational, and social-relational frameworks. The authors review literature on conflict among peers, parents, and siblings, emphasizing the setting in which conflict occurs as an important indicator of conflict consequences (deleterious or advantageous). However, the literature on family conflict in pediatric populations has yet to explicitly consider conflict consequences as dependent on the context in which it occurs. Therefore, my preliminary exam will provide a unique contribution by applying these ideas to family conflict in pediatric populations.

Montemayor, R. (1986). Family variation in parent-adolescent storm and stress. *Journal of Adolescent Research*, *1*, 15–31. https://doi.org/10.1177/074355488611003

This review article summarizes traditional concceptualizations of family conflict as either harmonious or discordant and introduces the idea that in fact, parent-adolescent conflict varies across families. The review suggests that parents and adolescents exist as part of a larger social context (social ecological framework) and calls for future research into the mechanisms that explain variations in parent-adoelscent conflict. My proposed preliminary exam will expand upon this conceptual viewpoint of parent-adolescent conflict by incorporating biopsychosocial models of family variation in conflict outcomes and by applying it to pediatric populations.

Psihogios, A. M., Fellmeth, H., Schwartz, L. A., & Barakat, L. P. (2019). Family functioning and medical adherence across children and adolescents with chronic health conditions: a meta-analysis. *Journal of Pediatric Psychology*, *44*, 84–97. https://doi.org/10.1093/jpepsy/jsy044

This meta-analysis demonstrates the significant relations among family functioning and medical adherence across a number of childhood medical conditions. Of the many components of family functioning, the effect size of family conflict was the highest, demonstrating the magnitude of its impact on health behaviors and therefore its importance in the field of pediatric psychology.

Rather than solely summarizing the vast literature on family conflict in this population, I will use this review article as justification for continued research into modifiable factors that may reduce these associations.

Appendix L (Cont.)

Sample Preliminary Exam Proposal

Date: April 8, 2016

To: Proposed Preliminary Grading Committee: Dr. Conradt, Dr. Crowell, Dr. Euler

FR:XXXXXXXXXXX

Anxiety disorders are the most common, and likely preventable, form of childhood psychopathology (Rapee Schniering, & Hudson, 2009). Antecedents of anxiety can be traced back to the first year of life in the form of propensities for reactivity and regulation. Fearfulness in infancy reflects a temperamental bias towards inhibition, agitation, and negativity in the face of the unfamiliar. Though part of a normative developmental process, elevated levels of this temperamental trait represents the beginning of a vulnerability pathway that, when combined with other risk factors, could lead to childhood anxiety (Buss & McDoniel, 2016; Chronis-Tuscano et al., 2009). The origins of this risk profile, however, remain opaque. The predominant view that temperament is a legacy of genetic endowment has limited research on other pathways that may account for a child's emerging disposition. Insults to the developing brain in utero can lead to adaptations that alter or "program" fetal physiology, thereby laying the foundation for mental health and, potentially, pathology across the lifespan (Sandman, Davis, Buss, & Glynn, 2011). This process of fetal programming would suggest an alternative, malleable path to the development of temperamental risk for anxiety. Guided by the field of developmental psychopathology, I plan to propose a conceptual model of adaptation for my preliminary exam – the Developmental Origins of Risk for Anxiety (DORA) model (Figure 1). The DORA model will assert and defend two positions based on the extant literature.

First, the DORA model will posit both heritable and experience-dependent pathways to the development of infant fearfulness via alterations in the structure and function of early brain architecture (see "Prenatal Vulnerabilities" and "Neonatal" periods in Figure 1). Accumulating evidence supports an amygdala-mediated neural network – commonly referred to as "fear circuitry" – as the neurobiological mechanism underlying trait fearfulness due to its role in preferential processing of potentially threatening stimuli (Schwartz et al., 2003; Leppänen & Nelson, 2009; Leppänen & Nelson, 2012). It is assumed that inherited genetic endowment leads to variations in fear circuitry, which, in turn, results in temperamental fearfulness and risk for anxiety across development (Kagan, 2013). Identification of the gene(s) related to anxiety has been inconclusive, though some research supports genes regulating synthesis and neurotransmission of serotonin (e.g., Fox et al., 2005). Nevertheless, this heritable pathway has been supported by behavioral genetics research (e.g., twin studies; Robinson et al., 1992). Early emotionality may be, in part, "programmed" by intrauterine experiences, suggesting an alternative experience-dependent path to temperamental risk for anxiety. Epigenetic modifications, which reflect environmentally triggered alterations to gene expression (e.g., gene silencing), likely underlie this fetal programming. Intrauterine exposure to maternal mood and/or stress is particularly detrimental to neurobehavioral development (Conradt et al., 2013), with children who are exposed in utero exhibiting increased anxiety in early and middle childhood (Van den Bergh & Marcoen, 2004; Davis & Sandman, 2012). Infants who experienced intrauterine exposure to maternal mood and/or stress exhibit increased

fearfulness and exaggerated reactivity across the first year of life (Bergman et al., 2007; Davis et al., 2007; Davis et al., 2011). Programming of the fetal brain – a process that is likely modulated by epigenetic processes – may mediate the association between prenatal maternal mood/ stress and infant fearfulness, which, in turn, is related to the emergence of childhood anxiety. No prior work has delineated this malleable, experience-dependent pathway to risk for anxiety. Infants exposed to maternal mood in utero exhibit stronger amygdala functional connectivity to emotional and perceptual processing regions of the brain (e.g., insula; Qiu et al., 2015); stronger neonatal connectivity of these areas, as well as the ventral striatum, is associated with elevated fearfulness at 6-months of age (Graham et al., 2015). In the latter half of the first year of life, infants display hyper-activation of fear circuitry, with particular sensitivity to affect and novelty (Leppänen et al., 2007; de Haan, 2007; Diaz & Bell, 2012). These differences in neural processing correspond to the expected development of fear in infancy (e.g., stranger anxiety), with pronounced differences likely underlying the manifestation of exaggerated fearfulness. Importantly, parallel maturation of neural regions associated with cognitive development (e.g., attentional circuitry) may differentiate infants who follow the normative trajectory of fear across early life, and those that develop pathological fear (Graham et al., 2015). Neural development is not isolated to the prenatal period, though individual differences in neurophysiology form the foundation from which transactions with the environment can shape a child's temperament.

Second, the DORA model will outline how sensitive caregiving attenuates the expression of trait fearfulness, and, as a result, decreases risk for the development of childhood anxiety (see "Infancy" period in Figure 1). Approximately 20% of 4-month-old infants identified as fearful will become extremely shy, anxious adolescents (Kagan, 2013), suggesting that the trajectory of trait fearfulness may be susceptible to environmental influences early in life. The parent-child relationship is the primary context for early socioemotional development. A child's temperament likely influences, and is influenced by, the behaviors of his or her caregiver. Fearfulness has been found to increase parental warmth and consistent discipline (Rubin et al., 1997; Lengua & Kovacs, 2005; Lengua, 2006), which may reduce subsequent fearful behaviors. The reciprocal influence of childhood temperament and specific dimensions of parenting (e.g. sensitivity), as well as temperament in the context of the attachment relationship more broadly, may, over time, mitigate the risk for later internalizing psychopathology via alterations to fear circuitry activation.

For my preliminary exam, I plan to (1) review the literature on heritable and epigenetic mechanisms of early emotionality, focusing on trait fearfulness; (2) review research related to the development of the brain's fear circuitry; (3) review research on infant fearfulness in the context of the early parent-child relationship; and (4) propose a new conceptual model of adaptation that (a) integrates prior work and (b) offers an alternative, malleable pathway to fearfulness in infancy. Through integration and extension of the extant literature, the proposed model aims to describe the origins and mechanisms of temperamental risk for anxiety, from which testable hypotheses can be drawn. Understanding the developmental origins of fearfulness may ultimately elucidate the processes through which mood disorders are transmitted from mother to child, as well as inform clinicians about processes that can be targeted to prevent the onset of childhood anxiety. I propose a deadline of 90 days following the final proposal approval.

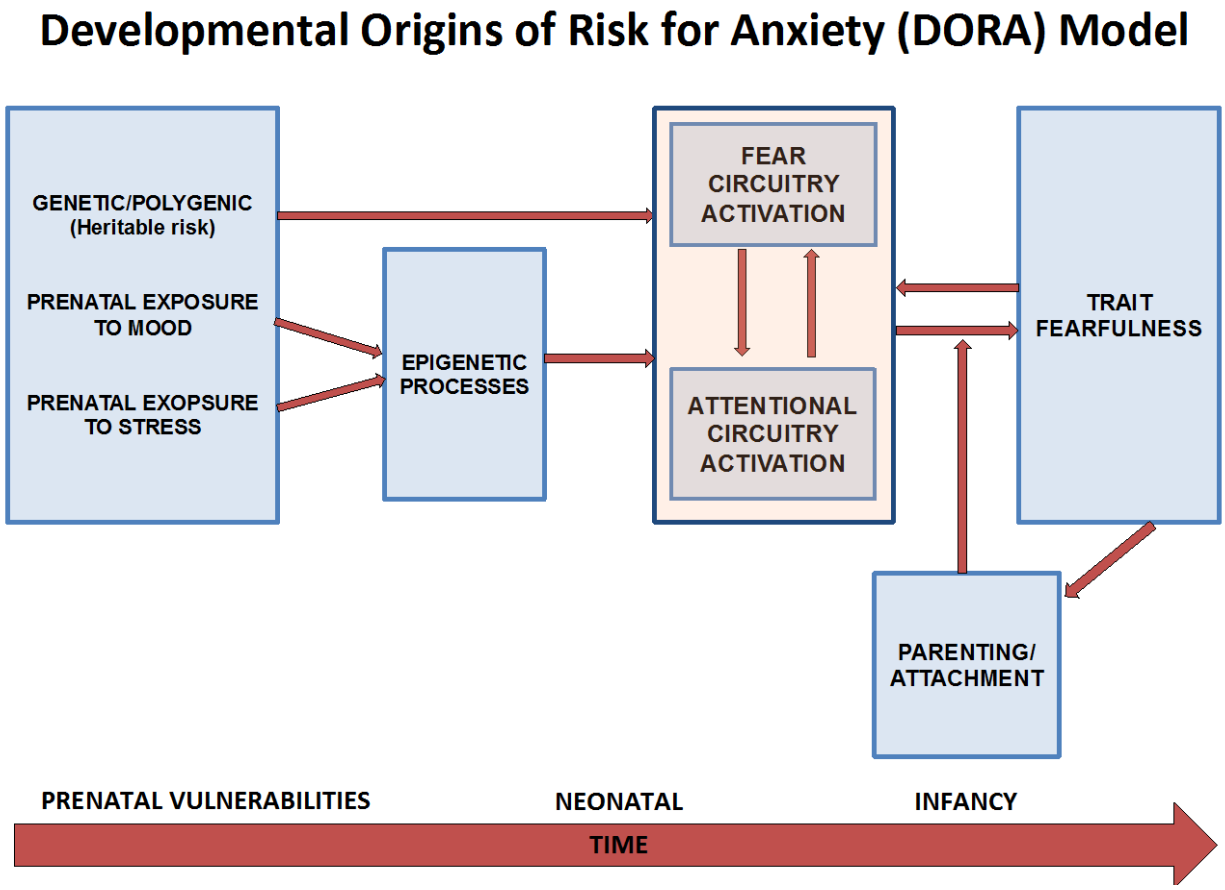

Figure 1. Proposed model of the developmental origins of risk for anxiety(DORA).

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Appendix M

Semester Documentation of Clinical Hours (Form)

Semester Documentation of Clinical Hours

Trainee's Name:_____ Semester and Year: _____

Site:_____ Hours per week: _____

Supervisor: _____

Please indicate the clinical experiences you have engaged in this semester and fill in the number of hours accrued and the population(s) served (e.g., older adults, adults, adolescents, children), as well as your experience working with diverse individuals or groups (broadly defined, including gender, gender identity

Face-to-Face Clinical Hours:	**Hours Accrued This Semester & Populations (e.g., Adults: 22, Adolescents: 14, etc.)**	**Describe the diversity characteristics of the populations you worked with and the approximate % of your hours with each (e.g., 70% white, 30% Black/African American, 20% LGBTQ, etc.)**
Individual Therapy		
Group Therapy		
Family Therapy		
Couples Therapy		
Assessment		
Consultation		
Program Evaluation		
Other:		
TOTAL INTERVENTION:		
TOTAL ASSESSMENT:		
# INTEGRATIVE REPORTS		

Support Activities	**Hours Accrued This Semester**
TOTAL HOURS	

Supervision Received	**Hours Accrued This Semester**

_____ _____

Trainee Signature Date

_____ _____

Supervisor Signature Date

Appendix N

APPIC Definitions of Intervention & Assessment Hours

Instructions > Psychological Assessment Experience

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PRINT CLOSE

This section is organized in 4 parts: Psychological Assessment Experience, Adult Assessment Instruments, Child and Adolescent Assessment Instruments, and Integrated Reports. Each of these sections is listed on the applicant checklist as well.

PSYCHOLOGICAL ASSESSMENT EXPERIENCE

In this section, you will summarize your **practicum** assessment experience in providing psycho diagnostic and neuropsychological assessments. You should provide the estimated total number of face-to-face client contact hours administering instruments and providing feedback to clients/patients. You should not include the activities of scoring and report writing, which should instead be included in the "Support Activities" section.

Do not include any practice administrations. Testing experience accrued while employed should not be included in this section and may instead be listed on a curriculum vita. You should only include instruments for which you administered the full test. Partial tests or administering only selected subtests are NOT to be included in this accounting. You should only count each administration once.

Integrated Psychological Testing Reports

In this section, provide the number of **integrated** psychological testing reports you have written for adults and the number written for children and adolescents. This section of the AAPI Online is used by those internship programs who are interested in knowing the amount of psychological testing and report writing that has been completed primarily by an applicant. This section should NOT include reports written from an interview that is only history-taking, a clinical interview, and/or only the completion of behavioral rating forms, where no additional psychological tests are administered. The definition of an integrated psychological testing report is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests. Please carefully review this explanation because it answers the question of what should be included in a report in order to have it satisfy the requirement of an integrated report.

ADULT ASSESSMENT INSTRUMENTS / CHILD AND ADOLESCENT ASSESSMENT INSTRUMENTS

In this section, you should indicate all psychological assessment instruments that you used as part of your **practicum** experiences with actual patients/clients (columns one and two) or research participants in a clinical study (column three) through November 1. If the person you assessed was not a client, patient, or clinical research participant, then you should not include this experience in this summary. Do not include any practice administrations.

You may include additional instruments (under “Other Measures”) for any tests not listed. You can include as many instruments as you would like.

For each instrument that you used, specify the following information:

1. **Number Clinically Administered/Scored:** The number of times that you both administered and scored the instrument in a clinical situation (i.e., with an actual client/patient).
2. **Number of Clinical Reports Written with this Measure:** The number of these instruments for which you also wrote a clinical interpretive report integrating data from each measure.
3. **Number Administered as Part of a Research Project:** The number of instruments that you administered as part of a research project

INTEGRATED REPORTS

In this section, provide the number of **integrated** psychological testing reports you have written for adults and the number written for children and adolescents. This section of the AAPI Online is used by those internship programs who are interested in knowing the amount of psychological testing and report writing that has been completed primarily by an applicant. This section should NOT include reports written from an interview that is only history-taking, a clinical interview, and/or only the completion of behavioral rating forms., where no additional psychological tests are administered. The definition of an integrated psychological testing report is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests. Please carefully review this explanation because it answers the question of what should be included in a report in order to have it satisfy the requirement of an integrated report.

Note: Make sure to save this section by selecting the save button

SAVE

↑ Top ↑

Instructions > Intervention Experience

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PRINT CLOSE

If you have a terminal master's degree, the first items in this section require you to indicate the degree type of the terminal master's and the area of study for this degree. If you fill out any experience under the terminal master's areas on this page, you must complete these items.

A “terminal master's” degree is defined as a degree that is earned from a program that is distinct from your current doctoral program. Thus, if you have earned a master's degree as part of your doctoral degree program, it is not considered to be a “terminal” master's degree.

In this section, you will be asked to report your practicum hours separately for (a) hours accrued in your doctoral program, and (b) hours accrued as part of a terminal master's experience in a mental health field. Hours accrued while earning a master's degree as part of a doctoral program should be counted as ***doctoral*** practicum hours and ***not*** terminal master's hours.

When counting practicum hours, you should consider the following important information and definitions:

1. You should only record hours for which you received formal academic training and credit or which were sanctioned by your graduate program as relevant training or work experiences (e.g., VA summer traineeship, clinical research positions, time spent in the same practicum setting after the official practicum has ended). Practicum hours must be supervised. Please consult with your academic training director to determine whether experiences are considered program sanctioned or not. The academic training director must be aware of and approve of the clinical activity. Academic credit is not a requirement in all cases. Other sections of this application will allow you an opportunity to summarize your supervision experiences, anticipated practicum experiences and support activities. Other relevant experience that does not fit into the above definition can be described on your Curriculum Vitae.

2. The experiences that you are summarizing in this section are professional activities that you have provided in the presence of a client. Telehealth, for the purposes of the AAPI, focuses on two-way, interactive videoconferencing as the modality by which telehealth services are provided. In order to count the hours delivered using this technology the focus of the clinical application should include diagnostic and therapeutic services. Clinical applications of telehealth encompass diagnostic, therapeutic, and forensic modalities across the lifespan. Common applications include pre-hospitalization assessment and post-hospital follow-up care, scheduled and urgent outpatient visits, psychotherapy and consultation. This does not include phone sessions or clinical supervision. All services must be appropriately supervised by a licensed clinician. Please note that not all states count these types of hours toward licensure and you should carefully review particular state regulations as needed.

3. A practicum hour is defined as a clock hour, not a semester/quarter hour. A 45-50 minute client/patient hour may be counted as one practicum hour.

4. You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that you feel best captures the experience. (For example, a Stress Management group might be classified as a group or as a Medical/Health-Related Intervention, but not both.) The categories are meant to be mutually exclusive; thus, any practicum hour should be counted only once.

5. Only include practicum experience accrued up to November 1 of the year in which you are applying for internship. You may describe the practicum experience that you anticipate accruing after November 1 in the section, “Summary of Doctoral Training.”

6. When calculating practicum hours, you should provide your best estimate of hours accrued or number of clients/patients seen. It is understood that you may not have the exact numbers available. Please round to the nearest whole number. Use your best judgment, in consultation with your academic training director, in quantifying your practicum experience.

7. Please report actual clock hours in direct service to clients/patients. Hours should not be counted in more than one category.

8. For the “Total hours face-to-face” columns, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours.

9. For the “# of different...” columns, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period for two hours per week counts as 20 hours and one (1) group. Groups may be closed or open membership; but, in either case, count the group as one group.

Note regarding the recording of “consultation” activities: Consultation activities may count as practicum hours only to the extent that this activity involves actual clinical intervention with Direct consultation with the client (e.g., individual, family, organization) or an agent of the client (e.g., parent, teacher) would be activity you would include in this “Intervention Experience” section. Consultation activities with other professionals regarding coordination of care (e.g., psychiatrist), without the client / patient present, should be counted in the “Support Activities” section.

Note: Make sure to save this section by selecting the save button

SAVE

↑ Top ↑

Appendix O

Sample CV with Updates for Yearly Evaluation (With New Additions Highlighted)

Available Upon Request from: jeanne.asay@psych.utah.edu

Appendix P

Departmental Program Progress Form

(Now Completed Online, Form Provided for Reference)

Graduate Student Self-Assessment and Progress Report

Q3 **1. Name:**
Q5 **2. Area:**
Q6 **3. Year in program:**
Q7 **4. Date expected / completed for...**

	Date (1)	On Track? (Yes / No) (2)
1) Master's proposal (1)		
2) Master's defense (2)		
3) Pre-doctoral projects / exam begun (3)		
4) Pre-doctoral projects / exams completed (4)		
5) Dissertation proposal (5)		
6) Dissertation defense (6)		
7) Other (Area Specific) (7)		

Q8 **5. If you are not on track for any of the above, what is your specific plan and timeline for getting back on track?**

_____

_____

Q9 **6. Please list any publications, conference presentations, or honors / awards in the prior year:**

_____

_____

Q10 **7. Please list other accomplishments of which you are most proud over the previous year:**

_____

_____

Q11 **8. Please summarize your specific progress/accomplishments regarding your Masters or dissertation:**

_____

_____

Q12 **9. List your coursework over the previous year and your grades:**

_____

_____

Q13 **10. Please list courses that you have taught.**

_____

_____

Q2
Assess Your Proficiency in the Following Areas

Q16
1 = drastic improvement needed
2 = foundation laid, but much more direct experience necessary
3 = solid competence; needs fine-tuning
4 = highly proficient; maintain current skill level **N/A = not applicable**

Q17 **11. Development of expertise with specific CONTENT areas (for example, "dynamical systems theory" or "child psychopathology"), needed for successful completion of your Ph.D.. List content areas IN ORDER OF PRIORITY. Do not include methodologies or statistics.**

		Proficiency			
	Content Area (1)	1 (1)	2 (2)	3 (3)	4 (4)
Area 1 (1)		○	○	○	○
Area 2 (2)		○	○	○	○
Area 3 (3)		○	○	○	○

	1 (1)	2 (2)	3 (3)	4 (4)	N/A (5)
Critically evaluating research articles. (1)	○	○	○	○	○
Coming up with original research questions. (2)	○	○	○	○	○
Translating research questions into testable hypotheses. (3)	○	○	○	○	○
Basic regression and ANOVA. (4)	○	○	○	○	○
Multivariate statistics. (5)	○	○	○	○	○
Hierarchical linear modeling and other mixed modeling. (6)	○	○	○	○	○
Structural equation modeling. (7)	○	○	○	○	○
Growth curve modeling. (8)	○	○	○	○	○
Power calculations. (9)	○	○	○	○	○
Additional statistical techniques: (10)	○	○	○	○	○
Additional statistical techniques: (11)	○	○	○	○	○
Identifying the right technique to use. (12)	○	○	○	○	○
Using SPSS (including syntax). (13)	○	○	○	○	○
Using other statistical program: (14)	○	○	○	○	○

Using other statistical program: (15)	○	○	○	○	○
Screening and cleaning data. (16)	○	○	○	○	○
Handling missing data. (17)	○	○	○	○	○
Experimental design. (18)	○	○	○	○	○

Q24

1 = drastic improvement needed
2 = foundation laid, but much more direct experience necessary
3 = solid competence; needs fine-tuning
4 = highly proficient; maintain current skill level **N/A = not applicable**

Q20 **13. Specific Methodologies (i.e., fMRI, SASB coding, cardiac impedance). List in order of importance.**

	1 (1)	2 (2)	3 (3)	4 (4)	N/A (5)
1: (1)	○	○	○	○	○
2: (2)	○	○	○	○	○
3: (3)	○	○	○	○	○
4: (4)	○	○	○	○	○
5: (5)	○	○	○	○	○
6: (6)	○	○	○	○	○

Q25
1 = drastic improvement needed
2 = foundation laid, but much more direct experience necessary
3 = **solid competence; needs fine-tuning**
4 = highly proficient; maintain current skill level
N/A = not applicable

Q22 **14. Writing**

	1 (1)	2 (2)	3 (3)	4 (4)	N/A (5)
Basic writing style (sentence and paragraph structure, etc.). (1)	○	○	○	○	○
Mastering the style of scientific writing. (2)	○	○	○	○	○
Mastering the style of grant (proposal) writing. (3)	○	○	○	○	○
Revising in response to feedback. (4)	○	○	○	○	○
Sticking to a writing schedule. (5)	○	○	○	○	○
Meeting writing deadlines. (6)	○	○	○	○	○
Juggling multiple writing projects. (7)	○	○	○	○	○
Managing co-authorship. (8)	○	○	○	○	○
Providing feedback on others' writing. (9)	○	○	○	○	○

Q30
1 = drastic improvement needed
2 = foundation laid, but much more direct experience necessary
3 = solid competence; needs fine-tuning
4 = highly proficient; maintain current skill level
N/A = not applicable

Q26 **15. Responsible and Professional Conduct of Research**

	1 (1)	2 (2)	3 (3)	4 (4)	N/A (5)
Writing consent and debriefing forms. (1)	○	○	○	○	○
Managing IRB submissions, renewals, amendments. (2)	○	○	○	○	○
Identifying and minimizing risks to research participants. (3)	○	○	○	○	○
Fair distribution of responsibilities and authorship in collaborations. (4)	○	○	○	○	○
Setting and maintaining priorities. (5)	○	○	○	○	○
Time management. (6)	○	○	○	○	○

Q31
1 = drastic improvement needed
2 = foundation laid, but much more direct experience necessary
3 = solid competence; needs fine-tuning
4 = highly proficient; maintain current skill level
N/A = not applicable

Q28 **16. Oral Presentation and Teaching**

	1 (1)	2 (2)	3 (3)	4 (4)	N/A (5)
Designing an oral presentation, poster presentation or lecture. (1)	○	○	○	○	○
Comfort with oral delivery. (2)	○	○	○	○	○
Responding to questions. (3)	○	○	○	○	○
Writing exams. (4)	○	○	○	○	○
Grading student papers. (5)	○	○	○	○	○
Selecting readings and supplementary materials for a course. (6)	○	○	○	○	○
Designing new courses. (7)	○	○	○	○	○
Teaching online. (8)	○	○	○	○	○

Q32
1 = drastic improvement needed
2 = foundation laid, but much more direct experience necessary
3 = solid competence; needs fine-tuning
4 = highly proficient; maintain current skill level
N/A = not applicable

Q27 **17. Interpersonal Skills and Professionalism**

	1 (1)	2 (2)	3 (3)	4 (4)	N/A (5)
Communicating effectively with your mentor and committee members. (1)	○	○	○	○	○
Communicating effectively with students and RAs under your responsibility. (2)	○	○	○	○	○
Taking constructive criticism. (3)	○	○	○	○	○
Providing constructive criticism. (4)	○	○	○	○	○
Managing relationships with collaborators and colleagues. (5)	○	○	○	○	○
Resolving conflicts. (6)	○	○	○	○	○
Sensitivity to diversity (in the classroom, in the laboratory, in the department) (7)	○	○	○	○	○
Seeking help and guidance when needed. (8)	○	○	○	○	○
Providing help and guidance when needed. (9)	○	○	○	○	○
Leading and motivating others. (10)	○	○	○	○	○

Q33
1 = drastic improvement needed
2 = foundation laid, but much more direct experience necessary
3 = solid competence; needs fine-tuning
4 = highly proficient; maintain current skill level
N/A = not applicable

Q29 **18. Additional Skills (for clinical students, this can include clinical goals)**

	1 (1)	2 (2)	3 (3)	4 (4)	N/A (5)
1 (1)	○	○	○	○	○
2 (2)	○	○	○	○	○
3 (3)	○	○	○	○	○
4 (4)	○	○	○	○	○
5 (5)	○	○	○	○	○
6 (6)	○	○	○	○	○

Q34 **19. Of the above areas, which are your most important priorities for the coming year?**

Q35 **20. Of the above areas, which have proved most challenging or given you unexpected difficulties?**

Q36 **21. Outline the specific steps that you will take in the coming year to address your priorities as outlined above. This might include additional consultation with your advisor or other faculty members, seeking a writing tutor, additional coursework, volunteering time in another laboratory, attending a specific conference. IDENTIFY A TIME GOAL FOR EACH AREA.**

Q37 **22. Distribution of effort: Roughly chart the percentage of time that you have spent in the previous year devoted to the following activities:**

7. 1) Coursework : _____ (1)

8. 2) Research activities : _____ (2)

9. 3) Writing (thesis, proposal, publication, grants) : _____ (3)

10. 4) Teaching : _____ (4)

11. 5) Skill development (outside of coursework) : _____ (5)

12. 6) Professional activity (conferences, networking, service) : _____ (6)

13. 7) Clinical work : _____ (7)

14. 8) Departmental or University service : _____ (8)

Total : _____

Q38 **23. Are you satisfied with the distribution of your effort? If not, why not? If you would like it to change next year, please outline what specifically should change, and how you plan to accommodate these changes (i.e., if you want to increase the allotment to one area, you will need to decrease it for another).**

Q39 **24. Please list specific obstacles that have impeded your progress in the previous year (i.e., too much time spent preparing courses, poor time management, writer's block, etc.).**

Q40 **25. Please outline the specific steps you will take in the coming year to eliminate these obstacles.**
IDENTIFY A TIME GOAL FOR EACH STEP.

Q41 **26. Please list any areas or obstacles for which you think that you would benefit from additional guidance, or in which you feel "stuck" and are not sure how to proceed. Be as specific as possible, so that we can identify the best way to assist you.**

Q42 **Reminders:** If your advisor does not usually provide a year-end discussion, feel free to request a meeting to review the information you've provided here. Clinical area also asks for an updated CV. **On the next screen, select "Download pdf" and send a copy to your advisor and Nancy. **Expand any long responses by clicking and dragging the lower right corner of the response box in the preview *before* clicking "Download pdf."**

Please click Continue to SUBMIT your responses.

End of Block: Default Question Block

Appendix Q

The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs[1]

Overview and Rationale

Professional psychologists are expected to demonstrate competence within and across a number of different but interrelated dimensions. Programs that educate and train professional psychologists also strive to protect the public and profession. Therefore, faculty, training staff, supervisors, and administrators in such programs have a duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development, and functioning.

It is important for students and trainees to understand and appreciate that academic competence in professional psychology programs (e.g., doctoral, internship, postdoctoral) is defined and evaluated comprehensively. Specifically, in addition to performance in coursework, seminars, scholarship, comprehensive examinations, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) will also be evaluated. Such comprehensive evaluation is necessary in order for faculty, training staff, and supervisors to appraise the entire range of academic performance, development, and functioning of their student-trainees. This model policy attempts to disclose and make these expectations explicit for student-trainees prior to program entry and at the outset of education and training.

In response to these issues, the Council of Chairs of Training Councils (CCTC) has developed the following model policy that doctoral, internship, and postdoctoral training programs in psychology may use in their respective program handbooks and other written materials.[2] This policy was developed in consultation with CCTC member organizations, and is consistent with a range of oversight, professional, ethical, and licensure guidelines and procedures that are relevant to processes of training, practice, and the assessment of competence within professional psychology (e.g., the Association of State and Provincial Psychology Boards, 2004; Competencies 2002: Future Directions in Education and Credentialing in Professional Psychology; Ethical Principles of Psychologists and Code of Conduct, 2003; Guidelines and Principles for Accreditation of Programs in Professional Psychology, 2003; Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists, 2002).

Model Policy

Students and trainees in professional psychology programs (at the doctoral, internship, or postdoctoral level) should know—prior to program entry, and at the outset of training—that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainee's knowledge or skills may be assessed (including, but not limited to, emotional stability and well-being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible—that the student-trainees who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner.

Because of this commitment, and within the parameters of their administrative authority, professional psychology education and training programs, faculty, training staff, supervisors, and administrators strive not to

advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and faculty, students and trainees should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than, and in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements.

These evaluative areas include, but are not limited to, demonstration of sufficient:

(a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);

(b) self- awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);

(c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and

(d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts in which evaluation would appropriately occur (e.g., coursework, practica, supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a student-trainee's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student-trainee, (b) raises questions of an ethical nature, (c) represents a risk to public safety, or (d) damages the representation of psychology to the profession or public, appropriate representatives of the program may review such conduct within the context of the program's evaluation processes.

Although the purpose of this policy is to inform students and trainees that evaluation will occur in these areas, it should also be emphasized that a program's evaluation processes and content should typically include: (a) information regarding evaluation processes and standards (e.g. Procedures should be consistent and content verifiable); (b) information regarding the primary purpose of evaluation (e.g., to facilitate student or trainee development; to enhance self-awareness, self- reflection, and self-assessment; to emphasize strengths as well as areas for improvement; to assist in the development of remediation plans when necessary); (c) more than one source of information regarding the evaluative area(s) in question (e.g., across supervisors and settings); and (d) opportunities for remediation, provided that faculty, training staff, or supervisors conclude that satisfactory remediation is possible for a given student-trainee. Finally, the criteria, methods, and processes through which student-trainees will be evaluated should be clearly specified in a program's handbook, which should also include information regarding due process policies and procedures (e.g., including, but not limited to, review of a program's evaluation processes and decisions).

[1]This document was developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC) (https://www.cctcpsychology.org/) and approved by the CCTC on March 25, 2004. Impetus for this document arose from the need, identified by a number of CCTC members that programs in professional psychology needed to clarify for themselves and their student-trainees that the comprehensive academic evaluation of student-trainee competence includes the evaluation of intrapersonal, interpersonal, and professional development and functioning. Because this crucial aspect of academic competency had not heretofore been well addressed by the profession of psychology, CCTC approved the establishment of a "Student Competence Task Force" to examine these issues and develop proposed language. This document was developed during 2003 and 2004 by a 17-member task force comprised of representatives from the various CCTC training councils. Individuals with particular knowledge of scholarship related to the evaluation of competency as well as relevant ethical and legal expertise were represented on this task force. The initial draft of this document was developed by the task force and distributed to all of the training councils represented on CCTC. Feedback was subsequently received from multiple perspectives and constituencies (e.g., student, doctoral, internship), and incorporated into this document, which was edited a final time by the task force and distributed to the CCTC for discussion. This document was approved by consensus at the 3/25/04 meeting of the CCTC with the following clarifications: (a) training councils or programs that adopt this "model policy" do so on a voluntary basis (i.e., it is not a "mandated" policy from CCTC); (b) should a training councilor program choose to adopt this "model policy" in whole or in part, an opportunity should be provided to student-trainees to consent to this policy prior to entering a training program; (c) student-trainees should know that information relevant to the evaluation of competence as specified in this document may not be privileged information between the student-trainee and the program and/or appropriate representatives of the program.

[2]A copy of The Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs document can be downloaded here: https://pr4tb8rrj317wdwt3xlafg2p-wpengine.netdna-ssl.com/wp-content/uploads/2014/08/NCSPP-CCTC-model-Student-Competency.pdf

Appendix R

APA Ethical Principles Of Psychologists And Code Of Conduct

American Psychological Association

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002
Effective June 1, 2003
(With the 2010 Amendments to Introduction and Applicability and Standards 1.02 and 1.03, Effective June 1, 2010)

With the 2016 Amendment to Standard 3.04
Adopted August 3, 2016
Effective January 1, 2017

AMERICAN PSYCHOLOGICAL ASSOCIATION

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002
Effective June 1, 2003
(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04
Adopted August 3, 2016
Effective January 1, 2017

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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AMENDMENTS TO THE 2002 "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT" IN 2010 AND 2016

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A-E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, http://www.apa.org/ethics. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereto, as follows:

American Psychological Association. (1953). *Ethical standards of psychologists.* Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist, 14,* 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist, 18,* 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist, 23,* 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor,* 22-23.

American Psychological Association. (1979). *Ethical standards of psychologists.* Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist, 36,* 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist, 45,* 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist, 47,* 1597-1611.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060-1073.

American Psychological Association. (2010). 2010 amendments to the 2002 *"Ethical Principles of Psychologists and Code of Conduct." American Psychologist, 65,* 493.

American Psychological Association. (2016). Revision of ethical standard 3.04 of the *"Ethical Principles of Psychologists and Code of Conduct"* (2002, as amended 2010). *American Psychologist, 71,* 900.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

The modifiers used in some of the standards of this Ethics Code (*e.g., reasonably, appropriate, potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of

psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating with Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intima-

cies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,

they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter with Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-

ed duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on informa-

tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data.* Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

AMENDMENTS TO THE 2002 "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT" IN 2010 AND 2016

2010 Amendments

Introduction and Applicability

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority~~ in keeping with basic principles of human rights.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority,~~ Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and ~~to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.~~ take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

2016 Amendment

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

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Appendix S

Sample Competency Evaluation Forms for Practica, Traineeship, & Advisors

Traineeship Student Competency Evaluation Form 2020

Does your strategy for evaluating this student's practicum experience include direct observation, as is required by our accrediting body? (Live supervision and/or video/audio recordings are considered direct observation.)

- Yes (1)
- No (2)

Name of Supervisor Conducting Evaluation:
Please indicate your credentials (e.g., Ph.D. ABPP) and licensure number with your name (i.e., Super Supervisor, Ph.D. TX license #555).

Supervisor's Email Address:

_____

Email Address of Trainee (they will be sent a copy of this evaluation):

_____

Rating Scale:

- **Performance falls below expected level (not appropriate for traineeship)**
- **Demonstrating level-appropriate development, but does not yet fully meet expectations for traineeship (not yet ready for predoctoral internship)**
- **Meets expectations for traineeship (ready to enter predoctoral internship)**
- **Well-Developed Competence (ready for entry into practice)**
- **Not applicable; no opportunity to assess**

I. Professionalism

In the next section, you are being asked to rate the trainee's competencies related to the **Professional Values and Attitudes** that are expected of someone at their level of training.

The areas in which you will be rating the trainee include integrity, deportment, accountability, concern for the welfare of others, and professional identity.

1A. Trainee is honest, personally responsible, and adheres to professional values expected of a developing psychologist.

1B. Trainee engages in professionally appropriate communication and professional conduct.

1C. Trainee accepts personal responsibility for own actions, completes required activities (e.g., documentation) promptly and accurately, meets deadlines, makes self available, etc.

1D. Trainee acts to safeguard the welfare of others, demonstrates compassion, and displays respect in interactions with others.

1E. Trainee displays emerging professional identity as a psychologist and uses resources (e.g., supervision, literature) for professional development.

II. Cultural Diversity & Individual Differences

In the next section, you are being asked to rate the trainee in competencies related to Individual and Cultural Diversity, including awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy. For the purpose of these ratings, diversity is defined as cultural, individual, and role differences including those based on age, gender, gender identity, race, ethnicity, cultural, national origin, religion, sexual orientation, disability, language, and socioeconomic status.

2A. Trainee monitors and applies knowledge of self as a cultural being in clinical activities and initiates supervision about diversity issues.

2B. Trainee applies knowledge of others as cultural beings in clinical activities, demonstrates that others may have multiple cultural identities, and initiates supervision about diversity issues with others.

2C. Trainee understands the role that diversity may play in interactions with others and seeks supervision around these issues.

2D. Trainee understands the role of individual and cultural diversity in clinical interactions and uses this knowledge to work effectively with diverse others.

III. Ethical & Legal Standards:

In the next section, you are being asked to rate the trainee on competencies related to Ethical and Legal Standards and Policy, including the application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

3A. Trainee demonstrates an intermediate level of knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules,

and regulations.

3B. Trainee demonstrates an ethical decision-making model when discussing cases in supervision, identifies ethical implications in cases, and understands the ethical elements present in ethical dilemmas or questions.

3C. Trainee is able to articulate knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues and integrates own moral principles/ethical values into professional conduct.

IV. Reflective Practice & Self-Care

In the next section, you are being asked to rate the trainee on competencies related to Reflective Practice, Self-Assessment, and Self-Care, including practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; and with appropriate self-care.

4A. Trainee displays self-awareness, utilizes self-monitoring, engages in reflection regarding professional practice, and uses resources such as supervision to enhance reflectivity. For example the trainee recognizes the impact of self on others, is able to describe how others experience him/her, reviews own professional performance with supervisors, and displays ability to adjust professional performance as situations require.

4B. Trainee demonstrates accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and seeks to further professional growth.

4C. Trainee engages in appropriate self-care and understands the central role of self-care and effective practice.

4D. Trainee effectively participates in supervision.

V. Relationships

In the next section, you are being asked to rate the trainee on competencies related to **Relationships**, including the ability to relate effectively and meaningfully with individuals, groups, and/or communities as well as affective and expressive skills.

5A. Trainee forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines.

5B. Trainee negotiates differences and handles conflict satisfactorily, provides effective feedback to others and receives feedback non-defensively.

5C. Trainee communicates clearly using verbal, nonverbal and written skills and demonstrates clear understanding and use of professional language.

VI. Scientific Knowledge & Methods

In the next section, you are being asked to rate the trainee on competencies related to **scientific knowledge** related to professional practice.

6A. Trainee values and applies scientific knowledge and methods to professional practice.

6B. Trainee demonstrates intermediate level knowledge of the scientific bases of behavior as they relate to clinical activities.

6C. Trainee demonstrates knowledge, understanding, and application of the concept of evidence-based practice.

VII. Research/Evaluation

7A. Trainee demonstrates knowledge of the application of scientific methods for evaluating practices, interventions, and programs.

VIII. Evidence-Based Practice

In the next section, you are being asked to rate the trainee on competencies related to evidence-based practice, assessment, intervention, and consultation.

8A. Trainee demonstrates knowledge of evidence-based interventions, the ability to select interventions and assessment tools for different problems and populations, and creates

8B. Trainee selects assessment measures with attention to issues of reliability and validity.

8C. Trainee demonstrates intermediate level ability to accurately select, administer, score and interpret assessment tools with client populations and collects accurate and relevant information from structured and semi-structured interviews and/or mental status exams.

8D. Trainee selects appropriate assessment measures to answer diagnostic questions.

8E. Trainee applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity.

8F. Trainee utilizes systematic approaches for gathering data to inform clinical decision making.

8G. Student writes assessment reports and progress notes and communicates assessment findings verbally to clients.

8H. Trainee formulates and conceptualizes cases and plans interventions utilizing a stated theoretical orientation.

8I. Trainee demonstrates level-appropriate clinical skills including developing rapport with clients, developing working therapeutic relationships, and demonstrates appropriate judgement about when to consult supervisor.

8J. Trainee implements evidence-based interventions.

8K. Trainee evaluates treatment progress and modifies treatment planning as indicated, using established outcome measures (as appropriate).

IX. Consultation:

9A. Trainee demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist).

9B. Trainee demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions.

X. Interdisciplinary Systems

In the next section, you are being asked to rate the trainee's competencies related to functioning within **Interdisciplinary Systems,** including his/her ability to identify and interact with professionals in multiple disciplines and Advocacy, including engaging in actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.

10A. The trainee understands and respects the role of other professions in patient care.

10B. Trainee demonstrates knowledge of how interdisciplinary collaboration can improve patient outcomes.

10C. Trainee communicates effectively with professionals from other disciplines/professions.

XI. Management/Administration

11A. Trainee responds appropriately to managers, manages the direct delivery of services under supervision (e.g., scheduling, billing, maintenance of records).

11B. Trainee understands organizational policies and procedures, completes reports and other assignments promptly, complies with record-keeping guidelines.

11C. Trainee understands the agency's mission and purpose and its connection to goals and objectives and implements processes to accomplish those goals/objectives.

XII: Advocacy:

12A. Trainee identifies specific barriers to client improvement (e.g., lack of access to resources) and assists the client in self-advocacy plans.

12B. Trainee advocates for clients by identifying target issues/agencies most relevant to specific issues and demonstrates understanding of appropriate boundaries and times to advocate on behalf of clients.

Appendix T:

Psychological Services Available to Graduate Students

Many students who are working toward a doctoral degree in clinical psychology seek psychological services at some point during their graduate school career. The clinical program encourages students to pursue this opportunity for self-growth and self-knowledge, as well as maintenance of emotional well-being. The clinical faculty have assembled a list of clinicians who have indicated an interest in working with graduate students and a willingness to work at a reduced fee. The specifics of any given therapist's fee and availability must be established via direct contact. The faculty are not necessarily endorsing any particular therapist, but students should know that everyone on the list is a respected member of the professional community. Students should be aware of the fact that some of the people on the list provide supervision to students through practica and traineeships. Therefore, students may choose to avoid therapists who they would like to have as a supervisor at some point in their training.

- Robert Cook, Ph.D. 435-753-0272
- James. D. Gill, Ph.D.801-584-2126
- Valerie Hale, Ph.D.801-485-0400
- Nan Klein, Ph.D. 801-350-0116
- Jim Kahn, Ph.D. 801-587-3227
- Mitch Koles, Ph.D. 801-350-0121
- Michael Rigdon, Ph.D. 801-581-6004
- Katy O'Banion, Ph.D. 801-266-0342
- Jim Poulton,Ph.D., 801-350-0117
- Jill Sanders, Ph.D., 801-263-3335

Alternatively, students can be seen at any of the following resources for psychotherapy on campus. However, because students in the Clinical Program maybe part of the clinical team in these clinics, extra steps may be needed to protect confidentiality. If and when students call any of the following places to make an appointment, they should let the intake person (or the clinical director) know that (a) they are a graduate student in clinical psychology and (b) would like to receive services in a way that protects their confidentiality.

University of Utah Counseling Center
Student Services Building

201 South 1460 East Room 426

Clinical Director (contact person): Dr. Lois Huebner Office: (801) 581-6826

The Women's Resource Center

A. Ray Olpin University Union in Room 293.

Kristy Bartley is the Clinical Director: 801-581-8030

Family and Preventive Medicine Clinic

Department of Family and Preventive Medicine U of U School of Medicine

375 Chipeta Way, Suite A

Administrative Assistant: Julia Smith: 581-6004

Appendix U

UNIVERSITY OF UTAH CLINICAL PSYCHOLOGY TRAINING PROGRAM
SUPERVISION ACKNOWLEDGEMENT FORM
for
TRAINEESHIPS

UNIVERSITY OF UTAH CLINICAL PSYCHOLOGY TRAINING PROGRAM
SUPERVISION AGREEMENT
for
TRAINEESHIP TRAINING

The goal of this agreement is to provide clarity on the nature of a clinical training experience. This is not a legal document, but is required by the University of Utah's Department of Psychology for all Clinical Psychology PhD students. This agreement must be updated annually or in the event of a change in the nature of the clinical experience.

PLEASE FILL OUT <u>COMPLETELY</u>:

Date: _____

Trainee: _____ Phone: _____

Facility: _____

Traineeship Supervisor: _____

Email: _____ Phone: _____

Clinical Program Traineeship Coordinator: _____

Email: _____ Phone: _____

The letter of agreement pertains to a Traineeship Agreement between the Trainee, the Facility and the Clinical Program for the period _____ to _____ (1 year maximum).
(MM/DD/YY) (MM/DD/YY)

Expectations of the Trainee: The Trainee will be expected to be involved in the following clinical services:
_____
_____
_____

The Trainee will be expected to be available the following days, times, and/or number of hours:
_____
_____
_____

Expectations of the Supervisor: The Supervisor will complete an evaluation at the end of each semester of the traineeship experience. This evaluation is to be reviewed and discussed with the Trainee, and must be based on direct observation of the Trainee's services that occurs at least once per evaluation period (i.e., live observation, video streaming/recording, or audio recording). The supervisor provides weekly supervision to the trainee.

During the _____ Semester, 20___, it is agreed that the trainee will spend ___ hours per _____ in training and service duties, as part of fulfillment of _____ credits in Psychology Course # 6910.
It is agreed that the Trainee has the option to be involved in the following additional activities:

_____
_____

For students at Utah State Hospital, signing this form confirms that you have read the Utah State Hospital training agreement.

This agreement may be revised at any time, if it proves unsatisfactory, with the consent of Trainee, the Traineeship Supervisor, the Traineeship Coordinator, and (for students at VA rotations) the VA Practicum Coordinator.

Trainee	(date)	Traineeship Supervisor	(date)
Traineeship Coordinator	(date)	VA Practicum Coordinator (only required for students at VA)	(date)

Appendix V

Policy Statement Related to Working with Diverse Populations

In our APA-accredited program we are committed to a training process that ensures that graduate students develop the knowledge, skills, and attitudes to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. In keeping with the APA Ethics Code (APA, 2010) and the Guidelines and Principles for the Accreditation of Professional Psychology Programs of the APA's Commission on Accreditation (APA, 2012), we are dedicated to providing an inclusive and welcoming environment for all members of our community. Consistent with this principle, our program requires that trainers and trainees do not discriminate on the basis of age, sex, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, military/veteran status, or socioeconomic status in our teaching, research, or the services provided in our practica and traineeship sites.

Because students will have to navigate issues due to differences in beliefs or values in many situations in their future careers, the program has a responsibility to prepare students to do so in a safe and ethical manner. The program will respectfully work with students as they learn how to effectively practice with a broad range of clients, students, research participants, and colleagues. Thus, students should expect to be given assignments that may present challenges for them at some point in training.

For some trainees, integrating personal beliefs or values with professional competence in working with others may require additional time and faculty support. However, ultimately, to complete our program successfully, all graduate students must be able to work with any client, student, research participant, or colleague in a beneficial and non-injurious manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular populations or to refuse to develop certain professional competencies because of conflicts with their attitudes, beliefs, or values.

Should graduate students' attitudes, beliefs, or values create tensions that negatively impact the training process or their ability to effectively treat members of the public, the program faculty and supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all persons.

Appendix W

Student Evaluation of Traineeship

(Now Completed Online)

A sample form is available from: jordan.rullo@psych.utah.edu

Appendix X

Research Presentation Evaluation Form

Research Presentation Evaluation Form

Name of Student:	**Date:**
Title of Presentation:	
Presentation Venue:	
Name & Credentials of Rater:	
Overall Quality of Presentation: (Flow, Content, Preparation, Oral/Speech, Mastery of Material)	**SCORE**
Problems with flow or ordering of information; excessive or insufficient information and/or major project elements missing; poor quality visuals and/or reading of most slides; major problems with volume or rate of speech; presentation demonstrates lack of preparation and/or poor mastery of material.	0
Presentation is clear and flows logically from one topic to the next; any project details missing are minor; presentation is well prepared and rehearsed; acceptable quality of visuals; rarely reads from slides; acceptable rate and volume of speech; demonstrates mastery of all major areas with only minor concerns.	1
Presentation is clear and flows logically from one topic to the next; all major project elements presented; presentation is well prepared and rehearsed; high quality visuals; references but does not read from slides; clearly demonstrates mastery of material across all areas	2
Question/Answer Period:	
Unable to properly answer multiple questions, even with scaffolding/help	0
Satisfactory answers to questions, scaffolding/help only needed with a few difficult questions	1
Easily handles even difficult questions	2
No Question/Answer Period	NA

Comments:

Grading Rubric & Minimum Level of Achievement Required to Demonstrate Competency:

Students must earn a score of 1 or greater on both domains (unless NA) from a majority of raters. Numerical scores correspond to the following competency levels:

0 = Does not meet expectations for level of training

1 = Meets expectations for level of training (satisfactory)

2 = Exceeds expectations for level of training (exemplary performance)

Appendix Y

University of Utah Guidelines for Use of Social Media

Many students use various forms of social media, including but not limited to wikis, blogs, list serves, fora, websites, and social networking sites. When using social media, students are expected to act with courtesy and respect toward others.

Regardless of where or when they make use of these media, students are responsible for the content they post or promote. Students may be subject to action by the University for posting or promoting content that substantially disrupts or materially interferes with University activities or that might lead University authorities to reasonably foresee substantial disruption or material interference with University activities. This action may be taken based on behavioral misconduct, academic performance, academic misconduct, or professional misconduct, and may range from a reprimand or failing grade to dismissal from a program or the University.

Students should be aware that unwise or inappropriate use of social media can negatively impact educational and career opportunities. To avoid these negative impacts, students should consider the following:

- Post content that reflects positively on you and the University. Be aware not only of the content that you post, but of any content that you host (e.g., comments posted by others on your site). Content you host can have the same effect as content you post.
- Though you may only intend a small group to see what you post, a much larger group may actually see your post. Be aware that your statements may be offensive to others, including classmates or faculty members who may read what you post.
- Employers and others may use social media to evaluate applicants. Choosing to post distasteful, immature, or offensive content may eliminate job or other opportunities.
- Once you have posted something via social media, it is out of your control. Others may see it, repost it, save it, forward it to others, etc. Retracting content after you have posted it is practically impossible.
- If you post content concerning the University, make it clear that you do not represent the University and that the content you are posting does not represent the views of the University.
- Make sure the content you post is in harmony with the ethical or other codes of your program and field. In certain circumstances, your program may have made these codes binding on you, and violations may result in action against you.
- If you are in a program that involves confidential information, do not disclose this information. The University may take action against you for disclosures of confidential information.
- Realize that you may be subject to action by the University for posting or promoting content that substantially disrupts or materially interferes with University activities or that might lead University authorities to reasonably foresee substantial disruption or material interference with University activities. This action may be taken based on behavioral misconduct, academic performance, academic misconduct, or professional misconduct, and may range from a reprimand or failing grade to dismissal from a program or the University.

Appendix Z

Statement of Understanding Regarding Ethics, Diversity, & Social Media

UNIVERSITY OF UTAH CLINICAL PSYCHOLOGY PROGRAM

Statement of Understanding Regarding Ethics, Diversity, & Social Media

I_____have read the University of Utah Clinical Student Handbook,
Print Name

including the *APA Ethical Principles of Psychologists and Code of Conduct*, the *University of Utah Guidelines for the Use of Social Media*, and the *University of Utah Clinical Psychology Program Policies Related to Working with Diverse Populations*.

I understand these policies and procedures and will abide by them throughout my graduate studies at the University of Utah.

_____ _____

Signature of Student Date

Competencies Codebook (Early Career Alumni)

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.

Does Not Meet Expectations	Pre-internship Level	Internship Level	Readiness For Entry To Practice
1A. Integrity - Honesty, personal responsibility and adherence to professional values			
Examples: • Failure to complete assigned or routine tasks during clinic on call hours • Failure to complete required trainings (e.g., HIPPA) and orientations	**Understands professional values; honest, responsible** Examples: • Demonstrates honesty, even in difficult situations • Takes responsibility for own actions • Demonstrates ethical behavior and basic knowledge of APA Ethical Principles and Code of Conduct	**Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values** Examples: • Identifies situations that challenge professional values, and seeks faculty/supervisor guidance as needed • Demonstrates ability to discuss failures and lapses in adherence to professional values with supervisors/faculty as appropriate	**Monitors and independently resolves situations that challenge professional values and integrity** Examples: • Takes independent action to correct situations that are in conflict with professional values • Addresses situations that challenge professional values
1B. Deportment			
Examples: • Not presenting for on call hours or other professional duties in professional attire with appropriate hygiene • Discussing client(s) information in public areas • Discussion of client(s) in unprofessional terms or with disrespect for individual differences	**Understands how to conduct oneself in a professional manner** Examples: • Demonstrates appropriate personal hygiene and attire • Distinguishes between appropriate and inappropriate language and demeanor in professional contexts	**Communication and physical conduct (including attire) is professionally appropriate, across different settings** Examples: • Demonstrates awareness of the impact behavior has on client, public and profession • Utilizes appropriate language and demeanor in professional communications	**Conducts self in a professional manner across settings and situations** Examples: • Verbal and nonverbal communications are appropriate to the professional context, including in challenging interactions • Flexibly shifts demeanor to effectively meet requirements of professional situation and enhance outcomes

Professional Values and Attitudes continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
1C. Accountability			
Examples: • Failure to complete required observation or client contact hours and notes or reports in a timely manner • Failure to maintain responsibility in scheduling rooms and/or resources both when initiating scheduling and when changes are needed	**Accountable and reliable** Examples: • Turns in assignments in accordance with established deadlines • Demonstrates personal organization skills • Plans and organizes own workload • Follows policies and procedures of institution • Follows through on commitments	**Accepts responsibility for own actions** Examples: • Completes required case documentation promptly and accurately • Accepts responsibility for meeting deadlines • Available when "on-call" • Acknowledges errors • Utilizes supervision to strengthen effectiveness of practice	**Independently accepts personal responsibility across settings and contexts** Examples: • Enhances own professional productivity • Holds self accountable for and submits to external review of quality service provision
1D. Concern for the Welfare of Others			
Examples: • Engaging in behaviors that compromise a safe environment emotionally or physically • Abandonment of client(s)	**Demonstrates awareness of the need to uphold and protect the welfare of others** Examples: • Displays initiative to help others • Articulates importance of concepts of confidentiality, privacy, and informed consent • Demonstrates compassion (awareness of suffering and the wish to relieve it) for others	**Acts to understand and safeguard the welfare of others** Examples: • Displays respect in interpersonal interactions with others including those from divergent perspectives or backgrounds • Determines when response to client needs takes precedence over personal needs	**Independently acts to safeguard the welfare of others** Examples: • Communications and actions convey sensitivity to individual experience and needs while retaining professional demeanor and deportment • Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values • Demonstrates compassion for others who are dissimilar from oneself, who express negative affect (e.g., hostility), and/or who seek care for proscribed behavior, such as violence, predation, or dangerousness
1E. Professional Identity			
Examples: • Cannot conduct an appropriate literature search • Fails to seek needed supervision when appropriate • Does not integrate supervision into care of client(s) • Failure to attend schedule supervision (individually or on team)	**Demonstrates beginning understanding of self as professional: "thinking like a psychologist"** Examples: • Demonstrates knowledge of the program and profession (training model, core competencies) • Demonstrates knowledge about practicing within one's competence	**Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development** Examples: • Has membership in professional organizations • Attends colloquia, workshops, conferences • Consults literature relevant to client care	**Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice** Examples: • Keeps up with advances in profession

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status **) and Context**			
• Has difficulty recognizing prejudices	**Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others** Examples: • Articulates how ethnic group values influence who one is and how one relates to other people • Articulates dimensions of diversity (e.g., race, gender, sexual orientation)	**Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation** Examples: • Uses knowledge of self to monitor effectiveness as a professional • Initiates supervision about diversity issues	**Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation** Examples: • Uses knowledge of self to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues
2B. Others as Shaped by Individual and Cultural Diversity and Context			
• Does not talk about inexperience or lack of exposure to individuals/groups from different backgrounds	**Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings** Examples: • Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals • Articulates beginning understanding of the way culture and context are a consideration in working with clients	**Applies knowledge of others as cultural beings in assessment, treatment, and consultation** Examples: • Demonstrates understanding that others may have multiple cultural identities • Initiates supervision about diversity issues with others	**Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation** Examples: • Uses knowledge of others to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues with others
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context			
• Holds some beliefs which limit effectiveness with certain clients	**Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others** Examples: • Demonstrates knowledge, awareness and understanding of the way culture and context shape interactions between and among individuals • Articulates beginning understanding of the way culture and context are a consideration in the therapeutic relationship	**Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others** Examples: • Understands the role that diversity may play in interactions with others • Initiates supervision about diversity issues in interactions with others	**Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation** Examples: • Uses knowledge the role of culture in interactions to monitor and improve effectiveness as a professional • Seeks consultation or supervision when uncertain about diversity issues in interactions with others

Individual and Cultural Diversity continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
2D. Applications based on Individual and Cultural Context			
• Lacks insight into impact of personal experiences on case conceptualization, choice of treatment, etc.	**Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)** Examples: • Demonstrates basic knowledge of literatures on individual and cultural differences and engages in respectful interactions that reflect this knowledge • Seeks out literature on individual and cultural differences to inform interactions with diverse others	**Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation** Examples: • Demonstrates knowledge of ICD literature and APA policies, including guidelines for practice with diverse individuals, groups and communities • Works effectively with diverse others in professional activities • Demonstrates awareness of effects of oppression and privilege on self and others	**Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work** Examples: • Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others • Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors • Seeks consultation regarding addressing individual and cultural diversity as needed • Uses culturally relevant best practices

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines			
• Unable to locate the APA Ethical Code. • Unable to identify which code is currently in place (e.g., which year of publication represents the current code). • Unable to identify additional codes that are salient to professional practice (e.g, child custody, forensic, and so on)	**Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting** Examples: • Demonstrates beginning knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent • Identifies key documents/policies that guide the practice of psychology (e.g., APA Ethical Principles and Code of Conduct)	**Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations** Examples: • Identifies ethical dilemmas effectively • Actively consults with supervisor to act upon ethical and legal aspects of practice • Addresses ethical and legal aspects within the case conceptualization • Discusses ethical implications of professional work • Recognizes and discusses limits of own ethical and legal knowledge • Demonstrates intermediate knowledge of typical legal issues, including child and elder abuse reporting, confidentiality, and informed consent	**Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines** Examples: • Addresses complex ethical and legal issues • Articulates potential conflicts in complex ethical and legal issues. • Seeks to prevent problems and unprofessional conduct • Demonstrates advanced knowledge of typical legal issues, including child and elder abuse reporting, HIPAA,, confidentiality, and informed consent
3B. Awareness and Application of Ethical Decision Making			
• Unable to identify, with the narrative code available, applicable sections to an ethical decision making dilemma. • Failure to identify appropriate means and resources for obtaining consultation and/or supervision when facing an ethical decision making dilemma	**Demonstrates awareness of the importance of applying an ethical decision model to practice** Examples: • Recognizes the importance of basic ethical concepts applicable in initial practice (e.g. child abuse reporting, Informed consent, confidentiality, multiple relationships, and competence) • Demonstrates awareness of an ethical decision making model applied to case vignettes	**Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma** Examples: • Uses an ethical decision-making model when discussing cases in supervision • Identifies ethical implications in cases and understands the ethical elements present in ethical dilemma or question • Discusses ethical dilemmas and decision making in supervision, staff meetings, presentations, practicum settings	**Independently utilizes an ethical decision-making model in professional work** Examples: • Applies applicable ethical principles and standards in professional writings and presentations • Applies applicable ethics concepts in research design and subject treatment • Applies ethics and professional concepts in teaching and training activities • Develops strategies to seek consultation regarding complex ethical and legal dilemmas • Takes appropriate steps when others behave unprofessionally • Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues in practice

Ethical Legal Standards and Policy continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
3C. Ethical Conduct			
• Failure to seek consultation before responding to an ethical decision making dilemma • Enacts conduct that is inconsistent with supervisor mandates regarding ethical conduct, without first seeking consultation from Clinic Director	**Displays ethical attitudes and values** Examples: • Evidences desire to help others • Shows honesty and integrity; values ethical behavior • Demonstrates personal courage consistent with ethical values of psychologists • Displays appropriate boundary management	**Integrates own moral principles/ethical values in professional conduct** Examples: • Is able to articulate knowledge of own moral principles and ethical values in discussions with supervisors and peers about ethical issues • Is able to spontaneously discusses intersection of personal and professional ethical and moral issues	**Independently integrates ethical and legal standards with all competencies** Examples: • Demonstrates adherence to ethical and legal standards in professional activities • Takes responsibility for continuing professional development
4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.			
4A. Reflective Practice			
• Does not articulate attitudes, values, and beliefs that guide behavior and decision-making • Fails to acknowledge impact of self on others • Does not use introspection to monitor the effect of personal issues on professional work and relationships • Failure to foster development of individual and cultural identities • Does not use supervision as an opportunity to facilitate self-awareness as related to professional performance, roles, and responsibilities	**Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice** Examples: Demonstrates openness to: • Considering own personal concerns and issues • Decognizing impact of self on others • Articulating attitudes, values, and beliefs toward diverse others • Self-identifying multiple individual and cultural identities • Systematically reviewing own professional performance with supervisors/teachers	**Displays broadened self-awareness; utilizes self-monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity** Examples: • Is able to articulate attitudes, values, and beliefs toward diverse others • Recognizes impact of self on others • Self-identifies multiple individual and cultural identities • Is able to describe how others experience him/her and identifies roles one might play within a group • Responsively utilizes supervision to enhance reflectivity • Reviews own professional performance via video or audiotape with supervisors • Displays ability to adjust professional performance as situation requires.	**Demonstrates reflectivity both during and after professional activity; acts upon reflection; uses self as a therapeutic tool** Examples: • Monitors and evaluates attitudes, values and beliefs towards diverse others • Systematically and effectively monitors and adjusts professional performance in action as situation requires • Recognizes and addresses own problems, minimizing interference with competent professional functioning

Reflective Practice/Self-Assessment/Self-Care continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
4B. Self-Assessment			
• Fails to recognize professional limitations, 'blindspots' & mistakes • Fails to recognize strengths • Despite input from others, does not develop specific and realistic professional goals • Cannot describe an adequate subset of core competencies for scientist-practitioners • Does not devote adequate time to self-evaluation and review of professional performance	**Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies** Examples: • Demonstrates awareness of competencies for professional training • Develops initial competency goals for early training (with input from faculty)	**Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills** Examples: • Self-assessment comes close to congruence with assessment by peers and supervisors • Identifies areas requiring further professional growth • Writes a personal statement of professional goals • Identifies learning objectives for overall training plan • Systemically and effectively reviews own professional performance via videotape or other technology	**Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills** Examples: • Accurately identifies level of competence across all competency domains • Accurately assesses own strengths and weaknesses and seeks to prevent or ameliorate impact on professional functioning • Recognizes when new/improved competencies are required for effective practice • Writes a personal statement of professional goals identifying areas for further professional growth, with extended plans to achieving the goals
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)			
• Lacks awareness of personal & professional values and priorities • Fails to balance personal & professional commitments in a manner consistent with ones values & priorities • Relies on ineffective &/or maladaptive coping (e.g., puts physical health or important relationships at risk) • Denies personal vulnerabilities • Fails to seek help/advice for personal difficulties with the potential to impair professional functioning	**Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care** Examples: • Articulates benefits of engaging in self-care • Makes use of opportunities to engage in self-care	**Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice** Examples: • Takes action recommended by supervisor for self-care to ensure effective training • Maintains/alters weekly schedule to allow for self care activities	**Self-monitors issues related to self-care and promptly intervenes when disruptions occur** Examples: • Anticipates and self-identifies disruptions in functioning and intervenes at an early stage/with minimal support from supervisors

Reflective Practice/Self-Assessment/Self-Care continued			
Does Not Meet Expectations	**Baseline Competence**	**Readiness For Internship**	**Readiness For Entry To Practice**
4D. Participation in Supervision Process			
• Fails to provide candid and sensitive critical feedback to supervisee when needed. • Is a passive observer rather than actively engaged in group supervision • Discounts supervisee's perspective or opinion. • Does not seek supervision of supervision &/or supervisory consultation when needed. • Fails to adopt a genuine openness to feedback from supervisees as evident from developmental stagnation as a supervisor.	**Demonstrates straightforward, truthful, and respectful communication in supervisory relationship** Examples: • Demonstrates willingness to admit errors and accept feedback • Acknowledges supervisor's differing viewpoints in supervision	**Effectively participates in supervision** Examples: • Seeks supervision to improve performance; presents work for feedback, and integrates feedback into performance • Initiates discussion with supervisor of own reaction to client/patients in session • Seeks supervisor's perspective on client progress	**Independently seeks supervision when needed** Examples: • Seeks supervision when personal problems may interfere with professional activities • Seeks supervision when working with client problems for which he/she has had limited experience to ensure competence of services

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
5A. Interpersonal Relationships			
• Limited or poor interpersonal relationships • Fails to listen/attend to others • Unable to see or dismisses alternative views & values • Unreliable, inconsistent • Blames others; does not take responsibility for own errors • Repeated boundary violations or excessive distance in therapeutic/supervisory relationship • Does not prepare for supervision or seek assistance	**Displays interpersonal skills** Examples: • Listens and is empathic with others • Respects and shows interest in others' cultures, experiences, values, points of view, goals and desires, fears, etc. • Demonstrates interpersonal skills verbally and non-verbally • Receives feedback • Works cooperatively and collaboratively with peers	**Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines** Examples: • Forms effective working alliances with most clients • Engages with supervisors to work effectively • Involved in departmental, institutional, or professional activities or governance • Demonstrates respectful and collegial interactions with those who have different professional models or perspectives	**Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities** Examples: • Effectively negotiates conflictual, difficult and complex relationships including those with individuals and groups that differ significantly from oneself • Maintains satisfactory interpersonal relationships with clients, peers, faculty, allied professionals, and the public

Relationships continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
5B. Affective Skills			
• Frequent conflict with others OR avoids conflict • Doesn't challenge or confront clients when appropriate • Immature, superficial or distant relationships • Poor working alliance with clients • Becomes angry or overly upset by negative feedback • Insensitive, over critical feedback or resistant to providing constructive criticism to peers • Avoids introspection; lacks awareness of own role in interactions	**Displays affective skills** Examples: • Demonstrates affect tolerance • Tolerates interpersonal conflict • Demonstrates awareness of inner emotional experience • Demonstrates emotional maturity • Listens to and acknowledges feedback from others • Notices and expresses feelings • Demonstrates comfort with a range of emotions • Affect does not overwhelm judgment • Is flexible when things don't go according to plan	**Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback non-defensively** Examples: • Demonstrates active problem-solving • Makes appropriate disclosures regarding problematic interpersonal situations • Acknowledges own role in difficult interactions • Initiates discussion regarding disagreements with colleagues or supervisors Efforts to resolve disagreements do not escalate negative affect among the parties involved • Seeks clarification in challenging interpersonal communications • Demonstrates understanding of diverse viewpoints in challenging interactions • Provides feedback to supervisor regarding supervisory process • Provides feedback to peers regarding peers' clinical work in context of group supervision or case conference • Accepts and implements supervisory feedback nondefensively • Maintains affective equilibrium and focus on therapeutic task in face of client distress • Tolerates ambiguity and uncertainty	**Manages difficult communication; possesses advanced interpersonal skills** Examples: • Accepts, evaluates and implements feedback from others • Uses affective reactions in the service of resolving disagreements or fostering growth in others • Tolerates patient's feelings, attitudes, and wishes, particularly as they are expressed toward the therapist, so as to maintain and/or promote therapeutic dialogue • Allows, enables, and facilitates the patient's exploration and expression of affectively difficult issues • Works flexibly with patients' intense affects which could destabilize the therapeutic relationship

Relationships continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
5C. Expressive Skills			
• Uses language that is vague or contains too much jargon • Unable to articulate e.g. stumbles, incomplete sentences/ideas, rambles too much or overly brief	**Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills** Examples: • Written work is organized, easy to understand, and conveys the main points • Shares opinions with others using language that others can understand • Non-verbal behavior is consistent with verbal communications	**Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language** Examples: • Uses professional terms and concepts appropriately and clearly in discussions, case reports, etc. • Understands terms and concepts used in professional texts and in others' case reports • Communication is understandable, consistent across expressive modalities • Prepares clearly written assessment reports • Presents clinical process to supervisor in a succinct, organized, well-summarized way • Provides verbal feedback to client regarding assessment and diagnosis using language the client can understand • Presents clear, appropriately detailed clinical material	**Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of professional language and concepts** Examples: • Demonstrates descriptive, understandable command of language, both written and verbal • Communicates clearly and effectively with clients • Uses appropriate professional language when dialoguing with other healthcare providers • Prepares sophisticated and compelling case reports • Treatment summaries are concise, yet comprehensive

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

Does Not Meet Expectations	Pre-internship Level	Readiness For Internship	Readiness For Entry To Practice
6A. Scientific Mindedness			
• Passive acceptance of published literature as truth • Unable/Unwilling to present own research in multiple modalities (e.g., written, oral)	**Displays critical scientific thinking** Examples: • Questions assumptions of knowledge • Evaluates study methodology and scientific basis of findings • Presents own work for the scrutiny of others	**Values and applies scientific methods to professional practice** Examples: • Uses literature to support ideas in case conferences and supervision • Formulates appropriate questions regarding case conceptualization • Generates hypotheses regarding own contribution to therapeutic process and outcome	**Independently applies scientific methods to practice** Examples: • Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems • Implements appropriate methodology to address research questions
6B. Scientific Foundation of Psychology			
• Unable to articulate the scientific method • Applies illogical steps in place of scientific reasoning and evaluation	**Demonstrates understanding of psychology as a science** Examples: • Demonstrates understanding of core scientific conceptualizations of human behavior • Demonstrates basic knowledge of the breadth of scientific psychology • Cites scientific literature to support an argument when appropriate • Evaluates scholarly literature on a topic as needed	**Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)** Examples: • Critically evaluates scientific literature • Demonstrates understanding of intersections across core areas of psychological science	**Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)** Examples: • Accurately evaluates scientific literature regarding clinical issues • Identifies multiple factors and interactions of those factors that underlie pathological behavior

Scientific Knowledge and Methods continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
6C. Scientific Foundation of Professional Practice			
• Fails to learn the evidence base associated with interventions and assessments • Considers interventions and assessments without regard to their scientific status • Considers interventions and assessments without regard to their acceptability within the client's values • Considers interventions and assessments without regard to the clinician's preparation/expertise	**Understands the scientific foundation of professional practice** Examples: • Understands the development of evidence based practice in psychology (EBP) as defined by APA • Displays understanding of the scientific foundations of the competencies • Cites scientific literature to support an argument when appropriate • Evaluates scholarly literature on a practice-related topic as needed	**Demonstrates knowledge, understanding, and application of the concept of evidence-based practice** Examples: • Applies EBP concepts in case conceptualization, treatment planning, and interventions in consultation with supervisor • Works with supervisor to compare and contrast EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment	**Independently applies knowledge and understanding of scientific foundations independently applied to practice** Examples: • Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization • Independently applies EBP concepts in practice • Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
7A. Scientific Approach to Knowledge Generation			
	Participates effectively in scientific endeavors when available Examples: • Demonstrates understanding that psychologists evaluate the effectiveness of their professional activities • Open to scrutiny of one's work by peers and faculty • Writes literature review as part of course requirement • Assists faculty with research projects	**Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology** Examples: • Demonstrates understanding of research methods and techniques of data analysis • Demonstrates research and scholarly activity, which may include presentations at conferences; participation in research teams; submission of manuscripts for publication • Demonstrates being a critical consumer of research	**Generates knowledge** Examples: • Engages in systematic efforts to increase the knowledge base of psychology through implementing and reviewing research • Uses methods appropriate to the research question, setting and/or community • Consults and partners with community stakeholders when conducting research in diverse communities

Research/Evaluation continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
7B. Application of Scientific Method to Practice			
	No expectation at this level	**Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs** Examples: • Describes how outcomes are measured in each practice activity • Demonstrates knowledge of program evaluation	**Applies scientific methods of evaluating practices, interventions, and programs** Examples: • Evaluates practice activities using accepted techniques • Compiles and analyzes data on own clients (outcome measurement) • Uses findings from outcome evaluation to alter intervention strategies as indicated • Participates in program evaluation

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.

Does Not Meet Expectations	Pre-internship Level	Readiness For Internship	Readiness For Entry To Practice
8A. Knowledge and Application of Evidence-Based Practice			
• Lacks self-initiative to request readings or resources used to inform treatment. • Fails to complete assigned readings associated. • Unable to articulate basic knowledge of scientific, theoretical, and contextual bases of evidence-based practice.	**Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology** Examples: • Articulates the relationship of EBP to the science of psychology • Identifies basic strengths and weaknesses of different assessment and intervention approaches	**Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences** Examples: • Demonstrates knowledge of interventions and explanations for their use based on EBP • Demonstrates the ability to select interventions, assessment tools, and consultation methods for different problems and populations related to the practice setting • Investigates existing literature related to problems and client issues • Writes a statement of own theoretical perspective regarding intervention strategies • Creates a treatment plan that reflects successful integration of empirical findings, clinical judgment, and client preferences in consultation with supervisor	**Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences** Examples: • Writes a case summary incorporating evidence-based practice • Presents rationale for intervention strategy that includes empirical support • Independently creates a treatment plan that reflects successful integration of empirical findings, clinical judgment, and client preferences

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
9A. Knowledge of Measurement and Psychometrics			
• Lack of, or misunderstanding of, the scientific, theoretical, and contextual basis of test construction. • Lack of, or misunderstanding of, basic psychometric constructs.	**Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing** Examples: • Demonstrates awareness of the benefits and limitations of standardized assessment • Demonstrates knowledge of the construct(s) being assessed • Evidences understanding of basic psychometric constructs such as validity, reliability, and test construction	**Selects assessment measures with attention to issues of reliability and validity** Examples: • Identifies appropriate assessment measures for cases seen at practice site • Consults with supervisor regarding selection of assessment measures	**Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context** Examples: • Demonstrates awareness and competent use of culturally sensitive instruments, norms • Seeks consultation as needed to guide assessment • Describes limitations of assessment data reflected in assessment reports
9B. Knowledge of Assessment Methods			
• Lack of or misunderstanding of the scientific, theoretical, and contextual basis of evaluation methodologies. • Failure to check out successfully (with supervisor or their designee) on standardized assessment measures within two attempts.	**Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam** Examples: • Accurately administers and scores various assessment tools in non-clinical (e.g. course) contexts • Demonstrates knowledge of initial interviewing methods (both structured and semi-structured interviews, mini-mental status exam)	**Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances** Examples: • Demonstrates intermediate level ability to accurately select, administer, score and interpret assessment tools with client populations • Collects accurate and relevant data from structured and semi-structured interviews and mini-mental status exams	**Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning** Examples: • Independently and accurately selects, administers, and scores and interprets assessment tools with clinical populations • Selection of assessment tools reflects a flexible approach to answering the diagnostic questions • Comprehensive reports include discussion of strengths and limitations of assessment measures as appropriate • Interview and report lead to formulation of a diagnosis and the development of appropriate treatment plan

Assessment continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
9C. Application of Assessment Methods			
• Lack of, or misunderstanding of, the scientific, theoretical, and contextual basis of the correct application of evaluation methodologies. • Cannot articulate to supervisor the multi-trait, multi-method matrix approach to assessment. • Proposes to supervisor an assessment battery that attends only to confirming hypotheses (e.g., hypothesizes ADHD and proposes a battery that fails to consider other possible causes for problems with attention/concentration).	**Demonstrates knowledge of measurement across domains of functioning and practice settings** Examples: • Demonstrates awareness of need to base diagnosis and assessment on multiple sources of information • Demonstrates awareness of need for selection of assessment measures appropriate to population/problem	**Selects appropriate assessment measures to answer diagnostic question** Examples: • Selects assessment tools that reflect awareness of patient population served at a given practice site • Demonstrates ability to adapt environment and materials according to client needs (e.g., lighting, privacy, ambient noise)	**Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice** Examples: • Independently selects assessment tools that reflect awareness of client population served at practice site • Interprets assessment results accurately taking into account limitations of the evaluation method • Provides meaningful, understandable and useful feedback that is responsive to client need
9D. Diagnosis			
• Lack of basic knowledge of range of normal and abnormal behavior. • Lack of or misunderstanding of DSM criteria and system.	**Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity** Examples: • Identifies DSM criteria • Describes normal development consistent with broad area of training	**Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity** Examples: • Articulates relevant developmental features and clinical symptoms as applied to presenting question • Demonstrates ability to identify problem areas and to use concepts of differential diagnosis	**Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity** Examples: • Treatment plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem • Demonstrates awareness of DSM and relation to ICD codes • Independently identifies problem areas and makes a diagnosis

Assessment continued

Does Not Meet Expectations	Pre-internship Level	Readiness For Internship	Readiness For Entry To Practice
9E. Conceptualization and Recommendations			
• Lack of or misunderstanding of diagnostic formulation/case conceptualization • Inability to prepare basic reports which articulate theoretical material applied to case conceptualization.	**Demonstrates basic knowledge of formulating diagnosis and case conceptualization** Examples: • Discusses diagnostic formulation and case conceptualization in courses • Prepares basic reports which articulate theoretical material	**Utilizes systematic approaches of gathering data to inform clinical decision-making** Examples: • Presents cases and reports demonstrating how diagnosis is based on case material • Makes clinical decisions based on connections between diagnoses, hypotheses and recommendations	**Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment** Examples: • Independently prepares reports based on case material • Accurately administers, scores and interprets test results • Formulates case conceptualizations incorporating theory and case material
9F. Communication of Assessment Findings			
• Does not understand models of report writing and progress notes • Is not able to accomplish intake report within specified time constraints • Does not complete written assessment evaluation within time specified	**Demonstrates awareness of models of report writing and progress notes** Examples: • Demonstrates knowledge of content of test reports and progress notes • Demonstrates knowledge of organization of test reports and progress notes	**Writes assessment reports and progress notes and communicates assessment findings verbally to client** Examples: • Writes complete psychological reports • Works with supervisor to prepare and provide feedback regarding findings • Reports reflect data that has been collected via interview	**Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner** Examples: • Writes an effective, comprehensive report • Effectively communicates assessment results verbally to clients • Reports reflect data that has been collected via interview and its limitations
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.			
10A. Intervention planning			
• Responses to clients indicate significant inadequacies in their theoretical understanding and case formulation. • Chooses interventions without regard to their scientific status or their alignment. • Chooses interventions without regard to their acceptability within the client's values. • Chooses interventions without regard to own relevant preparation/expertise.	**Displays basic understanding of the relationship between assessment and intervention** Examples: • Articulates a basic understanding of how intervention choices are informed by assessment (e.g., clinical intake, testing) • Articulates a basic understanding of how assessment guides the process of intervention	**Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation** Examples: • Articulates a theory of change and identifies interventions to implement change, as consistent with the AAPI • Writes case conceptualization reports and collaborative treatment plans incorporating evidence-based practices	**Independently plans interventions; case conceptualizations and intervention plans are specific to case and context** Examples: • Accurately assesses presenting issues taking in to account the larger life context, including diversity issues • Conceptualizes cases independently and accurately • Independently selects intervention(s) appropriate for the presenting issue(s)

Intervention continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
10B. Skills			
• Has difficulty establishing rapport. • Frequently shows lack of confidence. • Misses or misperceives important information/themes presented by client. • Failure to identify any goals. • Lacks awareness of underlying problems. • Unable to demonstrate empathy and caring such that most clients become willing to trust and utilize therapeutic assistance.	**Displays basic helping skills** Examples: • Demonstrates helping skills, such as empathic listening, framing problems • Uses non-verbal communication such as eye-contact and body positioning with clients to convey interest and concern	**Displays clinical skills** Examples: • Develops rapport with clients • Develops therapeutic relationships • Demonstrates appropriate judgment about when to consult supervisor	**Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations** Examples: • Develops rapport and relationships with wide variety of clients • Uses good judgment about unexpected issues, such as crises, use of supervision, confrontation • Effectively delivers intervention
10C. Intervention Implementation			
• Failure to target interventions to client's level of understanding and motivation. • Unable to apply interventions that are technically consistent with supervisory and literature-based guidance. • Applies interventions without regard to their scientific status. • Applies interventions without regard to their acceptability within the client's values. • Applies interventions without regard to own relevant preparation/expertise.	**Demonstrates basic knowledge of intervention strategies** Examples: • Is able to articulate awareness of theoretical basis of intervention and some general strategies • Is able to articulate awareness of the concept of evidence-based practice	**Implements evidence-based interventions** Examples: • Case presentations demonstrate application of evidence-based practice • Discusses evidence based practices during supervision	**Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate** Examples: • Independently and effectively implements a typical range of intervention strategies appropriate to practice setting • Independently recognizes and manages special circumstances • Terminates treatment successfully • Collaborates effectively with other providers or systems of care
10D. Progress Evaluation			
• Failure to appreciate the need for ongoing evaluation of working alliance and treatment effectiveness. • Unaware of methods to examine intervention outcomes. • Unable/Unwilling to perform assessments of intervention outcomes. • Persistent application of interventions that appear to be having deleterious effects.	**Demonstrates basic knowledge of the assessment of intervention progress and outcome** Examples: • Identifies measures of treatment progress and outcome by name • Is able to articulate an understanding of the use of repeated assessment to guide treatment • Appropriately administers and scores treatment progress and outcome measures	**Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures** Examples: • Describes instances of lack of progress and actions taken in response • Demonstrates ability to evaluate treatment progress in context of evidence based interventions	**Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures** Examples: • Critically evaluates own performance in the treatment role • Seeks consultation when necessary

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

Does Not Meet Expectations	Pre-internship Level	Readiness For Internship	Readiness For Entry To Practice
11A. Role of Consultant			
• Does not recognize multiple professional roles such as consultant. • Cannot distinguish among consultant roles • Does not discuss with or inform consultee of clinician's role in consultation.	**No expectation at this level**	**Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)** Examples: • Is able to compare and contrast consultation, clinical, and supervision roles • Is abld to describe a consultant's role in a hypothetical professional activity	**Determines situations that require different role functions and shifts roles accordingly to meet referral needs** Examples: • Is able to articulate different forms of consultation (e.g., mental health, educational, systems, advocacy) • Accurately matches professional role function to situation
11B. Addressing Referral Question			
• Inappropriate or incorrect selection of assessment tools.	**No expectation at this level**	**Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions** Examples: • Implements systematic approach to data collection in a consultative role • Identifies sources and types of assessment tools	**Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question** Examples: • Demonstrates ability to gather information necessary to answer referral question • Clarifies and refines referral question based on analysis/assessment of question
11C. Communication of Consultation Findings			
• Poor written or verbal feedback to consultees.	**No expectation at this level**	**Identifies literature and knowledge about process of informing consultee of assessment findings** Examples: • Identifies appropriate approaches and processes for providing written and verbal feedback and recommendations to consultee • Carries out a mock presentation of findings	**Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations** Examples: • Prepares clear, useful consultation reports and recommendations to all appropriate parties • Provides verbal feedback to consultee of results and offers appropriate recommendations

Consultation continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
11D. Application of Consultation Methods			
	No expectation at this level	**Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings** Examples: • Identifies appropriate interventions based on consultation assessment findings • Demonstrates ability to identify collaborative methods across systems, clients, or settings	**Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases** Examples: • Identifies and implements consultation interventions based on assessment findings • Identifies and implements consultation interventions that meet consultee goals

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

Does Not Meet Expectations	Pre-internship Level	Readiness For Internship	Readiness For Entry To Practice
12A. Knowledge			
	No expectation at this level	**Demonstrates awareness of theories of learning and how they impact teaching** Examples: • Observes differences in teaching styles and need for response to different learning skills • Is able to articulate awareness of body of knowledge to inform teaching and learning	**Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences** Examples: • Demonstrates knowledge of one learning strategy • Demonstrates clear communication skills
12B. Skills			
	No expectation at this level	**Demonstrates knowledge of application of teaching methods** Examples: • Demonstrates example of application of teaching method • Organizes and presents information related to a topic	**Applies teaching methods in multiple settings** Examples: • Identifies and differentiates factors for implementing particular teaching methods • Demonstrates accommodation to diverse others (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context Introduces innovation/creativity into application of teaching method

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
13A. Expectations and Roles			
• As a supervisee, is routinely unprepared for supervision (e.g., unsure what to discuss, fails to bring clinical materials for review). • As a supervisee, fails to disclose information that supervisor needs to understand clinical situations and/or accurately assess supervisee's training needs and performance.	**Demonstrates basic knowledge of expectations for supervision** Examples: • Demonstrates knowledge of the process of supervision • Articulates components of effective supervision such as the working alliance	**Demonstrates knowledge of, purpose for, and roles in supervision** Examples: • Identifies roles and responsibilities of the supervisor and supervisee in the supervision process • Demonstrates understanding of supervisor and supervisee roles in relation to client • Demonstrates understanding of vicarious liability of the supervisor	**Understands the ethical, legal, and contextual issues of the supervisor role** Examples: • Articulates a model of supervision and reflects on how this model is applied in practice, • Integrates contextual, legal, and ethical perspectives in supervision vignettes • Writes supervisory contract that accurately reflects roles and expectations of supervisor and supervisee
13B. Processes and Procedures			
• Does not demonstrate a basic understanding of supervision models and practice.	• Demonstrates basic knowledge of supervision models and practice	**Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices** Examples: • Presents goals and related tasks of supervisee's growth and development • Demonstrates ability to monitor and communicate progress on goals	**Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise** Examples: • Prepares supervision contract • Assesses supervision competency • Constructs plans to deal with areas of limited competency • Articulates range of supervision methods available and the utility of such methods • Demonstrates knowledge of the scholarly literature on supervision • Identifies the basic tenets of specific model of supervision

Supervision continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
13C. Skills Development			
• Cannot describe different models of supervision • Fails to complete self-assessment related to supervisory skills.	**Displays interpersonal skills of communication and openness to feedback** Examples: • Completes self-assessment (e.g., Hatcher & Lassiter, 2006) • Integrates faculty/supervisor feedback into self-assessment	**Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals** Examples: • Successfully completes coursework on supervision • Demonstrates formation of supervisory relationship integrating theory and skills including knowledge of development, educational practice	**Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients** Examples: • Articulates how supervisory relationships may enhance the development of supervisees and their clients • Elicits evaluation from supervisee about supervisory relationship and uses feedback to improve quality of supervision
13D. Supervisory Practices			
• Fails to provide candid and sensitive critical feedback to supervisee when needed. • Is a passive observer rather than actively engaged in group supervision • Discounts supervisee's perspective or opinion. • Does not seek supervision of supervision &/or supervisory consultation when needed. • Fails to adopt a genuine openness to feedback from supervisees as evident from developmental stagnation as a supervisor.	• Awareness of need for straightforward, truthful, and respectful communication in supervisory relationship. • Demonstrates willingness to admit errors, accept feedback.	**Provides helpful supervisory input in peer and group supervision** Examples: • Identifies core skills on which to provide feedback to peers • Demonstrates ability to provide constructive criticism to peers	**Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting** Examples: • Helps supervisee develop evidence based treatment plans • Directs supervisee to literature that may inform case • Provides supervision input according to developmental level of supervisee • Encourages supervisee to discuss reactions and helps supervisee develop strategies to use reactions in service of clients • Presents supervisor of supervision with accurate account of case material and supervisory relationship, seeks input, and utilizes feedback to improve outcomes

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

Does Not Meet Expectations	Pre-internship Level	Readiness For Internship	Readiness For Entry To Practice
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions			
• Lacks awareness or understanding of basic contributions of allied professions such as social work, psychiatry	• Demonstrates knowledge, respect, and valuing of roles, functions and service delivery systems of other professions	**Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals** Examples: • Articulates the roles of other professions in patient care • Awareness of various levels of education and training required for other professions involved in patient care	**Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals** Examples: • Reports observations of commonality and differences among professional roles, values, and standards • Demonstrates respect for and value of contributions from related professions
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts			
• Displays defensiveness when interacting with others	**Cooperates with others** Examples: • Cooperates with others in task completion • Demonstrates willingness to listen to others	**Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning** Examples: • Compares and contrast multidisciplinary functioning and interdisciplinary collaboration • Describes a hypothetical case involving both interdisciplinary collaboration and multidisciplinary functioning	**Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning** Examples: • Demonstrates skill in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation • Communicates without jargon • Effectively resolves disagreements about diagnosis or treatment goals • Maintains own position when appropriate while acknowledging the value of others' positions and initiates mutually accepting resolutions • Supports and utilizes the perspectives of other team members

Interdisciplinary Systems continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes			
• Does not practice reflective listening skills or dominates discussion with own ideas	• Demonstrates understanding of collaboration/consultation concept	**Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals** Examples: • Identifies common challenges in delivering collaborative care • Articulates examples from the literature or direct experience on benefits of delivering collaborative care	**Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals** Examples: • Engages in consultation with allied professionals in service of clients • Demonstrates ability to communicate shared goals
14D. Respectful and Productive Relationships with Individuals from Other Professions			
• Makes dismissive or disparaging comments of other disciplines	**Demonstrates awareness of the benefits of forming collaborative relationships with other professionals** Examples: • Expresses interest in developing collaborative relationships and respect for other professionals • Articulates the advantages in patient care afforded by working collaboratively with other disciplines	**Develops and maintains collaborative relationships and respect for other professionals** Examples: • Communicates effectively with individuals from other professions • Demonstrates knowledge of mechanisms necessary to maintain collaborative relationships	**Develops and maintains collaborative relationships over time despite differences** Examples: • Appreciates and integrates perspectives from multiple professions • Effectively relates to other professionals in accordance with their unique patient care roles
15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).			
15A. Appraisal of Management and Leadership			
• Passively accepts management and leadership without recognition of personal responsibility to engage and improve the institution. • Hostile denigration of management and leadership without genuine attempt to engage and constructively work to improve the institution.	**No expectation at this level**	**Forms autonomous judgment of organization's management and leadership** Examples: • Applies theories of effective management and leadership to form an evaluation of organization • Identifies specific behaviors by management and leadership that promote or detract from organizational effectiveness	**Develops and offers constructive criticism and suggestions regarding management and leadership of organization** Examples: • Identifies strengths and weaknesses of management and leadership or organization • Provides input appropriately; participates in organizational assessment

Management-Administration continued			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
15B. Management			
• Naïve understanding of functional role as independent of the institutional structures.	**No expectation at this level**	**Demonstrates awareness of roles of management in organizations** Examples: • Articulates understanding of management role in own organization(s) • Responds appropriately to direction provided by managers	**Participates in management of direct delivery of professional services; responds appropriately in management hierarchy** Examples: • Responds appropriately to managers and subordinates • Manages DDS under supervision, e.g., scheduling, billing, maintenance of records • Identifies responsibilities, challenges, and processes of management
15C. Administration			
• Attempts to solve problems without engaging the administrative structures consistent with institutional policies and procedural guidelines. • Operates in ways that are counter to the institution's policies and procedural guidelines.	**Complies with regulations** Examples: • Completes assignments by due dates • Complies with relevant regulations; follows established procedures • Responds appropriately to direction provided by managers • Participates in trainings mandated by organization	**Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures** Examples: • Articulates approved organizational policies and procedures • Completes reports and other assignments promptly • Complies with record-keeping guidelines	**Demonstrates emerging ability to participate in administration of service delivery programs** Examples: • Demonstrates emerging leadership in clinical situations or clinical teams • Participates in institutional committees or workgroups • Develops new program offerings or clinical services
15D. Leadership			
• Unwilling/Unable to contribute to the administrative functioning of the institution. • Behaves in ways that are hostile to the administrative policies and procedural guidelines of the institution.	**No expectation at this level**	**No expectation at this level**	**Participates in system change and management structure** Examples: • Provides others with face to face and written direction • Communicates appropriately to parties at all levels in the system • Participates in organizational committees • Participates in institutional planning

16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.			
Does Not Meet Expectations	**Pre-internship Level**	**Readiness For Internship**	**Readiness For Entry To Practice**
16A. Empowerment			
• Lack of awareness that social, political, economic, or cultural factors may impact human development. • Lack of awareness that service provision must be sensitive to social, political, economic, or cultural factors.	**Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention** Examples: • Articulates social, political, economic or cultural factors that may impact on human development and functioning • Demonstrates the recognition of the importance of consideration of these factors as part of the therapeutic process	**Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision** Examples: • Identifies specific barriers to client improvement, e.g., lack of access to resources • Assists client in development of self-advocacy plans	**Intervenes with client to promote action on factors impacting development and functioning** Examples: • Promotes client self-advocacy • Assesses implementation and outcome of client's self-advocacy plans
16B. Systems Change			
• Unable to identify means by which therapists may promote systems change(s) important to the individuals the therapist serves. • Unwillingness to engage in advocacy at systems level.	**Understands the differences between individual and institutional level interventions and system's level change** Examples: • Articulates role of therapist as change agent outside of direct patient contact • Demonstrates awareness of institutional and systems level barriers to change	**Promotes change to enhance the functioning of individuals** Examples: • Identifies target issues/agencies most relevant to specific issue • Formulates and engages in plan for action • Demonstrates understanding of appropriate boundaries and times to advocate on behalf of client	**Promotes change at the level of institutions, community, or society** Examples: • Develops alliances with relevant individuals and groups • Engages with groups with differing viewpoints around issue to promote change