

Clinical Student Handbook

Clinical Science Program
Department of Psychological and Brain Sciences
Indiana University—Bloomington

Clinical Student Handbook (Rev. 09/2024)

More information can be found on the Clinical Science Webpage:
<https://psych.indiana.edu/graduate/degree-programs/clinical-science/index.html>

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Foreword

This handbook provides important information about your clinical psychology training program in the Indiana University Department of Psychological and Brain Sciences. Your program will be unique to you in important ways, but there are also some common elements that you need to know about as you and your advisors develop your program. You are expected to read through this handbook. It will give you a valuable overview of the program's context and procedures. It will serve as a reference for questions that may arise as you go through the next months and years at IU.

The department dates to the late 19th century and its clinical program to the early 20th century. As the 21st century proceeds, we continue to develop in our efforts to advance and apply scientific knowledge. Our clinical program has helped lead the field in connecting clinical science to the latest knowledge in other traditional areas of psychology. We have also led in developing a training model that gives students the opportunity to develop as scientists who produce significant advances in understanding, prevention, and treatment of societally important human problems. We continue to develop in response to the changing opportunities and needs of the scientific field and our society. This handbook and related materials from the University Graduate Bulletin are therefore an important, but not a complete guide. Previous students and faculty have contributed toward program growth in response to the opportunities and pressures of previous times. You, as part of the program now, will be working with your advisors, other teachers (including the director of graduate studies), and your student colleagues to help grow your own part of the program and the program as a whole.

You will have questions and challenges as you proceed, even after you have read the handbook. You were selected in part because of your curiosity and your drive to meet challenges. But your program, although to a large extent individualized, is a group project. So, the faculty and staff in the program will welcome your questions and will be ready to work with you to meet challenges and to create an excellent training program.

Peter R. Finn, Ph.D.
Provost Professor
Director of Clinical Training

Our Purpose: Training Clinical Scientists

The principal goal of IU's clinical science program is to train students who can function as clinical psychological scientists by advancing basic knowledge, applying this knowledge to address clinical problems, and disseminating this knowledge to others.

As clinical scientists we frequently integrate activities across research, application, and dissemination within the scope of the same endeavor. We hope your career will approach that ideal and expect that you will excel in one or more of these domains.

Below is a summary of the Program's goals and objectives. Detailed information about the specific competencies for each objective can be found at the end of this Handbook.

Goal 1: Train students to advance basic knowledge (Research).

Objective 1A: Train students with the foundational competence to advance basic knowledge.

Objective 1B: Train students with the ethical and professional competence to advance basic knowledge.

Objective 1C: Train students with the individual and cultural-diversity competence to advance basic knowledge.

Goal 2: Train students to apply scientific knowledge to address clinical problems (Clinical).

Objective 2A: Train students with the foundational competence to address clinical problems.

Objective 2B: Train students with the ethical and professional competence to address clinical problems.

Objective 2C: Train students with the individual and cultural-diversity competence to address clinical problems.

Goal 3: Train students to disseminate research and clinical knowledge to others (Dissemination).

Objective 3A: Train students with the foundational competence to disseminate knowledge to others.

Objective 3B: Train students with the ethical and professional competence to disseminate knowledge to others.

Objective 3C: Train students with the individual and cultural-diversity competence to disseminate knowledge to others.

What is Clinical Science?

Clinical science, as described by the [Academy of Psychological Clinical Science](#) is “psychological science directed at the promotion of adaptive functioning; at the assessment, understanding, amelioration, and prevention of human problems in behavior, affect, cognition or health; and at the application of knowledge in ways consistent with scientific evidence.”

Clinical science also is one of several accepted training approaches within clinical psychology. Clinical science training programs typically admit a small number of students, focus on training those students for research careers, provide training that integrates clinical psychological research with basic research in psychology, and focus training for clinical practice on research-based assessment and intervention. Our program was an early adopter of the clinical science approach. Indeed, the Academy of Psychological Clinical Science grew out of a conference on graduate training hosted by our program in 1994, and the maturation of the clinical science training approach was celebrated in a Festschrift for retired program faculty member and DCT Dick McFall (Treat, Bootzin, & Baker, 2007).

In our view, the distinction between clinical scientists and other psychological scientists is primarily one of problem focus. Clinical scientists are focused on describing, measuring, predicting, explaining, preventing, and ameliorating psychopathological problems, as manifest in abnormal intra-personal and interpersonal behavior, affect, cognition, and health.

Apart from this distinctive problem focus, however, clinical scientists should not differ significantly from other psychological scientists—in their epistemology, breadth of knowledge, theoretical depth, experimental skills, or methodological rigor. This means that the best clinical scientists must be trained, first and foremost, as basic psychological scientists.

Consistent with this definition, the IU clinical science program is committed to ensuring that our students' clinical training is built on a broad and firm foundation of basic psychological science. As such, our training emphasizes the need to consider multiple levels of analysis and the importance of translational science.

Graduate Training: Fulfilling Our Mission

Our program fosters a comprehensive yet unique training plan for each student based on interests and career goals. We offer opportunities and resources, and students take a large role in shaping their training.

We fulfill our mission through the specific design of our program by

- Recruiting and selecting excellent students who have already actively been engaged in clinical science.
- Emphasizing close supervision between mentors and a small group of students (i.e., we typically only admit 3-5 graduate students per year).
- Providing highly individualized training (i.e., there are no tracks because each student's training in research, application, and dissemination is tailored to a student's specific needs, including the creation of individualized minors).
- Using problem-focused training (i.e., we have minimal course requirements compared with other clinical psychology programs which enables students to learn by doing).
- Stressing a scientific approach to clinical practicum training, we provide extensive supervision in empirically supported assessments and interventions and question our practices. We prioritize the quality of the training rather than the quantity of clinical hours.
- Frequently assessing each student's progress on their purposeful path for training in research, application, and dissemination).
- Focusing on interdisciplinary training that seeks to break down barriers between traditionally disparate fields both within and outside of psychology (i.e., students are directed by an advisory committee with faculty who are both inside the clinical area and who represent their minor— students typically work with numerous faculty during their graduate studies).

Our research orientation does not mean that our students graduate without clinical skills. On the contrary, we

believe that the best clinical researchers also must be competent clinicians in order to gain access to clinical problems, to interact with clinical populations, and to understand the phenomena being studied. (See the description of practicum training.)

Our graduates can be found working across a wide range of settings: from academic institutions to medical schools, to governmental and policy agencies, to the court system, to public health agencies. We consider our training to have been successful to the extent that our graduates are: (a) making original research contributions that advance our basic or applied scientific knowledge regarding the origins, assessment, prediction, and treatment of clinical problems; (b) using their training, knowledge, and scientific skills to develop, evaluate, or apply empirically based approaches to clinical problems; or (c) disseminating or training others in basic or applied science or empirically based assessment and intervention. Many of our graduates are making contributions in more than one of these three areas. In short, we expect our graduates to function as scientists and as science advocates in whatever professional roles they may choose, consistent with the conceptual foundations outlined above.

Accreditation Status

American Psychological Association (APA)

We have been accredited by the American Psychological Association as a training program in clinical psychology since 1948. We are currently in the process of renewing our APA accreditation and our status is “APA Accredited” during this process which will run at least through to the end of 2025. For further information on the program's status, you may contact: Commission on Accreditation, c/o Office of Program Consultation and Accreditation Education Directorate, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242, (202) 336-5979.

Current APA full disclosure data can be found on the program’s home page.

Psychological Clinical Science Accreditation System (PCSAS)

The program received accreditation from the Psychological Clinical Science Accreditation System in May 2015, valid for a period of up to 10 years. For further information on the program’s status, you may contact: Psychological Clinical Science Accreditation System, 1800 Massachusetts Ave NW, Suite 402. Washington, DC 20036-1218. Telephone: 301-455-8046. Website: <https://www.pcsas.org>

Future accreditation plans

The Graduate Program in Clinical Psychological Science at Indiana University is committed to training clinical psychologists who are prepared to make significant contributions to basic research on mental illness and well-being; to the development, evaluation, delivery, and dissemination of new assessments and interventions; and ultimately to reducing the burden of mental illness and related problems in living.

Our program is PCSAS accredited until 2025. We are currently preparing our application to renew our PCSAS accreditation and expect that this process will be completed by the end of 2025. We are deeply committed to ongoing PCSAS accreditation, as the goals and values of the organization are consistent with our training model. The program is also APA accredited until our application review process has been completed which is likely to be by the end of 2025. We have noted both a shift over time in curricular and other requirements associated with APA accreditation and significant changes in knowledge and skills necessary for students to thrive professionally.

Therefore, we are uncertain how well APA’s future requirements will align with the longstanding clinical science training goals of our program and the needs of graduates who will have optimal preparation for addressing pressing challenges in clinical psychology. While we in the process of renewing our APA accreditation for another 10 years (2035), we may or may not seek subsequent accreditation from APA after 2035, but plan on maintaining our PCSAS

accreditation indefinitely.

Discussion of this issue would include students in our program and would in no way represent a departure from our core mission, stated above, and our guiding values of collaboration, mutual respect, fairness, diversity, and the highest ethical standards. We will not make any changes that would limit our students' training opportunities or threaten the ability of our graduates to have the sorts of successful careers they have long enjoyed (e.g., as university professors, college teachers, public policy analysts, faculty in medical centers and research institutes, licensed clinical psychologists, and administrators/directors of a variety of community agencies/organizations).

Finally, we are pleased to note that at least 16 other leading clinical psychology doctoral training programs, including University of California-Berkeley, UCLA, University of Illinois, Stony Brook University, University of Delaware, University at Buffalo, University of Minnesota, University of Wisconsin, University of South Florida, Washington University at St. Louis, University of Arizona, University of Pennsylvania, Emory University, and University of Washington have expressed very similar commitments to clinical psychological science training and plans regarding future accreditation. In fact, University of California-Berkeley and Stony Brook University specifically announced dates, as soon as 2022 for Berkeley, for becoming solely PCSAS-accredited. More details can be found here (<https://www.pcsas.org/faq/>).

Faculty

To see up-to-date information on the research interests and publications of faculty members in the clinical science program and department, go to the program's Clinical Science Faculty page of the website.

Admissions Procedures and Financial Support

For general procedures on admission to the Department of Psychological and Brain Sciences go to the [department website](#).

Recruiting graduate students typically start in the summer or fall of the previous year, as prospective students typically contact potential mentors via email to inquire about whether the faculty member will be recruiting students and the possibility of gaining the appropriate research, application, and dissemination training. Applicants are asked to review the faculty's research interests and designate their three top choices for a potential research mentor.

When we review applications, we place great emphasis on maximizing the fit between the prospective student's interests, the mentor's research program, the clinical science philosophy of the program, and the interdisciplinary nature of the department. We no longer ask for GRE scores as a department, but we heavily consider many other factors, particularly previous research experience. For instance, all of the prospective students we consider for interviews have engaged in research before applying to graduate school.

We especially look for persons who show intellectual curiosity, who have a good background in mathematics and the sciences, and who have a realistic understanding of what is involved in psychological research. Our program is committed to attracting and retaining students from diverse racial, ethnic, and personal backgrounds. We particularly encourage members of underrepresented groups to apply.

Each application then is reviewed by one or more of these selected faculty members. After all applications have been reviewed, individual faculty members who are looking for graduate students to advise in their research may nominate candidates they perceive to be most promising and best suited for their lab and for the program. At least two clinical science faculty members must support bringing in a prospective student for an interview, although the entire area discusses which prospective student in for an interview.

Given the philosophy of our clinical science program (i.e., we only admit a small number of students and

heavily invest in them) and the department as a whole, the department has placed considerable resources into recruiting graduate students. For instance, the department has provided financial support to prospective students in the past three years to help offset the transportation costs the prospective students incur when visiting IU. The department supports a recruitment day, which includes individual interviews with relevant faculty and others, lunch with current graduate students, and dinner for our whole area at a faculty member's home. These are just several examples of the priority the program and department places on recruiting the best students.

We select final candidates for admission to our program by a consensus of the clinical science faculty; thus, a class is selected one trainee at a time, with an eye toward arranging a match between new students and faculty mentors. To ensure that students are distributed across faculty in a way that promotes high-quality training, faculty with fewer current students have first priority for recruitment. And, we prioritize the opportunities for junior faculty to recruit graduate students. A short list of alternates for a given opening may be generated for use in the event that a prospect declines the program's offer of admission to work with a given faculty member. The selected students are notified officially by the department and are contacted by the prospective faculty mentor, who is identified as the student's initial research advisor. Students are told, however, that the student-faculty pairings are flexible and students who decide later to change mentors may do so without penalty. Admission to the graduate program is offered by the entire department and is not contingent on a student working with any particular research advisor. Clinical students can switch to a non-clinical core faculty member, but their clinical training must be overseen by the Director of Clinical Training (DCT) or a core clinical faculty member.

Support Financial: All students admitted to the clinical program are offered financial support (stipend, tuition remission, and some fees) for their first five years in the program, provided that they remain "in good academic standing" in the department. To be considered "in good standing" a student must maintain a GPA of 3.3 or better with no grades below a B-; must be making satisfactory progress on the expected research projects; must participate as expected in courses, lab meetings, journal clubs, area, and departmental colloquia; and must fulfill all relevant responsibilities, such as teaching or research assistantship duties. The primary forms of financial support offered are teaching assistantships, research assistantships, training grant fellowships, and university fellowships. Some forms of support, such as assistantships, carry a work obligation of up to 20 hours per week, whereas others have no such obligation. As long as the funds are available, we expect to continue providing up to five years of financial support (in the first five years in the program) to all graduate students in the department. For students matriculating in Fall 2022 the minimal support package was a minimum of at least a stipend of \$25,000 per year (\$21,766 for the 10-month academic and \$3,234 for the summer) which is supported by their work as a teaching assistant. The appointment includes a fee remission (currently worth \$39,915.30 for a non-resident) and student health insurance (currently worth approximately \$3,403.64). However, most of the students in our Program are supported at some point in their graduate career by other funding sources, which enable them to gain additional, interdisciplinary training and/or devote more time to research. Students are frequently funded by (a) grants (e.g., NIH or NIJ funds) secured by a faculty mentor; (b) training grants awarded to faculty in the Department by NIMH, NICHD, NIDA, and NIAAA; or (c) their own external funding (e.g., NRSA pre-doctoral fellowships, NSF graduate fellowships, and fellowships from the Indiana Clinical and Translational Sciences Institute).

Research training

The Indiana program is built on the principle of "learning by doing." We are convinced that the best way to train first-rate clinical scientists is to involve students intensively and continuously in doing collaborative research with established, productive investigators. This type of a close working and learning relationship with mentors is the keystone of our clinical training program.

Students are admitted to the program with the expectation that they will work with a particular mentor on a research program investigating clinically relevant problems of mutual interest and in the mentor's area of expertise. This initial participation in research enables students to become proficient in specific research methods, to become knowledgeable about the issues and literature in a problem area, and to develop competence as an investigator. In particular, we expect incoming graduate students to "hit the ground running"

with respect to their research (e.g., students are required to write a grant proposal in their first semester of graduate school as part of the first-year seminar course). Students may switch primary research advisors at any time, but that is uncommon. Nevertheless, it is common for students to become involved in research in more than one laboratory, and they often forge new collaborations between faculty both within the clinical science program, across areas of the department, and across departments at Indiana University.

As students gain research experience in a particular problem area, it is expected that they will develop into an increasingly independent and original investigator, and that by the time of the dissertation research their relationships with research advisors will have changed from that of assistant to that of research collaborator and colleague.

Clinical training

Our program focuses initially on high quality in-house practicum experiences taught by core faculty who are leading experts in their fields and typically involve ongoing research related to the intervention. For example, one in-house practicum examines newer foci like sleep training as an addition to standard elements of parent behavior training for oppositional behavior (the [Parent-Child Clinic](#)), and another practicum explores the mechanisms of change in CBT interventions for depression and anxiety—[Cognitive Behavioral Therapy \(CBT\) Research and Training Clinic](#). Whenever possible, the internal practica integrate clinical training with research questions. The in-house practica also use intensive observation and supervision. It is important to note that students must complete at least one in-house practicum before moving on to external practica, and all students must complete the CBT practicum before graduating.

After successfully completing an in-house practicum graduate students then participate in external practica taught by adjunct faculty members and close colleagues. These practicum experiences include neuropsychological testing with children, adolescents, and adults; outpatient therapy for children and adolescents; out-patient therapy for severe mental illness at the Indianapolis VA; and inpatient assessment and therapy for severe mental illness in adolescents or adults, to name a few examples. As a reflection of the clinical science orientation that our students bring to external training settings, several students in recent years have published papers or book chapters in collaboration with their clinical supervisors. A summary of the available external practica, as well as detailed information about each is available on the Clinical Science IU Teams (under the external practicum folder). Below is a partial list of current external practicum opportunities:

- Adult Behavioral Sleep Medicine Practicum
- Autism Treatment Center Practicum
- Behavioral Medicine: Cancer Practicum
- Clinical Neuropsychology Practicum
- Office of Alternative Screening and Intervention Services (OASIS) Practicum
- Riley Adolescent Substance Use Disorders Clinic Practicum
- Riley Child and Adolescent Psychiatry Mood Disorders Clinic Practicum
- Riley Pain Clinic Practicum
- Riley Pediatric Testing Practicum
- Riley Tics, Anxiety, and Compulsions Clinic Practicum
- Veterans Administrative Schizophrenia Practicum

We expect students to complete *at least* three years of practicum, including the CBT practicum, before applying for internship. Students participating in external practica are required to attend the P690 Individualized Practica course. The course meets monthly to discuss the students' experiences in the external practica, guided by specific readings and questions related to clinical competencies, ethics, dissemination & implementation, multidisciplinary teams, professional development, supervision & consultation, diversity, career opportunities

in clinical settings, and the research to practice link. This course enables us to provide oversight, support, and guidance when our students are being trained in external practica.

Our model for practicum experiences prepares our students to function as clinical scientists who can integrate research, application, and dissemination. Our trainees have been regularly selected to intern at top research- focused internship sites. Feedback from training directors at these sites is that our students excel as interns.

Curriculum for the Clinical Science Program

Our clinical science program includes a core set of experiences required of all students, coupled with a flexible curriculum designed to meet each student's specific needs. The flexible curriculum serves our longstanding goal of providing integrative training, in which students draw on multiple perspectives (e.g., biological, clinical, cognitive, developmental, social) in their research on clinical problems. In some cases, students complete a dual Ph.D. in Clinical Science and in the Program of Neuroscience or Cognitive Science. In many other cases, students do work in more than one area of psychology within the context of a single degree. To earn a Ph.D. in Psychology requires a minimum of 90 credit hours (typical courses are 3 credit hours), a standard set by the College and University Graduate School.

Students form an advisory committee, consisting of the student's mentor and at least two other faculty members, during their first year. The committee assists the student to design an individualized training plan, while insuring receipt of adequate breadth, depth, and quality of training.

Our training model is sequential, cumulative, and graded in complexity. In their first two years all graduate students in the department take four core clinical science courses, a semester of advanced statistics, a course on research methods/statistics (chosen in consultation with their advisory committee), and a course on professional development and ethical issues in which they write at least one grant application toward possible funding of their research training. They also complete a first and a second-year research project submitted in the form of a manuscript, in collaboration with their mentor. In the summer after their second year (can be deferred until after the third year for dual majors) students take qualifying examinations, which assess their core competencies in clinical science. Clinical students also take one advanced clinical seminar, at least one year of internal practicum, and several additional years of practicum. They acquire individualized training in the teaching of psychology and demonstrate proficiency in an observed teaching activity. Students who are not dual majors complete at least three courses for a minor concentration, which they design in consultation with their advisory committee. In the fifth- and sixth-year students conduct their dissertation research and complete their internship.

Core courses

The four Clinical core courses include:

- Introduction to Clinical Science, which covers contemporary and classic papers on the epistemological, conceptual, empirical, and methodological foundations of clinical science, as well as professional and ethical issues;
- Assessment, which covers measurement theories, methods, and issues as they relate to research and practice;
- Principles of Psychopathology, which covers descriptive, theoretical, and experimental approaches to investigating, classifying, predicting, and explaining psychopathology; and
- Intervention & Evaluation, which critically examines theories and methods of intervention, covers approaches to evaluating interventions, and introduces issues of implementation and dissemination.

Elective Clinical Seminars

The clinical curriculum gives students considerable freedom to tailor their graduate training to their individual interests through the selection of numerous elective courses. A number of advanced courses and seminars in clinical and other areas of psychology are offered to students in their second, third, and fourth years. Many

clinical students currently take advanced courses in Developmental Psychopathology, Behavioral Models & Substance Abuse, Sexual Lives and Disorders, Psychopharmacology and other topical areas.

A minimum of one advanced elective is required, but students can certainly exceed this number. Depending on the student's area of specialization, courses in other areas within the department and outside the department are taken.

Minor Concentration

Minors are individualized to meet the training needs of each student; they are designed in consultation with, and approved by, the student's advisory committee. For instance, recent minors include Social Neuroscience, Quantitative Modeling of Development, Developmental Cognitive Neuroscience, and Public Policy Research Impacting Child Development. Some students elect to complete external minors, which are set by other programs. And, some students elect to complete a second Ph.D. major instead of a minor, usually either the doctoral program in Cognitive Science or Neuroscience.

Practicum Courses

Students work closely with their advisory committee and the Practicum Committee (a group of faculty responsible for determining practicum placements) to identify their plan for integrating their research and clinical training. Beginning in their second year (occasionally earlier), students start with at least one year in one of our in-house practica. Current in-house practica include: The [Parent-Child Clinic](#) (focused on helping families of children with oppositional problems) and the [Cognitive Behavioral Therapy \(CBT\) Research and Training Clinic](#) (focused on treating adults with depression and anxiety). Please note that students must take at least one year of the in-house CBT practicum before graduating, although it does not have to be a student's first practicum.

All students act as consultants as part of the CBT practicum. Furthermore, as students' progress in their training in these in-house practicum they usually take on a role of peer supervisor, with on-going didactic training and supervision in how to conduct supervision. Once students have successfully completed one year of in-house practicum training they may take further in-house practica and they may take external practica, with special emphasis on ones closely related to their research or clinical interests. Students have access to a variety of other practicum settings beyond the in-house practica, including inpatient, day hospital, and outpatient experiences. Please visit the Clinical Science Resources folder on the IU Teams website for an updated list of external practicum opportunities, descriptions about the sites, their requirements, and other information provided by the external supervisors.

Background Checks before Clinical Practicum

Indiana University developed a policy for all programs involving children. The policy requires all students (among others) serving children to have a background check:

<https://policies.iu.edu/policies/ps-01-programs-involving-children/index.html>

All incoming graduate students must work with the department's Program Management Assistant (currently Shirley Richardson) to complete a background check. The background check must be completed before a student can start any practicum training. Costs of background checks are covered by the university. If criminal activity is found, the clinical program will work with the university's Human Resource Department and follow their guidelines and procedures.

Immunization Records and Drug Testing

As a part of their requirements for all employees and trainees, some external practica may require verification of immunizations and/or drug testing, in addition to background testing (see above). This may require the DCT or

Associate DCT to sign a form verifying that these requirements have been met. This may be accomplished by providing relevant records to the Clinical Program, which will then be maintained in your confidential file. There may be opportunities to utilize a third-party service to maintain and verify these records. In order to comply with Indiana State Law, IU and the clinical program may not require documentation of COVID-19 vaccination.

Regarding COVID19 Proof of Vaccination

The various healthcare institutions that host clinical rotations of students within the context of all phases of the curriculum must comply with the host institution's COVID-19 vaccination requirements. In general, IU's role in facilitating these clinical rotations is to inform student-candidates that they must satisfy all individual-specific information requests from the clinical host, such as background check information, criminal history check and vaccination status. In addition to providing this and other information about outside clinical rotations, as a facilitator, IU will provide the following assistance to students preparing to engage in a clinical rotation:

1. Students will complete IU COVID-19 attestation forms with Indiana University. Students may upload vaccination documentation. If not vaccinated, students may complete exemption forms as required by IU.
2. If a healthcare system that is hosting a clinical practicum requests information on the vaccination status of IU students, the school's administration will provide the requesting healthcare system with a list of students that have attested to vaccination in the IU attestation portal. If healthcare systems require additional information, such as proof of vaccinations, students needing access to those facilities for required or elective activities will be responsible for providing the additional information directly to the requesting healthcare system.
3. IU cannot guarantee placement of students in the clinical setting if the host healthcare system vaccination requirements are not met. If the host healthcare system's requirements are not met, the affected student(s) may need to pause their participation in the relevant clinical training experience until they can meet the vaccination expectations, similar to other required vaccinations for healthcare professionals and trainees. The student(s) will still need to meet the requirements for clinical practica to apply for internship and meet all requirements prior to graduation.
4. If healthcare systems require a specific exemption form, students will be expected to complete it in accordance with the health care system request. If students are unable to comply, the student may need to be pulled from that clinical practica; see #3 above for additional guidance.

Certain internship sites require drug testing and in 2021, several students across the country (not our students) lost their internship positions as a result of positive drug test. These positive tests were in some cases due to use of CBD products, medical marijuana, or legal marijuana. As a result of this surprising consequence, internships sites have been encouraged to report whether they utilize drug testing as part of their screening of psychology interns. Pragmatically, it will be important for students applying for internship to seek out this information and conduct themselves in accordance with the expectations their potential internship sites.

Practicum Readiness

To support students as they begin practicum, all incoming students and rising second-year students will join the students already on an external practicum for our Profession Wide Competencies seminar (P690) that meets four times each semester Friday mornings during the time period allotted for our colloquium series. Topics discussed are applicable to all practicum experiences and include individual and cultural diversity, ethics, professionalism, and supervision/consultation. These seminars also involve having the students who are currently on an external practicum discuss their practicum experiences as they may relate to specific Profession Wide Competencies.

Both in-house practica take a developmental approach to clinical training, providing support and guidance at all phases. For example, in our clinic's Parent Behavior Training practicum, beginning students start by observing therapy sessions and receiving intensive didactics about behavioral problems (e.g., etiology, assessment, and treatment). Then, students are matched with a more senior student co-therapist to help guide them in the assessments and interventions.

Ongoing Assessment of Clinical Competencies

Students will receive ongoing feedback about their clinical competencies throughout each practicum during clinical supervision. At the end of each practicum, the supervisors will complete a formal assessment of the student's competencies. In-house practica used detailed competency evaluation forms.

Furthermore, students are required to complete a self-evaluation of their clinical competencies on the Practicum Placement Form each year before meeting with the Associate Director of Clinical Training (Associate DCT) to discuss future clinical training plans. This enables students to identify their strengths and weaknesses. The Associate DCT will then work with each student and their advisory committee to develop a plan for practicum placements and any remediation (if necessary). The Practicum Placement Form also identifies student's plans for applying for internship. In the summer approximately a year before a student hopes to apply for internship, the Practicum Committee (DCT and Associate DCT) will complete a more formal assessment using a Readiness for Internship Rating Form (the APA Competency Benchmark in Professional Psychology form for Internship Readiness), collating information from direct observations and evaluations from external supervisors. The Practicum Committee will then work with the student and the advisory committee to develop specific plans to address any clinical competencies to prepare each student for applying for internship.

Recording your clinical activities

It is most important, at the beginning of any of your first supervised clinical activities (even if it is just observation), to develop and maintain a timely account of the hours you expend in the following: direct patient contact, formal supervision, and specific tests or assessment procedures, in addition to number of hours spent in support activities (report-writing, didactic training, etc.). The process of calculating training hours retroactively, at the time of applying for internship, will likely be inaccurate and overwhelming for students who have not been maintaining their records on a weekly basis throughout each year. The Association of Psychology and Postdoctoral Internship Centers (APPIC) provides written guidelines that will be helpful in monitoring your accumulating clinical practicum work (<https://www.appic.org/Training-Resources>). In addition, there are various methods and programs (some commercial) to help you keep track of your training hours. New students may wish to discuss the various tracking options with advanced students to determine the best resource to use. The most popular program, which is integrated with the APPIC is Time2Track. Due to complexity and essential nature of tracking hours, the Clinical Program covers the cost of Time2Track.

Internships

It is expected that clinical students will complete all of their academic and research requirements for the PhD degree before leaving for their predoctoral internships. In fact, students may not even apply for an internship position until their written proposals for dissertation research have received formal approval from their faculty committee.

The variety of facilities and programs in which Indiana's clinical students have accepted internships in the past is illustrated by the following list of recent placements:

- Brown University Clinical Psychology Consortium
- Children's Hospital Philadelphia
- Charleston Consortium Internship
- Cincinnati Children's Hospital
- Harvard Medical School/McLean Hospital
- Indiana University Medical School
- Lurie Children's Hospital

- Northwestern University Medical School
- Medical Center at Northwestern University
- Medical College of Georgia
- Memphis VA Medical Center
- New York University/Bellevue Hospital
- University of Illinois-Chicago Medical School
- University of Texas Health Science Center-Houston
- University of Washington Medical Center
- University of Wisconsin
- VA's: Ann Arbor, Baltimore, Boston, Hines, Minneapolis, New Haven, & Palo Alto
- Western Psychiatric Institute/University of Pittsburgh

Degree and Dissertation Requirements

In addition to the formal coursework, there are several additional degree requirements that we have developed (as a Clinical Science Program and Department) to help train students. Students must fulfill all departmental requirements in addition to the requirements outlined in this handbook

First-Year Research Project

All students must complete a first-year research project, which is primary research manuscript, by the end of their third semester. The student's primary advisor must evaluate the article, written in the form of a manuscript that could be submitted for publication, at a satisfactory level or higher to fulfill this requirement. Please note that many students revise the manuscript several times, given feedback by their advisor, before completing the requirement (See Research Project Evaluation Form). Students must also present their first-year research project during their third semester at a poster in a department-wide event. This enables students the opportunity to present their research and receive feedback from faculty and students from the entire department.

Qualifying Examinations

Students complete their qualifying examinations during the summer after their second year unless they are a double major and defer the examination until the summer after their third year. Qualifying exams are individualized and designed by the student and their advisory committee. However, in clinical science, many students have exams that take the following form: In collaboration with their committee, students identify three questions that are of importance in clinical science, and which reflects the student's research goals. Students and the advisory committee have great flexibility in determining the scope of each question (e.g., one paper can be in the form of a grant application). Frequently, the research questions/topics of the three manuscripts are selected to provide both breadth and depth of training in Clinical Science. Over the summer, students complete readings relevant to their questions and write three 30-35 page papers addressing these questions. Students submit their first qualifying examination to their committee after the first month, and the committee gives the student general feedback on the manuscript. At the end of the summer, once all three manuscripts are completed, the student has an oral exam on the material with the full committee. If students do not show at least satisfactory performance for doctoral studies on the qualifying examination (See Qualifying Examination Evaluation Form) they retake it during the fall semester. A second failure of the exam results in dismissal from the program.

Second-Year Research Project

All students must also complete a second-year research project by the end of their fifth semester. Again, the student's primary advisor must evaluate the article, written in the form of a manuscript that could be submitted for publication, at a satisfactory level or higher to fulfill this requirement. Many students revise the manuscript several times, given feedback by their advisor, before completing the requirement (See Research Project Evaluation Form).

Evaluation of Student Competencies in Discipline Specific Knowledge Areas

As we have described, the curriculum in the clinical science program is highly individualized. Students and their advisory committees develop a program of study that best serves each individual student's goals and interests. In the context of this diversity of curricula, however, there is a uniform set of achieved outcomes that are expected of students who are interested in getting a degree from the APA-approved clinical program. At a general level, we expect that by the time they finish the graduate program all students will be able to function as independent research scientists, and all will be able to contribute to progress in understanding the etiology, assessment, and treatment of clinical problems. More specifically, students in the clinical science program are expected to acquire and demonstrate competence in a variety of areas of knowledge, each of which can be linked to the competencies expected of students at all APA accredited programs in clinical psychology. For most of these areas of knowledge, competence is shown through required courses, qualifying exams, or other program activities. For the five areas of APA-required breadth of training in Psychology (Affective Bases of Behavior, Biological Bases of Behavior; Cognitive Bases of Behavior; Social Bases of Behavior; and Human Development) students may choose a variety of ways of demonstrating competence.

One way of demonstrating competence in these areas is by completing formal coursework that is relevant to the area. The criterion for demonstrating competence in formal courses will be a grade of B- or above. However, advisory committees may approve other ways of demonstrating competence because we do not believe that taking a general course is necessarily the best way for students to learn important information. For instance, qualifying exam questions can be designed in such a way as to allow students to acquire and demonstrate competence in one of these areas. Students may become involved in research in another area of psychology (e.g., by working with another research lab) that requires them to acquire broad and substantive knowledge in that area and demonstrate competence in that area. Sometimes students decide to create an individualized minor (i.e., they take three courses) that enables them to gain competency in an area. Or, students may develop a detailed portfolio, which documents all of their work in an area, in consultation with an appropriate faculty member in the department, with competence evaluated by the faculty member. If a student is demonstrating competence by a procedure other than formal course work, then the criterion will be judgment by the supervising committee or faculty members that the student has demonstrated competence at a satisfactory or better than satisfactory level for doctoral training. The faculty member will make the determination after (a) reviewing readings from their coursework and research lab, written qualifying examination papers, and submitted/published manuscripts, (b) assigning additional, directed readings to supplement areas in the domain that may not have been covered, and (c) conducting an oral examination of the student's knowledge in the area. This approach to broad and general competencies is consistent with the training goals of our program. In the exciting, fast-moving intellectual environment of a first-rank psychology department, the process enables our students to demonstrate their knowledge while being trained in a program that is changing rapidly in response to new developments and shifting intellectual boundaries. The process is also consistent with large movements in the field of psychology and APA accreditation.

You will need to work with your Advisory Committee and the DCT to ensure that you have demonstrated competence in each of these areas before you complete your training. Students must demonstrate competence in all areas before they can be certified as completing the clinical training program. The clinical science program will keep a record of how each student has demonstrated each of these competencies.

Dissertation Proposal

All students must complete a dissertation proposal, which includes a review of the literature and specific plans for conducting primary research to test alternative hypotheses. In addition to the written text all students must also complete an oral defense of the proposal. The size and scope of the dissertation depends on the type of research that is proposed; as such, students must work collaboratively with their advisor and committee to determine the specific topic and methods. Students must receive a judgment at a satisfactory level or higher from their faculty committee (See Dissertation Proposal Evaluation Form). Please note that clinical students are unable to apply for

internship until their dissertation proposal is approved.

Dissertation Defense

All students must pass their dissertation defense, which includes submitting the written document and orally defending the research. Students must receive a judgment at a satisfactory level or higher from their faculty committee (See Dissertation Defense Evaluation Form). Many of the requirements and procedures outlined thus far are unique to the Clinical Psychology Training Program. However the rules pertaining to degree and dissertation requirements, including such matters as the exact layout of the title page and general format issues are part of the formal requirements of the Graduate School, and are therefore articulated in an important guidebook entitled *University Graduate School Bulletin* (<https://graduate.indiana.edu/academics-research/bulletin.html>). Be sure that you have reviewed an updated version of the bulletin, which is available online; it summarizes all the essential conditions you must fulfill in order to earn the PhD degree.

Keeping Track of your Progress

The most important Graduate School requirements, in addition to specifying students' rights and responsibilities, relate to completion of required forms (used to monitor your progress) and adherence to certain deadlines. Although you may receive reminders from the Program Management Assistant, it is your responsibility to ensure that the appropriate forms are signed and filed at the proper time, and Graduate School deadlines are adhered to rigorously.

A link to the Graduate Bulletin containing Graduate School requirements for the degree can be found here: <https://graduate.indiana.edu/academics-research/bulletin.html>

Dissertation formatting and other related information can be found here: <https://graduate.indiana.edu/thesis-dissertation/index.html>

The University Graduate School's Task Center in One.IU is also very helpful: <https://one.iu.edu/collection/iub/university-graduate-school>

Most forms are now completed online (via eDocs) through one.iu.edu.

- Minor: <https://one.iu.edu/task/iub/request-for-individualized-minor>
- Advisory Committee: <https://apps.iu.edu/kr-prd/kew/EDocLite?edlName=COLLGRAD.AdvisoryCom.Doctype&userAction=initiate>
- Candidacy: <https://one.iu.edu/task/iub/nomination-to-candidacy-for-phd>
- Research: <https://one.iu.edu/task/iupui/phd-nomination-of-research-committee>
- Waiver: <https://one.iu.edu/task/iub/request-for-substitution-or-waiver-of-program-requirements>
- The most updated version of the forms required throughout your time in the program can be found on the PBS Canvas course: <https://iu.instructure.com/courses/1763083>

This includes forms such as:

- Research Project Acceptance Form
- Quals Petition
- Quals Results Form
- Progress Sheet
- Application for Funding Beyond 5th Year

Waiving Required Courses

Occasionally, incoming graduate students who have already received advanced training and graduate coursework at other institutions (e.g., some students have matriculated after receiving a Master's degree in a related field)

wish to waive one of the department's required courses. Please note, only under rare conditions would the Program waive one of the core clinical courses; rather, most waivers are for the mandatory Advanced Statistics (P553) course, and occasionally for the research methods/statistics course or the teaching requirement.

In order to waive a course requirement: First, the student's advisory committee and the faculty member who teaches the required course in the department need to approve the request. This requires the advisory committee and faculty member to review the syllabus of the comparable course, as well as other evidence of the student's competency in the course material. For example, when a student wishes to waive the requirement for taking the first graduate-level statistics course because they have completed courses in statistics at another university, the faculty have reviewed the homework assignments, final exam, and/or other evidence of the student's competencies (e.g., a written manuscript that described the statistical analyses). Second, the request is forwarded to the Director of Graduate Studies, along with the recommendation for the waiver. The Director of Graduate Studies will review the details of the request. Third, if the Director of Graduate Studies agrees, the request is sent to the Indiana University Graduate School. Only after the review and approval of the Graduate School does the request become official.

Assessments of Student Progress

Because we are a clinical science program we invest heavily in a small number of graduate students. Thus, students meet frequently with their advisors (i.e., most students meet individually with their advisor at least once a week) in addition to meeting during weekly lab meetings. Given the informal nature of the Program, most students also have impromptu meetings with their advisors during each week. As described below students also meet regularly with the Director of Graduate Studies (at least yearly) and their advisory committee (at least yearly), while also being evaluated by both the entire clinical faculty and the entire departmental faculty at least once a year. In addition to these evaluations/assessments, there are several common critical milestones for all students, which provide key indicators of progress and success. For example, each student must prepare and submit a grant proposal (typically an NSF Graduate Research Fellowship proposal) their first year. The requirement enables the primary mentor and the instructor of the required, first-year seminar to evaluate each student's progress during their first semester. Students must complete a First Year Project by the end of their third semester, including a formal evaluation of their manuscript by the primary advisor and a poster presentation at a department-wide research fair. A Second Year Project must be completed by the end of their fifth semester, which is formally evaluated by the primary advisor. At the end of the second year in the graduate program (the third year for those who are double majors) all students must complete their qualifying examinations, which includes formal evaluation by their Advisory Committee. Students are also evaluated during their Dissertation Proposal Defense and the Dissertation Defense by a committee of four faculty. Regarding applied training, the students are evaluated by their supervisors, and the students meet with the practicum committee and their advisory committee to determine when they are prepared to apply for internship. Thus, there are several key milestones that provide students with feedback on their progress. This provides students with a clear understanding of the requirements, and the required meetings and milestones provide the faculty with information regarding any problems on an ongoing basis so that the appropriate remediation can be made.

Required Progress Review Meetings:

Each year, all students will meet individually with either the Director of Graduate Studies (DGS) or the Assistant of Graduate Studies. This meeting is held once a year, usually in the Spring or Fall semesters. Students discuss their progress in the program, as well as any concerns.

Students will receive a letter (via email) outlining their progress in the program. All students will receive one letter each year from the DGS (after their progress meetings) in the spring semester. Each advisor is contacted and given the opportunity to provide feedback on their student(s). The tenure-track faculty devote one faculty meeting per year to discuss the progress of all students. This meeting generally occurs in the spring semester.

To avoid situations where a student or group of students could be harmed by comments at a meeting that has an

official purpose but in which faculty present are not working directly with all the students discussed, faculty refrain from any reference to:

- Students' disability or health status
- Possible private or irrelevant facts such as pregnancy, marital status, sexuality, etc.
- Subjective evaluation (e.g., "well, that grade wasn't really deserved")—as opposed to evaluation based upon concrete outcomes and grades
- Concerns that warrant the involvement of an outside office: e.g., Title IX issues or possible research misconduct or academic misconduct
- Faculty can mention grades, leaves of absence, and probation

Clinical Practicum Meeting:

In the spring each clinical student is required to complete the Practicum Tracking and Planning form (see Assessments at the end of the handbook) and meet with the Associate Director of Clinical Training, and with the student's individual advisory committee, the student will identify areas of strength and intended growth in clinical competencies to help identify the best practicum training plan.

Required Meetings with Advisory Committee:

It is important to stress that primary responsibility for guidance and monitoring student progress falls to the advisory committee (the student's mentor and two other faculty). All students are required to meet with their advisory committee *at least once a year and file a report*. The meeting typically occurs in the spring, after the Clinical Practicum Meeting. To file a report, the student will email their advisory committee a summary of the meeting. The advisor will indicate his or her approval by forwarding the email to the DGS and graduate program assistant. See the form at the end of the Handbook for the areas that must be covered in each advisory committee meeting. It is important to note that advisory committee meetings must be attended by one of the faculty members on the Practicum Committee (either the DCT or Associate DCT) to discuss past and future practicum training.

Other Meetings:

You may meet with any faculty member, including the Director of Clinical Training (currently Jack Bates) or the Director of Graduate Studies (currently Karin James), at any time by making an appointment. You do not have to wait for the official progress reviews.

Annual Clinical Faculty Meetings:

The clinical faculty as a whole meets to review the progress of each clinical student in the spring. The evaluation is based on coursework, clinical work in practicum, research and training in research lab(s), presentations in the department and at conferences, and participation in weekly clinical colloquium.

Students Making Unsatisfactory Progress Graduate students are given frequent feedback about their progress, and most concerns are addressed during weekly meetings with advisors, meetings with clinical supervisors, or during the yearly advisory committee meetings. However, students who do not make adequate progress toward their College of Arts and Sciences graduate degrees may be subject to College probation and dismissal in accordance with University Graduate School policies. Adequate progress includes maintaining a grade point average of at least a 3.3 in graduate coursework and fewer than three grades of Incomplete. Our department also has additional requirements such as passing qualifying examinations or completing research training in a timely way. Progress by students is formally reviewed by the full departmental faculty once per year. After these reviews, the students may receive a letter from the DGS or assistant, identifying any deficiencies and giving a timeline for remediating them. Student progress toward fulfilling these goals is reviewed regularly. Thus, at any time, the Department may recommend that the College place a student on probation for inadequate progress, listing steps that the student must take in order to return to good standing. It is important to note that the College's Associate Dean for Graduate Education is the only person that that can place

a graduate student on probation (i.e., there is no such thing as “Departmental Probation”). The action is only approved after the Director of Graduate Studies works with the student, advisor, and the Associate Dean to establish the terms of the probation, which must be discussed with the student and have a definitive timeline. After one semester on College probation without adequate progress, the program may recommend that the student be formally dismissed from the College. Students who are on College probation are not eligible for leaves of absence, and may not be eligible for some types of financial aid and employment. It is important to note that the program faculty work closely with the student to identify the causes of the problems and put into place a detailed plan of action so that the student has the best chance possible for completing the program.

We expect that most students will finish the program in five years in residence plus a year of internship. Students should know that they face a deadline imposed by the Graduate School:

Students must have received acceptance of their dissertation and must submit a copy to the University Graduate School within seven years after passing the qualifying examination. Failure to meet this requirement will result in the termination of candidacy and of the student's enrollment in the degree program.

Because our students take qualifying exams following the second (or for dual majors, third) year, this means that you must finish your degree within nine years of entering the program. The Graduate School provides a set of procedures to allow reinstatement of candidacy after it has been terminated. However, we expect that such reinstatements will be very rare, and the Clinical Science Faculty will support reinstatement only under extraordinary circumstances.

Diversity

The faculty members in the Department of Psychological and Brain Sciences as a whole encourage and support underrepresented groups in science. As a clinical science program, we are committed to attracting and retaining students from diverse racial, ethnic, and personal backgrounds. We particularly encourage individuals from underrepresented groups to join and complete our program. We want to stress that the program, department, and university policies governing the recruitment, development, retention, and career placement of trainees are designed to be nondiscriminatory and to foster respect for and understanding of racial, cultural, and individual diversity. The program avoids any actions that would restrict program access or completion on grounds that would be irrelevant to success in graduate training or in a professional research career. Notably, the program integrates training regarding diversity issues throughout the curriculum, while engaging in activities that illustrate an atmosphere of tolerance and inclusion. Furthermore, the department has clear training activities devoted to enhancing racial, cultural, and individual diversity (e.g., in the required departmental courses).

We strive to foster a climate that is attractive to a diverse group of students. Faculty and the department have developed mentoring partnerships with several different organizations to increase the number of students from underrepresented groups in science (see the program’s website for additional information). Once students are here, we offer them various avenues of support. For example, our department’s Diversity Advancement Committee has meetings several times a semester and active task committees. The Department also seeks to increase recruitment and retention, as well as to develop mentoring and career development opportunities for students from underrepresented groups.

We have developed specific mechanisms to provide academic and career support for students from underrepresented groups. The university has several graduate fellowships for students from underrepresented groups, and several students in our department have been awarded these highly competitive fellowships. Furthermore, several of the NIH training grants in the department have funding lines specifically for students from underrepresented groups, and faculty with federal grants can get supplements for the support of students

from underrepresented groups working on their projects. Faculty also contribute to opportunities for summer research support, such as the Heller Fund, which provides underrepresented 1st – 4th year graduate students in our department summer research fellowships. Faculty members also encourage and support students from underrepresented groups to apply for F31 NRSA (NIH predoctoral fellowships to promote diversity) and Ford Fellowships. Clinical graduate students have received these prestigious awards. In sum, the Department and Clinical Area are actively engaged in activities to attract and support students from underrepresented groups.

Students also have the opportunity during their training experiences to work with a diverse client population. Clients in the in-house practica include both student and community members, with diversity in developmental stage, socio-economic status, and sexual orientation. Regarding external practica at the IU School of Medicine, Indianapolis is diverse in terms of race, ethnicity, country of origin, language, religion, sexual orientation, and gender identity. There, patients are drawn from all over the state of Indiana, with both urban and rural residences. It is important to note that trainees are not required to give up their personal and/ or religious values but are expected to attain both demographic competency and demonstrate the competency of dynamic worldview inclusivity.

Student Involvement in the Program

The program values formal and informal feedback from students. We welcome constructive criticisms or concerns regarding any element of the program. Based on questions and feedback from our students we frequently alter course offerings, develop, and add external practica that are consistent with our aims.. We also actively discuss different models of clinical science training in our courses (e.g., the Introduction to Clinical Science course; see the syllabus) and read about advances/discussion in the field about the best way to train clinical scientists (e.g., we read the reviews of the Delaware Conference with the students and discussed implications for our program). The faculty encourage students to speak with their advisor, advisory committee, the DCT and/or the DGS about suggestions and concerns about the program.

Students are also encouraged to send suggestions and concerns to their student colleague who is Clinical Science Student Representative (CSSR), a formal role for a senior graduate student in the program, elected by the clinical graduate students. The CSSR helps present the views, concerns, desires, etc. of the graduate students to the faculty in the program. The CSSR attends clinical faculty meetings and is involved in most of the decisions made by the faculty (except for student evaluations). The CSSR is expected to represent the views and needs of fellow students, to offer their own views, and to brief the students on the meetings. The CSSR meets with all the graduate students at least once a year to discuss the program. We have also added a student representative to the colloquium committee, to aid it in its important work of identifying, securing, and hosting inspiring speakers, including ones who bring us important information about diversity, equity, and inclusion. This student will also help convey information from and to the other graduate students.

Periodically, we will administer a student satisfaction questionnaire to all graduate students, seeking their anonymous responses to questions about various aspects of their graduate training. While the replies to these questions are typically offered as Likert-scaled items, there are also several open-ended questions for general comments and suggestions. The responses are completed online, further preserving the anonymity of the respondents. All students are strongly encouraged to complete this survey. The DCT and other appointed faculty organize the replies to the open-ended questions. The final results and summary of this survey are then presented to the entire clinical psychology faculty, who use the information in making programmatic changes.

Periodically clinical colloquia meetings focus on program issues and students are encouraged to express questions and/ or concerns during this time. In addition, this time period can be reserved for students to meet to discuss programmatic issues without faculty present.

Different students have different needs and interests in determining how much active participation in the program they enjoy. However, in a full-time, intensive program it is expected that generally students will feel a commitment to be actively engaged in all aspects of the program, not simply the formal requirements. Aside from the formal roles in faculty meetings, students sometimes develop materials for our in-house clinics; and among many other possible contributions, students are needed as volunteers to assist with special events for graduates (such as interview day), annual PBS celebrations, area get-togethers, etc. By tradition, rising second- year clinical students serve on the “Social Committee.” The committee works with the faculty to schedule a fall picnic, a winter holiday party, and other social activities.

Of basic importance is participation in academic events that are arranged for the benefit of students. Students’ attending colloquium talks and workshops and hosting visitors at lunches etc. help make the program intellectually vibrant and support growth in students and faculty. If you encounter time conflicts with courses, practica, or other professional responsibilities, discuss these with your advisor or the DCT, since alternative arrangements can often be made.

We expect that you will have a major commitment to the program and your education. This means, for example, that you should plan on being in residence during summer months. At the same time, we also believe that in professional development and maximizing the quality of your work involves creating an effective “work-life” balance--such as in social relationships and health-promoting and recreational activities.

Clinical Colloquium:

The Clinical Science program holds a colloquium every Friday from 9:30 – 10:30 a.m. during the academic year. Students are expected to attend. Held in the Psychology Building, room 128 (unless otherwise noted), presentations by faculty, students, and external scholars highlight the integration of research and clinical work, diversity, and ethics. Several colloquia each year focus on professional development topics for students.

Please contact [Shirley Richardson](#) for a schedule of upcoming events or to be added to the announcement email list.

Resources for Graduate Students:

National Association Resources

[Association for Psychological Science](#) (APS). The Association for Psychological Science is a nonprofit organization dedicated to the advancement of scientific psychology and its representation at the national and international level. Its mission is to promote, protect, and advance the interests of scientifically oriented psychology in research, application, teaching, and the improvement of human welfare.

[American Psychological Association](#) (APA). APA is the leading scientific and professional organization representing psychology in the United States. Our mission is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives.

[Academy of Psychological Clinical Science](#) (APCS). The Academy of Psychological Clinical Science is an alliance of leading, scientifically oriented, doctoral and internship training programs in clinical and health psychology in the United States and Canada. The Academy’s broad mission is to advance clinical science.

[APA’s guide to Affording and Repaying Graduate School](#)

University Resources

University Graduate School Bulletin: <https://graduate.indiana.edu/academics-research/bulletin.html>

Student Financial Assistance: <https://studentcentral.indiana.edu/pay-for-college/your-success/index.html>

College of Arts and Sciences Graduate Student Home: <https://college.indiana.edu/student-portal/graduate-students/index.html>

College Graduate Student Regulations and General Requirements: <https://graduate.indiana.edu/academics-research/graduation.html>

Enrollment and Student Academic Information: <http://enrollmentbulletin.indiana.edu/pages/index.php>

IU Code of Student Rights, Responsibilities, and Conduct: <https://studentcode.iu.edu/>

Leave Policies for Graduate Students:

[Leaves of Absence](#)

[Parental Accommodation](#)

The GradGrants Center—Bloomington: <https://gradgrants.indiana.edu/>

The GradGrants Center—Bloomington (GGC) is a free service available to all enrolled graduate students on all campuses of Indiana University. The GGC provides information and training to assist graduate students in their search for funding to further research and graduate study at Indiana University.

University Information Technology Services (UITS): uits.iu.edu

As an IU graduate student, you will use information technology (IT) every day. UITS, the central technology organization at IU, is here to help you. With offices on each IU campus, UITS oversees a broad spectrum of services that support academic and administrative pursuits at IU. These services include high-speed campus networking, wireless access, central web hosting, free and low-cost software for personal use, and software and support for teaching, learning, and research. In addition, UITS provides high-performance supercomputers, mass data storage, and visualization technology.

Student Life & Support Website from the IUB University Graduate School:

The IUB's [University Graduate School website](#) provides a wealth of information regarding student life and support activities available on campus. Information includes:

- Graduate and Professional Student Organization (GPSG) <https://gpsg.indiana.edu/>
- Bloomington Visitor Information
- IU Health Center
- Student Recreational Sports Center
- Student Legal Services
- Child Care
- Housing
- Technology
- Disability Services
- Student Organizations

Clinical Translational Training Fellowships

While there are many internal (i.e., within the Department) funding opportunities for graduate students, here we highlight just one: In the summer of 2015, The Clinical Science program received a NIMH-funded T32 Predoctoral Clinical Research Training Fellowship Program. This grant provides training in two NIH-driven initiatives: clinical translational science (CTS) and the research domain criteria (RDoC). The two-year T32

fellowships support six graduate students at a time in order to stretch their developing research program along the translational continuum and/or across multiple levels of analysis. This T32 is innovative in that it is methods-focused and will benefit a wide range of students conducting clinically focused research, as long as that research has potential for growth along the dimensions of translational and/or levels of analysis.

The ideal applicants will be committed to developing a competitive and innovative translational research program related to mental health with expertise in cutting edge frameworks and methodologies, notably [Research Domain Criteria](#). Priority will be given to applicants whose research is aimed at [NIMH priorities](#). The training program offers systematic cross cohort-based learning opportunities that are customized to each trainee and then actualized through dual mentored applications that culminate in an NRSA grant submission. The fellowship appointment (no teaching obligations) will be for two years (assuming good progress after the first year) and will commence July 1 following the application cycle.

Announcements about the application will be sent to the entire Department each fall. Students will need to submit a CV and letter of intent addressing each of the following in separate sections that can be no more than a total of 1 page: (a) translational research goal(s); (b) career objectives; and (c) potential mentoring committee (one faculty member must be from PBS, but select up to 3 who would “stretch” the trainee’s research along the translational spectrum or across units of analysis). Please address questions to Program Director Bill Hetrick (whetrick@indiana.edu). Administrative questions should be sent to Shirley Richardson (shiricha@indiana.edu).

Program Resources for Travel

Because of the importance of training our students to disseminate their research and networking with other professionals in the field, the Clinical Program typically provides \$400 a year to each clinical student to help defray the cost of traveling to conferences where they are making presentations (e.g., presenting a poster or giving an oral presentation). However, these resources may be limited in some years. To request the funds, please contact the DCT and Shirley Richardson, providing the name of the conference, the title of your presentation, a brief summary of the travel expenses, and an explanation of the availability of other funding.

Please note that graduate students frequently also receive financial support to cover travel expenses from other sources, such as research grants secured by their advisors and university sources (e.g., competitive applications for travel grants). These other sources should be used prior to requesting funds from the Clinical Program. Students should make sure that they attend to the emails that announce the deadlines for applying for the travel awards.

Program Resources for Pre-doctoral Internship

The selection of an internship that meets your training needs and rounds out your experiences in this program is obviously a very important decision. To assist you, the program maintains a folder with a variety of pertinent materials. This material includes, for example, SSCP internship directory, guidelines for writing AAPI essays, samples of applications, CVs, cover letters, and interview schedules, questions you may be asked on interviews, and a Power Point presentation developed by students who recently departed for internship. APPIC’s website also contains a thorough explication of the process of seeking an internship, MATCH policies, trainee resources and advice. All graduate students would benefit from becoming familiar with this site (<https://www.appic.org/Training-Resources>) one or two years before applying for internship. (Students who might be considering selection of a non-APA accredited internship for some reason, must discuss this first with the DCT, since it is our recommendation that students attend only APA accredited internship programs.)

At the end of the spring semester, following the completion of internship selections for that year, we have an organizational meeting for all students that describes the internship process. In recent years, this has been organized and run by those graduate students who have just gone through the internship matching process. The

newly selected interns review their experiences and discuss strategies for application and interviewing. Faculty meet with students preparing to go on internship individually throughout the Summer and Fall to continue discussion regarding internship preparations (e.g., selecting internship sites, preparing essays and cover letters, documenting hours, conducting mock interviews, reviewing possibilities and ranking sites).

Once you have completed the process and obtained an internship, we continue to maintain contact with students who are away at their internship sites, as well as with alumni after their graduation. Please be sure to give the clinical program assistant (Shirley Richardson) both your work and home addresses and phone numbers as soon as you have them. Of course, your university email address will be maintained. Your internship training director will also correspond with the DCT regarding your progress. We expect at the least mid-year and final evaluations; all such evaluations are acknowledged by the DCT and placed in your file (with a copy to your advisor). Please coordinate with the Director of Graduate Studies and the Graduate School regarding registration requirements during Internship.

Files

Your primary personal file is maintained in the departmental offices. In order to protect the confidentiality of all the files (and confidentiality of some information within your file, such as confidential admissions letters of recommendation for you), you cannot access your file directly. Please ask the DGS or her assistant if you would like information from your department file.

There is a second folder kept in the clinical office for information that is relevant to your training but not required to be kept by the department. You can access the file by asking Shirley Richardson. Please keep your file up to date by putting in copies of formal correspondence with the program, the department and faculty members that bear on your program standing or progress. Materials that will automatically be placed in your file by the department or program will include evaluations prepared annually by the clinical psychology area, progress reports that you complete each year, evaluations of your performance on community practica and teaching assistantships, announcements of awards or honors, notification of the results of your comprehensive exams, etc. This is excellent practice for you, but also helps us see how you are progressing in areas we may not otherwise know about.

Complaints, Concerns, and Grievances.

Students who have concerns can approach their mentor, appointed ombud or any faculty member. We recommend that students first discuss any concerns with their primary mentor and/or advisory committee. However, two faculty members are particularly relevant because their positions include broad responsibility for student welfare. The Director of Graduate Studies is the expert on the complexities of the departmental requirements or university bureaucracy. And, the DCT is charged with monitoring the progress and the welfare of all clinical students. In addition, the department has an Assistantship Committee that specifically helps to resolve conflicts between Teaching Assistants and instructors that they are assisting. The Psychology Department has a formal grievance procedure for handling conflicts involving students, faculty, or staff that cannot be resolved by the informal means above. A person wishing to file a formal grievance should speak to the Department's Grievance Committee chair about the options and procedures under this system. Students can file a formal grievance with the Department's Grievance Committee, a group of elected faculty members. We take this diffuse approach to conflict resolution so that students always can consult a faculty member who is not directly involved in the situation that concerns them.

Students can also [file a grievance with the College Graduate Office](#).

Additional information about the Code of Student Rights, Responsibilities, and Conduct, including the procedures for filing a grievance, can be found here:

<https://studentcode.iu.edu/>

Electronic Media

The Council of University Directors of Clinical Psychology has discussed the implications of trainee information on websites, email signatures, and answering machine messages. As technology changes, professional training includes becoming aware of the implications such information might have. Consider the following points:

- Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.
- Clients are conducting web-based searches on trainees' names and finding information about therapists (and declining to come to clinics based on what they find).
- Employers are conducting on-line searches of potential employees prior to interviews and job offers.
- Legal authorities are looking at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.
- Postings to listservs might reflect poorly on oneself and the program.
- Although email signature lines are ways of indicating your uniqueness and philosophy, one is not in control of where the emails will ever end up and might affect how others view you as a professional. Quotations on personal philosophy, religious beliefs, and political attitudes might cause unanticipated adverse reactions from other people.
- Greetings on answering machines and voicemail messages that might be entertaining to your peers, express your individuality, and indicate your sense of humor may not portray you in a positive professional manner. If you ever use your cell phone or home telephone for professional purposes (research, teaching, or clinical activities), be sure your greeting is appropriate and professional in demeanor and content.
- Emails that are believed to be confidential can be found and potentially published (on listservs, in newspapers, etc.).
- Information that seems to be fun, informative, and candid might put the program and the student in a bad light. What might be seen as "private" self-disclosure indicating your perceptions of yourself, among friends is actually very public. This includes blogs, personal pages on social networking sites like Facebook, Instagram, TikTok, etc. Anything on the World Wide Web is potentially available to all who seek it. Be mindful of your postings that are not only self-disclosing, but also other disclosing. In other words, think twice before posting pictures of, or information pertaining to, your friends (who may or may not also be graduate students) without their permission. Be particularly mindful when posting about clinical experiences to prevent inadvertently sharing information about your clients and to maintain a professional impression online.

Trainees are reminded that if you identify yourself as a graduate student in the program, then we have some interest in how you portray yourself. If you use the internet to report doing something unethical or illegal, then the website may be used by the program to determine probation or even dismissal. As a preventive measure, the program advises that students (and faculty) approach online blogs and websites that include personal information carefully. Is there anything posted that one would not want the program, faculty, employers, family, or clients to read or view?

Students are advised to engage in "safe" web practices and be concerned about professional demeanor and presentations.

Graduating with a Degree in Psychology

The Clinical Science program does not completely control when the doctoral degree from Indiana University is granted, because the program does not grant degrees. Our students do not receive a Ph.D. in Clinical Psychology or Clinical Science. Transcripts, diplomas, and all official records list our students' major simply as Psychology, and university counsel has stated that students who have completed the general requirements for a Ph.D. in Psychology must be allowed to graduate if they apply to do so. Because University records refer only to a major in Psychology, however, certification by the program is the only way that students can demonstrate completion of APA approved training in Clinical Psychology. Therefore, the program does not certify students as completing the Clinical Psychology Training Program until after they have successfully completed the predoctoral Internship. These policies are clearly stated in the Graduate School's Academic Bulletin for Psychology and the General Graduate School Regulations. A similar issue occasionally arises with students who are admitted to the department by the clinical science program, but who eventually elect not to complete an internship because they plan to seek a job that does not require an internship. They are graduates of the department, doing their coursework and their research in clinical science, but they are not certified as completing APA approved training in Clinical Psychology. This enables students more flexibility to pursue an individualized course of training that will best serve their goals. It is important to note that such students will not be eligible for licensure after they graduate.

Completion of Dissertation and Commencement

When you complete your dissertation.

- Please see the attached document about the paperwork that you must finish when you complete your degree. Please note that if you finish your dissertation before (or during) your internship you can now indicate a future conferral date (see #2).

The conferral date.

- The conferral date is the date when you officially get your degree (i.e., it goes on your transcript). The date must be after you are done with your internship if you are completing the APA-accredited program.

Official commencement date.

- The university sets the date when you can officially be part of a commencement ceremony, based on when you complete all of your requirement, notably your dissertation. The official commencement means when your name (and I think your dissertation title) show up in the brochure.

When you walk and get hooded.

- During commencement students can have their names announced (they read it off a card you hand them) and can get hooded by a professor. For many students they walk and get hooded during their official commencement date. However, clinical students may walk and get hooded if they have (or will have) their dissertation complete during the period of time set by the university for the official commencement date. We have this policy because students will complete all of the requirements for a degree in the department when they have finished their dissertation, though their names will not show up in the brochure.

Thus, when you walk/get hooded depends on several factors, notably when you will be done with your dissertation, the timing and location of your internship, and your desire to experience the pomp and circumstance of a graduation ceremony.

Post-Graduation Career Information and Surveys

We value your feedback regarding the strengths of our program, as well as suggested areas of improvement. In addition, APA requires programs to report annually on graduated students' current career achievements and satisfaction with training. You will periodically receive survey requests from our program post-graduation. Please continue to provide up-to-date contact information up to 10 years post-graduation.

Department of Psychological and Brain Sciences Clinical Students Defense & Dissertation Guidelines (10/4/17)

You must follow these steps in order to have your degree conferral delayed until after your internship.*

1. Defense Announcement (eDoc at <https://one.iu.edu/task/iub/phd-defense-announcement>)

Must be processed and approved 30 days before the defense. To allow time for processing, submit the form 40 days before the defense.

- Complete the form per its instructions.
- In the “Create Note” section, add the note “internship before graduation,” then click on “submit”

2. Submit Signed Abstract and Acceptance Pages to the University Graduate School (UGS)

- At the defense or once your committee has approved your dissertation (i.e., all committee required revisions have been made and approved), all of your committee members must **sign the abstract pages and the acceptance page**. These must be original signatures. <http://graduate.indiana.edu/theses-dissertations/formatting/doctoral.shtml>
- **Deliver the signed pages to the UGS** in the Wells Library (main library, 1320 E. 10th Street), Room E546. You can reach them at (812) 855-8853, if you need to confirm office hours, etc.

3. Submit Dissertation to ProQuest and Indicate Degree Future Conferral Date

- Submit your final, committee-approved dissertation electronically to ProQuest. Once submitted, you cannot make changes to the content. You may later be required to make formatting changes (see below). <http://graduate.indiana.edu/theses-dissertations/submission/doctoral.shtml>
- **Indicate the future month and year you wish the dissertation to be reviewed for the degree completion process.** *This is important. Failure to do this could result in a degree conferral prior to the end of your internship. This date must be within 16 months of your defense date.*
 - The UGS will review your dissertation on/after the date you indicate. At that time, if there are required formatting changes to be made, you will be notified.

*Note: Graduation is often used to refer to the process of walking in commencement. Degree conferral, however, is when the degree is actually awarded and posted to your transcript.

Assessment Forms

Please note that the official forms are available from Graduate Academic Services Coordinator (currently Shelley Swain) and/or the Clinical Science IU Teams. Many of these forms are now being administered online. However, the forms below illustrate how students will be assessed.

Academic Progress for the Ph.D.

Psychological and Brain Sciences Academic Progress for the Ph.D.

OFFICE USE: Date Completed: _____ Completed by (signature): _____
Dates Updated & Initials of Updater: _____

This form is to monitor degree progress in the programs offered in the Department of Psychological and Brain Sciences. It does not replace the need to meet with your committee. The Advisory/Research Committees have the right to establish additional requirements not listed here. You are responsible for tracking your electronic documents (eDocs). See page 5 for instructions.

Name: _____ Univ. ID#: _____

Email: _____ Year Matriculated: _____ Year in Program: _____

PROGRAM OF STUDY: Major Area: _____ Advisor: _____

Individualized or External Minor: _____
(Please see the "Minor Requirements" section of this review sheet.)

OR
Double Major – 2nd Major Area: _____

- Elsewhere on this sheet are important instructions on how to add a 2nd major. We only track your major in Psychological and Brain Sciences (PBS). For your other major or your external minor, please contact that program directly. Examples: Cognitive Science (812) 855-2722; Neuroscience (812) 855-7756.
- Please note that courses used for skills requirements cannot be double counted towards a major area requirement or a minor requirement.
- Some requirements can be waived if there is sufficient justification. Waivers must be approved by the Director of Graduate Studies and, in some cases, the Dean of the Graduate School.

Cumulative GPA of 3.3 or above. An average of at least a B+ (3.3) must be maintained in all course work. No grades below B- (2.7) may be counted toward degree requirements. Students with a GPA below 3.3 or receiving more than one grade below B- (2.7) may be subject to academic probation and dismissal, etc. More than 2 current incomplete grades automatically places a student on academic probation.

Current cumulative GPA: _____ / _____ / _____ / _____ / _____

ADVISORY COMMITTEE

Formation: This electronic form (<http://college.indiana.edu/graduate/office/record/shtml>) must be completed by the end of the first year. This form is in the process of moving to One.U.I.Edu. We recommend at least 1 or more senior faculty members serve on the committee. Single Major: 2 faculty from major, 1 faculty from minor (you may complete the form without declaring a minor). Double Major: 2 faculty from each major area.

Members: _____

Date committee officially approved by the College (COLL): _____
Double Majors from COGS/NEUS: Filed internal Double Major Form with PBS? _____
Double Majors outside of PSY/COGS/NEUS: Filed forms to declare major & applied to program?: _____

Committee Meetings. Students must meet with the advisory committee at least once per year and file a report of the meeting. To file a report, email a summary of the meeting to your advisory committee. Your advisor must then forward the report to the Academic Services Coordinator (ASC) and the Director of Graduate Studies (DGS) indicating the report is approved by the committee. Clinical students: Your advisor will also need to complete the Clinical area-specific form, available from the Clinic office. The ACS and DGS are currently Patricia Crouch and Dr. Amy Holtzworth-Munroe.

Meetings Held & Report Filed by Advisor (dates): _____ Yr. 1 _____ Yr. 2 _____ Yr. 3 _____ Yr. 4 _____ Yr. 5

PROFESSIONAL DEVELOPMENT SKILLS REQUIREMENT

- Usually PSY-P 595/COGS-Q 510: 1st Year Research Seminar. Semester: _____

STATISTICAL SKILLS REQUIREMENT

- Course: _____ (usually P553 Adv. Stats.) Semester: _____
Or was the course waived? Y or N _____ If yes, is waiver memo on file? Y or N _____ DGS Approval? Y or N _____

RESEARCH METHODS SKILLS REQUIREMENT

- Usually a second, committee approved (advisor must email us approval indicating full committee approval or student should include it in committee report), Statistics or Methods Course.
- Course: _____ Semester: _____

RESEARCH PROJECTS

- First Research Project Completed (with acceptance sheet signed by your advisor, Clinical students must also attach the Clinical area-specific form). Due by end of 3rd semester. Typically due the Friday of finals week. Advisor: _____ Date Filed with Academic Services: _____
○ Poster Session: _____
- Second Research Project Completed (with acceptance sheet signed by your advisor, Clinical students must also attach the Clinical area-specific form). Due by the end of the 5th semester. Typically due the Friday of finals week. Advisor: _____ Date Filed with Academic Services: _____

TEACHING AND INSTRUCTIONAL SKILLS REQUIREMENT

- P660 The Teaching of Psychology, offered only in the Spring. Students are encouraged to complete course in 1st year. Grade: _____ ("R" grade is removed after teaching P211 & review of student evals.) Semester: _____
- Teach one semester (PSY-P 211 Methods): Semester: _____ The P211 faculty supervisor can provide you with a copy of your student evaluations.
- Students whose native language is not English must obtain a score of C2 on the Test of English Proficiency for Associate Instructor Candidates (TEPAIC) to be eligible to teach or lead discussion sessions. The test requires a memo of permission from the department and the student must register in person at Second Language Studies. More information is available at <https://dsis.indian.edu/programs/tepaic.html> Score: _____

Major Area's Specific Requirements

Clinical (CL): The core courses should be taken within the first 2 years, before Quals., unless otherwise approved by the Advisory Committee.

Core: P530 Clinical Psychology, Semester: P641 Assessment, Semester:
 P624 Principles of Psychopathology, Semester: P631 Intervention & Evaluation, Semester:

Elective: 1 course, 3 credits (any graduate elective course taught by clinical faculty or any other graduate course in the department as approved by advisory committee or P667 or P669.) Please speak with your committee to select this course.

Elective: Course # Title: Credits: Instructor: Sem. Committee OK?

Practica: (P690) At least 2 semesters (2 courses or 6 credits). Total Practica Hours:
 (1) Supervisor Location/Title: Semester(s)
 (2) Supervisor Location/Title: Semester(s)
 (3) Supervisor Location/Title: Semester(s)
 (4) Supervisor Location/Title: Semester(s)
 (5) Supervisor Location/Title: Semester(s)

APA Competency Areas Fulfilled. Four areas: human development; biological aspects of behavior; cognitive and affective aspects of behavior; social aspects of behavior. Speak with the Director of Clinical Training to determine if you have fulfilled the APA competency requirements. Academic Services does not track these.

A Note About Forms: In addition to the department/University forms, Clinical students must complete Clinical-specific paperwork for: First and Second Year Research Projects, Annual Advisory Committee Review, Qualifying Exam, Dissertation Proposal, and the Defense.

Cognitive Neuroscience (CNS): Core courses to be made up of the following (or as approved by the Advisory Committee), for a total of at least 12 credits:

CNS Methods Course: One course (3 credits) selected from:

 P546 Topical seminar – Neurophysiological techniques (Puce) P544 Intro. to fMRI measurement and analysis (James, T.)
 P650 Neuroimaging: Theory and methods (James, T.) P657 Topics Sem.: Computational Cognitive Neuroscience Approaches (Busey)

AND 3 courses (9 credits) of coursework as noted below:

CNS Courses:

- Any course offered by CNS area faculty, as approved by the advisory committee.
- Any of the following are acceptable, but not required: Q551, S531, N500, N501.

1. Course #	Title:	Credits	Instructor	Sem	Committee OK?
2. Course #	Title:	Credits	Instructor	Sem	Committee OK?
3. Course #	Title:	Credits	Instructor	Sem	Committee OK?

Cognitive Psychology (CO): 12 credit hours as approved by the advisory committee. Any graduate-level course taught by a Cognitive Psychology or Cognitive Science faculty member applies towards the Cognitive Psychology major or as approved by Advisory Committee.

1. Course #	Title:	Credits	Instructor	Sem	Committee OK?
2. Course #	Title:	Credits	Instructor	Sem	Committee OK?
3. Course #	Title:	Credits	Instructor	Sem	Committee OK?
4. Course #	Title:	Credits	Instructor	Sem	Committee OK?

Developmental (DE): 12 credit hours as approved by the Advisory Committee.

1. Course #	Title:	Credits	Instructor	Sem	Committee OK?
2. Course #	Title:	Credits	Instructor	Sem	Committee OK?
3. Course #	Title:	Credits	Instructor	Sem	Committee OK?
4. Course #	Title:	Credits	Instructor	Sem	Committee OK?

Mechanisms of Behavior (MOB): 12 credit hours as approved by the advisory committee. Students are strongly encouraged to participate in the monthly colloquium series.

1. Course #	Title:	Credits	Instructor	Sem	Committee OK?
2. Course #	Title:	Credits	Instructor	Sem	Committee OK?
3. Course #	Title:	Credits	Instructor	Sem	Committee OK?
4. Course #	Title:	Credits	Instructor	Sem	Committee OK?

Molecular and Systems Neuroscience (MSN): 14 credit hours in courses taught by MSN faculty or in courses approved by Advisory Committee, including N500 and N501, 2 semesters of N650, 1 elective in molecular/cellular, and 1 elective in systems. Students are expected to regularly attend the colloquium series.

1. <u> </u> Fall – Year 1: N500 Neural Sciences I (3)	3. <u> </u> Fall – Year 2: N650 Neuroscience Colloquium Series (1)
2. <u> </u> Spring – Year 1: N501 Neural Sciences II (3)	4. <u> </u> Spring – Year 2: N650 Neuroscience Colloquium Series (1)

Molecular/Cellular Elective (Year 2+), 3 cr.: 1. Title: Credits Instructor Sem Committee OK?
 Systems Electives (Year 2+), 3 cr.: 1. Title: Credits Instructor Sem Committee OK?

Social (SO): 12 credit hours of the following core courses, taken within the first two years, before Quals., or as approved by the Advisory Committee.

 P820 Social Perception and Social Cognition, Semester:
 P620 Attitudes and Attitude Change, Semester:
 P721 Group and Intergroup Processes, Semester:
 P647 Judgment and Decision Making, Semester:

In addition, students should attend the area seminar, P700 Research & Theory in Social Psychology; list semesters when did so:

Minor Requirements or Double Major

A minor is not required for double majors.

Minor

There are 2 options: an **individualized minor** or an **external minor**. An individual minor is created by the student and the Advisory Committee and must be pre-approved by the Advisory Committee and the Dean of the University Graduate School.

Individualized Minor: Requires 9 graduate-level credit hours. *Prior to coursework*, the Advisory Committee and the student must create a proposed title for the minor and a list of **more than 3** proposed courses. The *Request for Individualized Minor* form is available at One.IU.Edu (search for "minor"). The form will route to your committee and department. Final approval is at the discretion of the Dean. **Note: P690 Practicum** is not accepted towards the Clinical minor unless special permission has been requested from and granted by the Director of Clinical Training.

Title of Individualized Minor: _____
 eDoc Approved by Department: _____ eDoc Approved by University Graduate School: _____

1. Course # _____	Title: _____	Credits _____	Instructor _____	Sem _____
2. Course # _____	Title: _____	Credits _____	Instructor _____	Sem _____
3. Course # _____	Title: _____	Credits _____	Instructor _____	Sem _____

External Minor (outside of the Department of Psychological and Brain Sciences): These minors typically require at least 12 credit hours. You must follow all of the guidelines of the minor department. Contact the specific department for more information, guidelines, etc.

Title of External Minor: _____
 Received Confirmation from Minor Department Confirming Minor is Completed: _____

1. Course # _____	Title: _____	Credits _____	Instructor _____	Sem _____
2. Course # _____	Title: _____	Credits _____	Instructor _____	Sem _____
3. Course # _____	Title: _____	Credits _____	Instructor _____	Sem _____
4. Course # _____	Title: _____	Credits _____	Instructor _____	Sem _____
5. Course # _____	Title: _____	Credits _____	Instructor _____	Sem _____

Double Major

Declaring a Second (Double) Major: To add another program (such as COGS or PNS), complete the Graduate School's "Application to Change from a Single to a Double Major for the Ph.D." and contact the other program to see if they have department-specific forms. If you are in another program and wish to add PBS, your first step is to make an appointment with Dr. Holzworth-Munroe. You must complete two forms (the department's "Application to Add Psychology as a Second (Double) Major" and the Graduate School's "Application to Change from a Single to a Double Major for the Ph.D.") Regardless if you are in PBS adding a 2nd major or in another program and adding PBS, you must write a goal statement and attach it to these forms. You can obtain the forms at: <http://academiciupsychgrad.weebly.com/double-major.html>.

Course Credit Summary: This space is used to estimate the # of hours completed/in progress & hours needed. "R" grades for P895, P899, and G901 may remain until just prior to degree conferral although we like to remove them sooner in order to keep the transcript "clean." To remove "R" or "I" grades in P895, the faculty member may do so via eGrade Change in One.IU.Edu. For P899 and G901 (and P895 courses prior to 2010) the faculty member must email the Academic Services Coordinator and request a grade change.

Number of Graded Hours on Transcript: _____	_____	_____	_____
Number of Hours in Progress (Semester: _____)	_____	_____	_____
If applicable, # of hours enrolled next semester (Semester: _____)	_____	_____	_____
Hours with "R" or "I" grade (List: _____)	_____	_____	_____
Total Hours or Total Potential Hours: _____	_____	_____	_____

"NR" means a grade wasn't reported and the instructor needs to submit the final grade roster. This cannot be fixed by a "change of grade" because there is not a grade recorded. Please contact the instructor.

A minimum of ninety (90) graduate-level credit hours is required for the Ph.D.

All candidates must complete at least 30 credit hours of graduate work while enrolled on campuses of Indiana University. Of these hours, at least one semester or two summer sessions of full-time work must be taken in University Graduate School degree-granting units on the Bloomington, Fort Wayne, Indianapolis, South Bend, or Southeast campuses. Candidates for the Ph.D. degree must spend two consecutive semesters during one academic year on the Bloomington or Indianapolis campus.

Transferring Credits? If you wish to transfer credits from another university, please have your advisor send an email to the Academic Services Coordinator. The email should indicate which courses are approved and which, if any, requirements they fulfill. The Academic Services Coordinator will prepare a form, to be signed by the Director of Graduate Studies, and sent to the Graduate Division of the College of Arts and Sciences. Please discuss options with the Director of Graduate Studies (DGS) to help judge the fit of courses from other institutions to our department requirements. Students cannot transfer more than 30 credit hours.

Requesting a Waiver? If you have taken the equivalent of one of our required courses, contact the instructor in this department. If she/he approves the course as the equivalent of our required course, she/he must send an email to the Academic Services Coordinator, stating the course to be waived and granting permission. The waiver must be approved by the DGS. In some cases, the approval of the Dean in the University Graduate School is required and/or hours must be transferred. NOTE: You do not earn credit for the waived course unless you transfer those credits from the other institution. As you know, you must follow the requirements in the *Bulletin* of the year you entered the program, or you may choose to follow a *Bulletin* of a more recent year. You must confirm that your transfer request meets the chosen *Bulletin*'s requirements.

Qualifying Exam: See <http://academicipsychgrad.weebly.com/qualifying-examinations.html> for petition, results form, & department's Qualifying Exam Policy.

Taken before the beginning of the 5th semester (written portion finished before the first week of classes in the 5th semester); oral portion finished within first 2 weeks of 5th semester). *Double majors may petition to defer Qualls for one year (before the 7th semester). This date must be at least 8 months before the date the degree is awarded (the department can establish earlier deadlines). There are 2 forms required:* (1) Qualifying Exam Petition (which includes a written plan); and (2) Qualifying Exam Results Form.

Qualifying Examination Petition & Written Plan: By the last day of the Spring semester (the Friday of the last week of classes), a student's advisor must submit to the Academic Services Coordinator (ASC):

- 1a. The signed **Qualifying Exam Petition** (by signing the petition, the committee is approving the written plan.)
- 1b. Attached to the Petition must be the **written plan** (usually written by the student; must be approved by the committee and submitted by the advisor) for the qualifying exam, including due dates which fit the required department due dates. See the department's Qualifying Exam Policy. *Students taking the computer exam must notify the ASC at least 2 weeks in advance and reserve the department's computer classroom.*
2. The **Qualifying Exam Results Form** is to be completed by your committee and returned to Patricia Crouch by the dates outlined on the form. **Clinical students** must also complete the Clinical-specific form, available from the Clinic office.

Your Advisory Committee becomes your Qualifying Examination Committee. If you wish to add "voting" members for your exam, **you must officially change your Advisory Committee.** You can change your Advisory Committee at <http://college.indiana.edu/graduate/office/record.shtml>.

Date of Final Exam (Orals): _____ Result: _____ Retake Date (if applicable): _____ Result: _____

Continuing Enrollment: After passing the Qualifying Examination, you are required to enroll every semester, excluding summer. You must be enrolled when the degree is awarded. This means if the degree is awarded in June, July, or August, you must enroll in summer research credit.

.....
Candidacy Date Approved: _____ Candidacy Expires: _____ (7 years after passing quals; dept. can establish earlier deadlines.)
Bulletin Year for Candidacy: _____ *This is a good time to confirm your final undergraduate transcript is on file.*

Requirements for Admission to Candidacy: Completion of all Skills Requirements (Statistical, Research Methods, Professional Development; and Teaching and Instructional), all courses in the major, 9 hours in minor (or have completed all requirements in 2nd major or credit hours required for external minor). You must also have passed the qualifying exam and submitted your First and Second Research Projects. The ACS must attach a course list to the electronic form. This list explains which courses were used to fulfill which requirements, etc. Documentation of any waivers must also be attached.

You must follow the guidelines in the *Bulletin* dated the year you entered the program. For example, if you entered the program in Fall 2014, you must follow the 2014-2015 *Bulletin*. Or, you may select to follow the guidelines of a subsequent *Bulletin*. You must do one or the other. **Unless you indicate otherwise, we will hold you to the requirements from the University Graduate School Bulletin that were in effect for the year you entered the program.** This *Bulletin* is available at <http://graduate.indiana.edu/academics-research/bulletin.shtml>. *Admission to candidacy is a formal University process. It signifies the faculty's recognition that the student has completed certain degree requirements and is likely to complete all other degree requirements.*

Instructions: The form for "Nomination to Candidacy for the Ph.D. Degree" is electronic and is available in One.IU.Edu. *Do not use the old paper form.* You (the student) initiate the form (do not attach a course list, the department will do this). It will route to your committee and the department before routing to the University Graduate School. A student reference guide is also available in One. **You must be admitted to candidacy before you can form your Research Committee** (see "Nomination of Research Committee" below).

Once you have met the core requirements and taken all major/minor courses, you will typically enroll in P895 Research until you have dissertation proposal approval.

.....
Nomination of Research Committee – Required 7 Months Before the Defense.

Technically, the guidelines state the form is required 6 months before the defense. However, *it may take up to 4 weeks for the form to be approved.* The 6-month deadline is from when the University Graduate School *approves* the document, not from the date when the student initiates it.

Date Approved: _____ (List membership below)

Instructions: This is an electronic form available in One.IU.edu. *Do not use the old paper form.* Remember, this eDoc is due 7 months before your defense. There is not a proposal form. A student reference guide is available in One. Questions about the online form should be directed to the University Graduate School at 855-9345. If the membership or title changes, you will have to submit a Change of Research Committee form. **Clinical students** must also complete the Clinical area-specific Dissertation Proposal form and, later, the Dissertation Defense Evaluation Form. These forms are available from the Clinic office.

Committee Members: All committee members must be members of the University Graduate School and at least half must be full members. Members serving as committee chairs must have the endorsement to direct dissertations. **The 4 members must be IU faculty. Additional members from outside of IU may serve on the committee but cannot replace the required 4 IU faculty.** For an outside member, attach a copy of his/her CV to your electronic A list of approved graduate faculty/endorsed faculty is available at <http://graduate.indiana.edu/faculty-staff/membership.shtml>. Your committee members must sign off on the electronic Nomination of Research Committee Form. A 1-2 page prospectus (or abstract) must be attached to the e-form along with relevant protocol forms (e.g. IRB or animal use.) **We recommend that you have a proposal meeting with your committee. While the form requires only a 1-2 page prospectus, your Research Committee usually will require a longer, more detailed proposal.** For specific questions related to protocol forms, please contact Compliance Services in the Office of Research Administration.

Double majors MUST have co-chairs (a chair for each major).

Note: Clinical students: Letters of recommendation for internship applications will NOT be sent until your dissertation proposal is approved by your committee.

SINGLE MAJOR: Committee made up of at least 4 members, 3 or more faculty from the department and 1 for each minor.

Please indicate committee chair. If membership later changes, a change form must be filed.

Major: _____ (Chair) _____
Minor: _____

DOUBLE MAJOR: Committee made up of at least 4 members, 2 from each major (including one chair from each). A minor is not required.

You must indicate chair and co-chair, one from each major. If membership later changes, a change form must be filed.

1st Major: _____ (Chair) _____
2nd Major: _____ (Co-Chair) _____

G901 and Continuing Enrollment

Once you have dissertation proposal approval, but are below 90 credit hours, begin enrolling in P899 PhD Degree Research.

Once you have 90 hours, and have been admitted to candidacy, you may wish to begin enrolling in G901 Advanced Research. G901 allows you to retain full-time student status, at a flat fee of \$150.00 each semester. However, note that G901 is only available for a total of 6 credit hours per semester (i.e., you cannot enroll in fewer or more than 6) and G901 enrollment is limited to a total of 6 semesters. G901 is NOT offered in the summer and cannot be taken with any other courses. It is available to you only after you have met all other degree requirements with the exception of the written dissertation. The student is responsible for the \$150, it is not covered by a remission. If you do not have summer funding, you may not be covered by student health insurance. If you are not sure of your status, speak to the department's Human Resources Coordinator for insurance confirmation. Because you do not pay mandatory fees when enrolled in G901, you may be required to pay fees for if you opt for services such as SRSC, HPER, and the Health Center.

Record of G901 Enrollment (maximum of 6 semesters):

Semester: _____ Semester: _____ Semester: _____ Semester: _____ Semester: _____ Semester: _____

Dissertation - Defense: Announcement due 30 days prior to defense.

The Announcement must be submitted via the eDoc. A link is available at <https://one.iu.edu/collection/iub/university-graduate-school/#Graduate%20one.iu%20task%20page>. The defense is considered open to the public. To schedule the defense, meet with your committee members to select a mutually agreed upon date and time. You may reserve a room by visiting the department's room scheduling site at: <http://bl-psy-appsv.ads.iu.edu/mrbs/>

For instructions for the announcement, please see the "Thesis and Dissertation Guidelines" at <http://graduate.indiana.edu/theses-dissertations/index.shtml>

Announcement Submitted: _____ Defense Date: _____

Be certain to take your acceptance page and abstract to the defense. These require original signatures.

Dissertation - Written: The preferred method is to submit the dissertation to the Graduate School electronically (via ProQuest). Instructions and deadlines are available at <http://graduate.indiana.edu/theses-dissertations/formatting/index.shtml>. Specific questions should be directed to the University Graduate School at 855-1117. Students are expected to submit the final version of the dissertation within six months of the defense date.

By the 15th of the month: Initial submission of doctoral dissertation or master's thesis must be completed (via ProQuest). The content must be final and is subject to review of formatting by the University Graduate School. Students will be notified, within one week, if formatting corrections are required. May and December have different deadlines and change each year. Please check with the University Graduate School.

By the 27th of the month: Submit signed doctoral acceptance page and abstract, as well as corrected doctoral dissertation (via ProQuest, if required after initial review by/response from the doctoral recorder). May and December have different deadlines and change each year. Please check with the University Graduate School.

*These dates are subject to change. Please check with the University Graduate School.

Department's Copy: The Department requires one bound copy of your dissertation. If you follow the instructions, we will arrange and pay for one bound copy of the dissertation for our archives.

Instructions:

1. Complete the IU Scholar Works form: <https://scholarworks.iu.edu/>
2. Email your Graduate-School-approved final dissertation copy to pcrouch@indiana.edu.
3. Email pcrouch@indiana.edu with details about your post-graduation plans/employment.

Commencement Participation: Submit the "PhD Application for Commencement" by October 1st for December Commencement and March 1st for May Commencement. This electronic form is accessed through One.IU.edu and a link is available at <http://graduate.indiana.edu/academics-research/graduation.shtml>. Please also see University Ceremonies at <http://www.commencement.iu.edu/index.shtml>. This site also includes information for your committee should they need to order academic apparel for the ceremony. **Eligibility:** Finishing Jan.-Aug. can attend Spring (May) commencement. Finishing Sept.-Dec. can attend Winter (Dec.) commencement.

FUNDING:	Fall	Spring	Summer
1 st Year	_____	_____	_____
2 nd Year	_____	_____	_____
3 rd Year	_____	_____	_____
4 th Year	_____	_____	_____
5 th Year	_____	_____	_____
Beyond*	_____	_____	_____

*Remember that no department funding is guaranteed past the 5th year. If you are in your 5th year or beyond, you need to submit an application (by April 1) asking for funding for the following academic year; but again, that funding may or may not be available. Summer funding generally is not available for students beyond their 5th year.

Finding and Tracking Electronic Documents (eDocs): The forms for Nomination to Candidacy, Nomination of Research Committee, and the Defense Announcement, are all eDocs available in <http://one.iu.edu>. ***You are responsible for tracking the progress of your forms and for reminding your committee members to approve them.*** The University Graduate School E-Doc systems are located in the University Graduate School – Bloomington pages in the Group Quick Links Section. **Instructions:** You can search by your (the initiator) Network ID, or the Document ID (you will receive an email after you have submitted your document that will give you the document id.). If you have submitted other e-Docs in the past, you can add the Date Created to narrow your search further: 1.) Click the Notifications tab; 2.) Click Document Search in the Menu on the left; 3.) Type in at least one criteria you would like to search by; 4.) Click the search button; and 5.) Click the Route Log button that is on the right side of the list of the search results.

Bookmark the Task Center in One.IU.Edu. In One.IU.Edu, search for “University Graduate School Task Center” and save it as a favorite. This Task Center will take you to many of the eDocs you will need during your academic career.

Course Fee Remissions cover coursework taken within the College of Arts and Sciences. Courses outside the College must be approved, *in advance*, by the advisor and the Director of Graduate Studies (DGS). To receive approval, speak to your advisor. At some point at the start of the semester, the DGS will be asked for a justification as to why you must take a course outside of the College. At that time the DGS will email your advisor for the approval and for the justification. A list of the College departments is available at <https://college.indiana.edu/academics/departments/index.html>.

Undergraduate Transcript on File? Confirm that IU has a final undergraduate transcript that reflects the conferral date of your baccalaureate degree. If not, have one sent to Patricia Crouch. If available, an official electronic copy is appropriate. It can be emailed, from the University, to her at pcrouch@indiana.edu.

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PhD Final Steps Information Sheet: Be sure to review the information sheet listed under “Graduation and Commencement” at <http://academicpsychgrad.weebly.com> and the Graduate School’s <http://graduate.indiana.edu/academics-research/graduation.shtml>.

Check-List: These are items commonly overlooked by students.

1. “R”, “I”, and “NR” grades have been changed and grades assigned. If you are graduating in the middle of a semester, a grade roster is not available and therefore a grade cannot be submitted at that time. This will not delay your degree.
2. Official undergraduate transcript reflecting that the undergraduate degree has been awarded.
3. Bursar bill paid
4. Copy of Graduate School-approved final dissertation emailed to PBS.
5. Verify your address is up-to-date with the Registrar.
6. Submit Exit Survey to the University Graduate School
7. **Notify the Academic Services Coordinator of your plans (i.e., where are you are going, type of work you will be doing, etc.)**

.....
Notes from Academic Services or Actions for You to Take:

Qualifying Examination Petition

DEPARTMENT OF PSYCHOLOGICAL & BRAIN SCIENCES Qualifying Examination Petition 2017

Due May 5, 2017 (by 4:00 p.m.) to Patricia Crouch (Academic Services) in the Main Office.

Double Majors: Please check with your other major for their specific forms and requirements that may be required *in addition to* this PBS form. **Clinical Students:** Please see the Clinic office for additional paperwork.

Instructions:

1. Complete this Qualifying Examination Petition form (if deferring, skip to #5 of these instructions).
2. Attach the committee-approved qualifying examination plan (see below for specifics).
3. Obtain signatures of all committee members.
4. Return completed/signed form, with written plan, to Patricia Crouch.
5. Deferring exam? Check the appropriate deferral option below, obtain signatures of all committee members (and, if appropriate, the signature of the Director of Graduate Studies), return completed form to Patricia Crouch.

STUDENT INFORMATION:		PLEASE PRINT	
First Name	Last Name	Univ. ID #:	
Area(s) (double majors – please list both areas):			
Minor (not required for double majors):			
WRITTEN PLAN (ATTACH): This written plan is to include any of the following as deemed necessary by the committee.			
<ul style="list-style-type: none"> Questions to be addressed (as approved by the committee) Reading lists for each question (as approved by the committee) An understanding that, to help with their timing and organization, the student should have a plan of when to complete each paper. For example, it is advised that the student complete the first paper by mid-June, the second paper by mid-July, and the third paper by mid-August (although papers do not all have to be turned in until the August deadline.) Any other details or plans unique to the student (as approved by the committee). Due dates for written and orals, which must comply with the timeline outlined in the department policy below. NOTE: If the student is taking some other form of the qualifying exams (e.g., social area students often complete an exam given in a more test-like format; some areas may require a grant proposal instead of answering one question, etc.) the advisor should still submit a plan, but it will focus on the due dates, possible reading lists, and any other relevant issues. 			
TIMELINE AND DUE DATES (Department Qualifying Examination Policy)			
<ol style="list-style-type: none"> 1. Qualifying examinations will be taken in the summer after the 4th semester in the program. 2. This Petition for Qualifying Examination form and written plan are due to Patricia Crouch by 4:00 p.m. on Friday, May 5, 2017. 3. All written parts of the exam must be completed by the last week of the summer break (Aug. 14-18, 2017; no later than 5 p.m., Aug. 18). 4. The oral exam, including the examination and the evaluation of it, must be completed by the Friday of the SECOND week of classes in the fall semester (Sept. 1, 2017). By that time, the committee must be prepared to give a report to the full department faculty. 5. If the student does not pass the exam, he/she has until 5 p.m. on Thursday of the third week of classes (Sept. 7, 2017) to meet with the DGS and make a decision about any course changes. All procedures used to let the student complete or re-take the exam must be complete by the end of the fall semester (i.e., the end of the fifth semester). The faculty on the committee must be prepared to give a report to the full department faculty by the end of the final examination week of the fall semester (finals week for Fall 2017 is Dec. 11-15). 6. Students who are pursuing majors from two different departments or programs may be given one extra year to complete their psychology qualifying examinations. (Provided they submit this completed form, see the "Deferring the Examination" section below). 			
*To add or remove persons from your committee select "Advisory Committee: Apply Online" at http://college.indiana.edu/graduate/office/record.shtml			
DEFERRING THE EXAMINATION			
<p>Double majors may petition to defer their qualifying examination for one year. Deferrals for single majors are rare and must have the approval of the full committee and the Director of Graduate Studies. If you wish to defer your exam, check the appropriate statement below <i>before</i> obtaining committee members' signatures. If you defer in 2017 please remember you will need to submit a NEW petition in April/May 2018.</p> <p>____ I am deferring my qualifying examination because I am a double major. DGS signature is not required.</p> <p>____ I am petitioning to defer my qualifying examination because of the following (provide a specific & brief explanation for the request. (You may use the back of this form if you need more space.) Approval from the Director of Graduate Studies (DGS) is required.</p> <p>DGS' Signature of Approval _____ Date: _____</p>			
ADVISORY COMMITTEE SIGNATURES (The Advisory Committee <u>is</u> the Qualls Committee*):			
By signing below, you agree to the written plan, reading lists, deadlines, etc., and/or to the student's request to defer his or her examination.			
Printed Name	Department	Signature	Date

Qualifying Exam Results

Department of Psychological and Brain Sciences Qualifying Examination Results - Single or Double Major

Please Print

Clinical Students must also complete and submit the Clinical area-specific form. The form is available from the Clinic office.

Student Name: _____ ID #: _____

Area: _____ Area 2 (if applicable): _____

Instructions: Student completes the above portion. The advisor completes the rest of this form and each committee member signs. **Be sure to circle results.** Additional instructions are on the back. Return completed form to J. Heeb, Asst. Director of Graduate Programs, Room 122 by **5pm, Aug. 31, 2018.**

Overall exam result (circle one):	PASS	FAIL
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COMMITTEE SIGNATURES:

Signature	Department	Printed Name
Signature	Department	Printed Name
Signature	Department	Printed Name
Signature	Department	Printed Name

Date of oral examination: _____

Dates of computer examination: _____
(Day 1) (Day 2)

Dates of paper examination: _____
(Begin) (End)

Evaluation of Student's Performance (Each item should be rated as exceptional, satisfactory/pass or inadequate/fail - see complete instructions on the back of this form):

Scholarship: _____

Analytic, synthetic, and integrative thinking: _____

Understanding of fundamental methodological issues: _____

Understanding of fundamental theoretical issues: _____

Ability to communicate clearly and effectively: _____

Optional: Any extra areas considered by the committee (explain and provide evaluation): _____

Instructions for Written Feedback on Qualifying Exams Department of Psychological and Brain Sciences
(adopted in 2009)

Descriptions of the areas to be evaluated (e.g., "scholarship") are given below. Evaluations are based on the full exam (written and oral portions). Each item should be rated as one of the following:

- **Exceptional:** A rating of "exceptional" will be very unusual and could provide a natural route to consideration of commendation. Written comments are optional.
- **Satisfactory/Pass:** This is the most common rating. Written comments are optional.
- **Inadequate/Fail:** Any rating of "inadequate/fail," by any committee member; leads to consideration of failing the qualifying exam. Any ratings of "inadequate/fail" should be followed by written comments explaining that decision.

For each criterion listed, if the committee members all agree on the evaluation, please list one final evaluation for that criteria (e.g., "Scholarship: satisfactory/pass.") **In cases where committee members disagree**, please note that, without identifying individual committee member's evaluations (e.g., "Scholarship: Two committee members: satisfactory; one committee member: inadequate/fail.")

The criteria are *not* weighted. The criteria are important, and there is no equation which sums ratings to yield a final "pass" or "fail" decision about the qualifying exams. Different areas may place different emphases on the criteria, and emphasis on certain criteria might even vary across students.

Department areas are welcome to compose additional categories/ratings that they believe are applicable to students in their area. These additional criteria/ratings should be used only for qualifying exams in their particular area. Similarly, individual qualifying exam committees may design an additional set of categories/ratings to be used in evaluating the qualifying exam of a particular student.

CRITERIA DEFINITIONS

Scholarship: e.g., knowledge of the field, appropriate citation of relevant works, able to attribute ideas to appropriate sources, able to use references to illustrate a point.

Analytic, synthetic, and integrative thinking: e.g., goes beyond simply listing studies in an area; combines them to generate new integrative directions; critiques studies, understanding their ambiguities and limitations; differences between what is actually demonstrated by a study and what the author may have claimed.

Understanding of fundamental methodological issues: e.g., aware of strengths and limitations of particular methods; sensitive to limitations in conclusions that can be drawn; able to suggest suitable methodological approaches to answer important questions.

Understanding of fundamental theoretical issues: e.g., aware of relevant bodies of theory; use theories to generate predictions or research hypotheses for specific situations; understand degree of research support for existing theories.

Ability to communicate clearly and effectively: Written and oral.

Departmental Policy Regarding Qualifying Examinations (revised Nov. 2016):

1. Qualifying examinations will be taken in the summer after the 4th semester in the program.
2. This Petition for Qualifying Examination form and written plan are due to Asst. Director of Graduate Programs (Room 122) on Friday, May 4, 2018.
3. All written parts of the exam must be completed by the last week of the summer break (by 5 pm, Aug. 17, 2018).
4. The oral exam, including the examination and the evaluation of it, must be completed by the Friday of the SECOND week of classes in the fall semester (by 5pm, Aug. 31, 2018). By that time, the committee must be prepared to give a report to the full department faculty.
5. If the student does not pass the exam, he/she has until 5 p.m. on Thursday of the third week of classes (Sept. 6, 2018) to meet with the DGS and make a decision about any course changes. All procedures used to let the student complete or re-take the exam must be complete by the end of the fall semester (i.e., the end of the fifth semester). The faculty on the committee must be prepared to give a report to the full department faculty by the end of the final examination week of the fall semester (which is Dec. 10-14, 2018).
6. Students who are pursuing majors from two different departments or programs may be given one extra year to complete their psychology qualifying examinations, provided they submit the deferral form.

Research Project Acceptance Form



INDIANA UNIVERSITY

DEPARTMENT OF PSYCHOLOGICAL
AND BRAIN SCIENCES

College of Arts and Sciences
Bloomington

Research Project Acceptance Form

Instructions:

1. The student completes the student information and present this form, and the final printed project, to his/her advisor.
2. Selecting the appropriate project's box , the advisor must sign and date the form, indicating his/her acceptance and approval of the project.
3. The student attaches the signed acceptance form to the front of the approved, printed project and gives it to Patricia Crouch.
4. Patricia Crouch will file the project and document its completion in the student's records.
5. Clinical students must also complete and submit the Clinical area-specific form.

Student Information:

Name: _____ University ID #: _____

Area: _____ Advisor's Name (printed): _____

Title of this project: _____

To Be Completed by Faculty Advisor

As the advisor, your signature indicates that you are accepting the attached paper as a complete first or second research project for this student. You are verifying that this is not just a project proposal but rather a project that has been completed to your satisfaction.

You understand that by signing this form, the student will have officially met this major program milestone.

First Year Research Project

I accept the attached as this student's First Year Research Project and agree to the statements above.

Signature: _____

Date: _____

Second Year Research Project

I accept the attached as this student's Second Year Research Project and agree to the statements above.

Signature: _____

Date: _____

Research (First- and Second-Year) Project Evaluation Form

Student's Name: _____

Date: _____

Evaluate each item using the following scale. Students must revise their manuscript until they receive at least a score = 2 on each item (a satisfactory/pass level).

3. Exceptional: A rating of "exceptional" indicates skill well beyond expectations for their level. This will be unusual.
2. Satisfactory/Pass: A rating of "satisfactory" indicates skill at the expected level. This is the most common rating.
1. Inadequate/Fail: A rating of "inadequate/fail" indicates skill below expectations for their level.

1. Scholarship: e.g., demonstrates knowledge of the field, knowledge of the history of the relevant research and theory, appropriate citation of relevant works, able to attribute ideas to appropriate sources, able to use references to illustrate a point.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

2. Analytic, synthetic, and integrative thinking: e.g., demonstrates ability to go beyond simply listing studies in an area; critiques studies, understanding their ambiguities and limitations.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

3. Understanding of fundamental theoretical issues: e.g., demonstrates awareness of relevant bodies of theory; uses theories to generate predictions or research hypotheses for specific situations; understands degree of research support for existing theories.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

4. Methodological and statistical skills: e.g., the ability to formulate testable hypotheses; to design and conduct an empirical study that tests these hypotheses; and to analyze and interpret research data.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

5. Ability to communicate clearly and effectively: e.g. demonstrates ability to disseminate information in written form.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

6. Implications for addressing clinical problems: e.g. demonstrates awareness of and ability to articulate the implications for informing translational research, such as etiology, nosology, assessment, intervention/prevention, and dissemination/implementation.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

7. Ethical issues: e.g. demonstrates the awareness, knowledge, and skills to conduct the research in an ethical manner that is consistent with state and federal laws and professional regulations.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

8. Individual and cultural-diversity issues: e.g. demonstrates the awareness, knowledge, and skills to consider issues of individual and cultural-diversity when reviewing, designing, and conducting research.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

Qualifying Examination Evaluation Form

Student's Name: _____

Date: _____

Evaluate each item using the following scale. Students must revise their qualifying examination until they receive at least a score = 2 on each item (a satisfactory/pass level).

3. Exceptional: A rating of "exceptional" indicates skill well beyond expectations for their level. This will be unusual.
2. Satisfactory/Pass: A rating of "satisfactory" indicates skill at the expected level. This is the most common rating.
1. Inadequate/Fail: A rating of "inadequate/fail" indicates skill below expectations for their level.

1. Scholarship: e.g., demonstrates knowledge of the field, knowledge of the history of the relevant research and theory, appropriate citation of relevant works, able to attribute ideas to appropriate sources, able to use references to illustrate a point.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

2. Analytic, synthetic, and integrative thinking: e.g., demonstrates ability to go beyond simply listing studies in an area; combines them to generate new integrative directions; critiques studies, understanding their ambiguities and limitations; differences between what is actually demonstrated by a study and what the author may have claimed.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

3. Understanding of fundamental theoretical issues: e.g., demonstrates awareness of relevant bodies of theory; uses theories to generate predictions or research hypotheses for specific situations; understands degree of research support for existing theories.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

4. Understanding of fundamental methodological issues: e.g., demonstrates awareness of strengths and limitations of particular methods; sensitive to limitations in conclusions that can be drawn; able to suggest suitable methodological approaches to answer important questions.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

5. Ability to communicate clearly and effectively: e.g. demonstrates ability to disseminate information in written and oral form.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

6. Implications for addressing clinical problems: e.g. demonstrates awareness of and ability to articulate the implications for informing translational research, such as etiology, nosology, assessment, intervention/prevention, and dissemination/implementation.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

7. Ethical issues: e.g. demonstrates awareness of and ability to describe the ethical issues involved in the research.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

8. Individual and cultural-diversity issues: e.g. demonstrates the awareness, knowledge, and skills to consider issues of individual and cultural-diversity when reviewing research.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

Dissertation Proposal Evaluation Form

Student's Name: _____

Date: _____

Evaluate each item using the following scale. Students must revise their dissertation proposal until they receive at least a score = 2 on each item (a satisfactory/pass level).

3. Exceptional: A rating of “exceptional” indicates skill well beyond expectations for their level. This will be unusual.
2. Satisfactory/Pass: A rating of “satisfactory” indicates skill at the expected level. This is the most common rating.
1. Inadequate/Fail: A rating of “inadequate/fail” indicates skill below expectations for their level.

1. Scholarship: e.g., demonstrates knowledge of the field, knowledge of the history of the relevant research and theory, appropriate citation of relevant works, able to attribute ideas to appropriate sources, able to use references to illustrate a point.

- | | | |
|--------------------|----------------------|---------------------|
| 1. Inadequate/Fail | 2. Satisfactory/Pass | 3. Exceptional/Pass |
|--------------------|----------------------|---------------------|

2. Analytic, synthetic, and integrative thinking: e.g., demonstrates ability to go beyond simply listing studies in an area; combines them to generate new integrative directions; critiques studies, understanding their ambiguities and limitations; differences between what is actually demonstrated by a study and what the author may have claimed.

- | | | |
|--------------------|----------------------|---------------------|
| 1. Inadequate/Fail | 2. Satisfactory/Pass | 3. Exceptional/Pass |
|--------------------|----------------------|---------------------|

3. Understanding of fundamental theoretical issues: e.g., demonstrates awareness of relevant bodies of theory; uses theories to generate predictions or research hypotheses for specific situations; understands degree of research support for existing theories.

- | | | |
|--------------------|----------------------|---------------------|
| 1. Inadequate/Fail | 2. Satisfactory/Pass | 3. Exceptional/Pass |
|--------------------|----------------------|---------------------|

4. Methodological and statistical skills: e.g., the ability to formulate testable hypotheses; to design empirical studies that test these hypotheses; and to propose analyses that would enable interpretation of the findings.

- | | | |
|--------------------|----------------------|---------------------|
| 1. Inadequate/Fail | 2. Satisfactory/Pass | 3. Exceptional/Pass |
|--------------------|----------------------|---------------------|

5. Ability to communicate clearly and effectively: e.g. demonstrates ability to disseminate information in written and oral form.

- | | | |
|--------------------|----------------------|---------------------|
| 1. Inadequate/Fail | 2. Satisfactory/Pass | 3. Exceptional/Pass |
|--------------------|----------------------|---------------------|

6. Implications for addressing clinical problems: e.g. demonstrates awareness of and ability to articulate the implications for informing translational research, such as etiology, nosology, assessment, intervention/prevention, and dissemination/implementation.

- | | | |
|--------------------|----------------------|---------------------|
| 1. Inadequate/Fail | 2. Satisfactory/Pass | 3. Exceptional/Pass |
|--------------------|----------------------|---------------------|

7. Ethical issues: e.g. demonstrates the awareness and knowledge to conduct the research in an ethical manner that is consistent with state and federal laws and professional regulations.

- | | | |
|--------------------|----------------------|---------------------|
| 1. Inadequate/Fail | 2. Satisfactory/Pass | 3. Exceptional/Pass |
|--------------------|----------------------|---------------------|

8. Individual and cultural-diversity issues: e.g. demonstrates the awareness, knowledge, and skills to consider issues of individual and cultural-diversity when reviewing and designing research.

- | | | |
|--------------------|----------------------|---------------------|
| 1. Inadequate/Fail | 2. Satisfactory/Pass | 3. Exceptional/Pass |
|--------------------|----------------------|---------------------|

Dissertation Defense Evaluation Form

Student's Name: _____

Date: _____

Evaluate each item using the following scale. Students must revise their dissertation until they receive at least a score = 2 on each item (a satisfactory/pass level).

3. Exceptional: A rating of "exceptional" indicates skill well beyond expectations for their level. This will be unusual.
2. Satisfactory/Pass: A rating of "satisfactory" indicates skill at the expected level. This is the most common rating.
1. Inadequate/Fail: A rating of "inadequate/fail" indicates skill below expectations for their level.

1. Scholarship: e.g., demonstrates knowledge of the field, knowledge of the history of the relevant research and theory, appropriate citation of relevant works, able to attribute ideas to appropriate sources, able to use references to illustrate a point.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

2. Analytic, synthetic, and integrative thinking: e.g., demonstrates ability to go beyond simply listing studies in an area; combines them to generate new integrative directions; critiques studies, understanding their ambiguities and limitations; differences between what is actually demonstrated by a study and what the author may have claimed.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

3. Understanding of fundamental theoretical issues: e.g., demonstrates awareness of relevant bodies of theory; uses theories to generate predictions or research hypotheses for specific situations; understands degree of research support for existing theories.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

4. Methodological and statistical skills: e.g., the ability to formulate testable hypotheses; to design and conduct empirical studies that test these hypotheses; and to analyze and interpret research data.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

5. Ability to communicate clearly and effectively: e.g. demonstrates ability to disseminate information in written and oral form.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

6. Implications for addressing clinical problems: e.g. demonstrates awareness of and ability to articulate the implications for informing translational research, such as etiology, nosology, assessment, intervention/prevention, and dissemination/implementation.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

7. Ethical issues: e.g. demonstrates the awareness, knowledge, and skills to conduct the research in an ethical manner that is consistent with state and federal laws and professional regulations.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

8. Individual and cultural-diversity issues: e.g. demonstrates the awareness, knowledge, and skills to consider issues of individual and cultural-diversity when reviewing, designing, and conducting research.

1. Inadequate/Fail 2. Satisfactory/Pass 3. Exceptional/Pass

Practicum Placement Form

IU Clinical Science Program Practicum Tracking and Planning Form

Instructions:

1. Please discuss practicum planning with your primary advisor.
2. THEN Complete this form, including the self-review of clinical competencies assessment.
3. EMAIL both forms to the DCT and Associate DCT (copying your primary advisor) *at least one day* before your practicum planning meeting with the DCT/Associate DCT.

Student Name:

Current Year in Program/Advisor:

Brief Description of Research Interests (1 -2 sentences):

Please update the following table.

- For each year in the program indicate the practicum in which you were enrolled and what your main role was each semester (e.g., observer, therapist, assessor, etc.). Put N/A if you were not enrolled in practicum in a semester.
- Please put Year as year, then calendar years in parentheses. For example, a student who was a second year in the 2019-2020 academic year, it would be “2 (19-20)”.
- In the final column, indicate with a Yes or No if you were a peer supervisor.
- Use one row per practicum each year in the program (i.e., list a practicum again in a separate row if you participated in more than one year). Please add additional rows to the table if you were involved in more than one practicum in any given year.

Year	Practicum Name	Role in Fall	Role in Spring	Role in Summer	Peer Supervisor Y/N?

Please provide estimates of your current hours in:

Intervention (total): _____
 Individual: _____
 Group/Family/Couple/School: _____
Assessment (total): _____
 Psychodiagnostic: _____
 Intellectual: _____
Peer supervision: _____
Supervision Received (total): _____
 Individual: _____
 Group: _____
Support Activities: _____

List the Number of Integrated Psychological Reports: _____

Describe your training goals for future clinical practica.

List your interests in specific future practicum for the next academic year, RANK ORDERED BY INTEREST, how long you wish to participate in the practicum, and why you are interested in each practicum. Please indicate if you wish to participate in more than one practicum in any given semester.

1. First choice for next year is:
2. Second choice for next year is:
3. Third choice for next year is:
4. Additional practica I am interested in for either next year or upcoming years includes:

OTHER CONSIDERATIONS:

INTERNSHIP: If you have discussed internship applications with your advisory committee, please indicate the potential year/fall of submitting your internship applications.

OTHER: Please indicate other factors that are relevant to assignment of practicum in the upcoming year. For instance, this might include noting when you intend to take Qualifying Examinations, are scheduled to teach P211, submitting an NRSA grant, and/or personal factors.

Factors to Consider

1. Areas of growth in professional competence (e.g., professionalism and interdisciplinary teams)
2. Depth versus breadth in types of populations and disorders
3. Connection to research
4. Types of intervention experience (e.g., individual therapy, family therapy, and school counseling)
5. Type of treatment modalities (e.g., CBT, behavioral interventions, motivational interviewing, and ACT)
6. Types of assessment experience (e.g., psychodiagnostic and intellectual assessment)
7. Report writing experience
8. Types of settings (e.g., Department Clinic, University Counseling Center, Community Mental Health Center, VA, Inpatient Psychiatric Hospital, and Medical Clinic/Hospital)
9. Treating/assessing diverse patients
10. Supervision of other students
11. Additional consultation experience

For more information and details about Clinical Skill Competencies, see APA's Benchmarks Evaluation System: <http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx?tab=1>

Self-Evaluation of Competency Benchmarks in Professional Psychology

Rate each item using the scale below.

4 – Advanced – Skills at psychology intern level or higher

3 – Proficient – Skills at level expected for advanced graduate student

2 – Entry – Skills at level expected for early/beginning graduate student

1 – Remedial – Additional learning and instruction necessary to achieve basic level

1. Professionalism: as evidenced in behavior and comportsment that reflect the values and attitudes of psychology.	1	2	3	4
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.	1	2	3	4
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.	1	2	3	4
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.	1	2	3	4
5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.	1	2	3	4
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.	1	2	3	4
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.	1	2	3	4
8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.	1	2	3	4
9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.	1	2	3	4
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.	1	2	3	4
11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.	1	2	3	4
12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.	1	2	3	4
13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.	1	2	3	4
14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.	1	2	3	4
15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).	1	2	3	4
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.	1	2	3	4

Yearly Advisory/Research Committee Review

Meeting notes, which are written by the students and approved by all members of the advisory committee, must address the student's progress in the past year and future plans for training in each of the following goals and objectives. See the next page for specific competencies in each area.

Goal 1: Train students to advance basic knowledge (Research)

Objective 1A: Train students with the foundational competence to advance basic knowledge

Objective 1B: Train students with the ethical and professional competence to advance basic knowledge

Objective 1C: Train students with the individual and cultural-diversity competence to advance basic knowledge

Goal 2: Train students to apply scientific knowledge to address clinical problems (Clinical)

Objective 2A: Train students with the foundational competence to address clinical problems

Objective 2B: Train students with the ethical and professional competence to address clinical problems

Objective 2C: Train students with the individual and cultural-diversity competence to address clinical problems

Goal 3: Train students to disseminate research and clinical knowledge to others (Dissemination)

Objective 3A: Train students with the foundational competence to disseminate knowledge to others

Objective 3B: Train students with the ethical and professional competence to disseminate knowledge to others

Objective 3C: Train students with the individual and cultural-diversity competence to disseminate knowledge to others

Goal 1: Train students to advance basic knowledge (Research).
<i>Objective 1A: Train students with the foundational competence to advance basic knowledge.</i>
Students will demonstrate (a) an understanding of philosophy of science and theory development as they apply to Psychological Science; (b) an understanding of historical roots of current theoretical models and methods in Psychology; (c) the ability to conduct critical reviews of the empirical literature in Clinical Science; (d) the ability to critically evaluate scientific theory and evidence in Clinical Science and to synthesize and draw reasonable inferences from research; (e) the ability to formulate testable hypotheses, to design and conduct empirical studies that test these hypotheses, and to analyze and interpret research data; and (f) the ability to prepare grant applications seeking research funding.
<i>Objective 1B: Train students with the ethical and professional competence to advance basic knowledge.</i>
Students will demonstrate the awareness, knowledge, and skills to conduct research in an ethical manner that is consistent with state and federal laws and professional regulations.
<i>Objective 1C: Train students with the individual and cultural-diversity competence to advance basic knowledge.</i>
Students will demonstrate the awareness, knowledge, and skills to consider issues of individual and cultural-diversity when reviewing, designing, and conducting research.
Goal 2: Train students to apply scientific knowledge to address clinical problems (Clinical).
<i>Objective 2A: Train students with the foundational competence to address clinical problems.</i>
Students will demonstrate (a) an understanding of the research literature on clinical assessment, psychopathology, empirically-supported treatments, treatment evaluation, and consultation/supervision; (b) an understanding of historical roots of current theoretical models and methods in Psychology, (c) the ability to apply empirically-supported assessment/evaluation/feedback; (d) the ability to apply empirically-supported psychotherapy; (e) the ability to apply empirically-supported consultation; and (e) professional skills, which will prepare them for entry-level practice.
<i>Objective 2B: Train students with the ethical and professional competence to address clinical problems.</i>
Students will demonstrate the awareness, knowledge, and skills to apply empirically-supported clinical assessments and interventions in an ethical manner that is consistent with state and federal laws and professional regulations.
<i>Objective 2C: Train students with the individual and cultural-diversity competence to address clinical problems.</i>
Students will demonstrate the awareness, knowledge, and skills to apply empirically-supported clinical assessments and interventions to diverse individuals.
Goal 3: Train students to disseminate research and clinical knowledge to others (Dissemination).
<i>Objective 3A: Train students with the foundational competence to disseminate knowledge to others.</i>
Students will demonstrate the ability to (a) communicate research results clearly and effectively in oral presentations and in written work appropriate for peer-reviewed publication; (b) to teach others about psychological science, the scientific process, and evaluating evidence; and (c) supervise others in research.
<i>Objective 3B: Train students with the ethical and professional competence to disseminate knowledge to others.</i>
Students will demonstrate the awareness, knowledge, and skills to disseminate knowledge in an ethical manner that is consistent with state and federal laws and professional regulations.
<i>Objective 3C: Train students with the individual and cultural-diversity competence to disseminate knowledge to others.</i>
Students will demonstrate the awareness, knowledge, and skills to disseminate information to and teach diverse individuals.

Yearly Clinical Faculty Review

Student's Name: _____

Date: _____

Please describe whether the student's progress for each goal during the past year was satisfactory or not. The evaluation should be based on coursework, clinical work in practicum, research and training in research lab(s), presentations in the department and at conferences, and participation in weekly clinical colloquium. If unsatisfactory, please note the specific areas that need to be addressed (this may also require working with the Advisory Committee and the Director of Graduate Studies to Develop a Specific Remediation Plan).

Goal 1: Train students with the (a) foundational, (b) ethical/professional, and (c) individual and cultural-diversity competencies to advance basic knowledge. (Research)

Satisfactory _____ *Unsatisfactory* _____

Goal 2: Train students with the (a) foundational, (b) ethical/professional, and (c) individual and cultural-diversity competencies to apply scientific knowledge to address clinical problems (Clinical)

Satisfactory _____ *Unsatisfactory* _____

Goal 3: Train students with the (a) foundational, (b) ethical/professional, and (c) individual and cultural-diversity competencies to disseminate research and clinical knowledge to others (Dissemination)

Satisfactory _____ *Unsatisfactory* _____

Internship Readiness Form
Readiness for Internship Rating Form
Competency Benchmarks in Clinical Skills

Instructions: Students should notify the DCT in January of the year PRIOR to the year that the student intends to apply to internship. For example, a student intending to apply to internship in Fall 2016 should notify the DCT in January 2015. This provides the opportunity to create a remediation plan that includes additional practicum training if necessary. Students who do not provide adequate notice and are found in need of a remediation plan may have to delay applying to internship.

This form will be completed by the Practicum Committee and will be reviewed with the student during the annual practicum placement meeting that occurs in the spring semester to determine readiness for internship; the student should complete a copy as well for self-review as preparation for the meeting. Completed forms should be emailed to the DCT at least one week prior to the scheduled annual practicum placement meeting.

Student Name:

Year in Doctoral Program:

Name of Person(s) Completing Form:

Date Evaluation Completed:

Type of Review:

Initial Internship Readiness Review _____

Other (please describe):

Dates of Training Experience this Review Covers: _____ (start date of first practicum) to
_____ (end date of last practicum or present)

Competency Rating Form Directions

Rate each item by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly	Somewhat	Moderately	Mostly	Very
0	1	2	3	4

If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly = 3 Very = 4 No Opp. = [N/O]

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comporment that reflect the values and attitudes of psychology.						
1A. Integrity - Honesty, personal responsibility and adherence to professional values						
Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values	0	1	2	3	4	[N/O]
1B. Deportment						
Communication and physical conduct (including attire) is professionally appropriate, across different settings	0	1	2	3	4	[N/O]
1C. Accountability						
Accepts responsibility for own actions	0	1	2	3	4	[N/O]
1D. Concern for the welfare of others						
Acts to understand and safeguard the welfare of others	0	1	2	3	4	[N/O]
1E. Professional Identity						
Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	0	1	2	3	4	[N/O]
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.						
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						
Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
2B. Others as Shaped by Individual and Cultural Diversity and Context						
Applies knowledge of others as cultural beings in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context						
Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	0	1	2	3	4	[N/O]
2D. Applications based on Individual and Cultural Context						
Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	0	1	2	3	4	[N/O]
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.						
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines						
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	0	1	2	3	4	[N/O]
3B. Awareness and Application of Ethical Decision Making						
Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	0	1	2	3	4	[N/O]
3C. Ethical Conduct						

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly = 3 Very = 4 No Opp. = [N/O]

Integrates own moral principles/ethical values in professional conduct	0	1	2	3	4	[N/O]
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						
Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action	0	1	2	3	4	[N/O]
4B. Self-Assessment						
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	0	1	2	3	4	[N/O]
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)						
Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	0	1	2	3	4	[N/O]
4D. Participation in Supervision Process						
Effectively participates in supervision	0	1	2	3	4	[N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.						
5A. Interpersonal Relationships						
Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	0	1	2	3	4	[N/O]
5B. Affective Skills						
Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	0	1	2	3	4	[N/O]
5C. Expressive Skills						
Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	0	1	2	3	4	[N/O]

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.						
6A. Scientific Mindedness						
Values and applies scientific methods to professional practice	0	1	2 [N/O]	3	4	
6B. Scientific Foundation of Psychology						
Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	0	1	2 [N/O]	3	4	
6C. Scientific Foundation of Professional Practice						
Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	0	1	2 [N/O]	3	4	

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly = 3 Very = 4 No Opp. = [N/O]

7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.	0	1	2	3	4	[N/O]
[N/O]						
7A. Scientific Approach to Knowledge Generation						
Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	0	1	2	3	4	[N/O]
7B. Application of Scientific Method to Practice						
Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	0	1	2	3	4	[N/O]

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.						
8A. Knowledge and Application of Evidence-Based Practice						
Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	0	1	2	3	4	[N/O]
9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.						
9A. Knowledge of Measurement and Psychometrics						
Selects assessment measures with attention to issues of reliability and validity	0	1	2	3	4	[N/O]
9B. Knowledge of Assessment Methods						
Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	0	1	2	3	4	[N/O]
9C. Application of Assessment Methods						
Selects appropriate assessment measures to answer diagnostic question	0	1	2	3	4	[N/O]
9D. Diagnosis						
Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	0	1	2	3	4	[N/O]
9E. Conceptualization and Recommendations						
Utilizes systematic approaches of gathering data to inform clinical decision-making	0	1	2	3	4	[N/O]
9F. Communication of Assessment Findings						
Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client	0	1	2	3	4	[N/O]
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.						
10A. Intervention planning						

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly = 3 Very = 4 No Opp. = [N/O]

Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	0	1	2	3	4	[N/O]
10B. Skills						
Displays clinical skills	0	1	2	3	4	[N/O]
10C. Intervention Implementation						
Implements evidence-based interventions	0	1	2	3	4	[N/O]
10D. Progress Evaluation						
Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	0	1	2	3	4	[N/O]
11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.						
11A. Role of Consultant						
Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	0	1	2	3	4	[N/O]
11B. Addressing Referral Question						
Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions	0	1	2	3	4	[N/O]
11C. Communication of Consultation Findings						
Identifies literature and knowledge about process of informing consultee of assessment findings	0	1	2	3	4	[N/O]
11D. Application of Consultation Methods						
Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings	0	1	2	3	4	[N/O]

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.						
12A. Knowledge						
Demonstrates awareness of theories of learning and how they impact teaching	0	1	2	3	4	[N/O]
12B. Skills						
Demonstrates knowledge of application of teaching methods	0	1	2	3	4	[N/O]
13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.						
13A. Expectations and Roles						
Demonstrates knowledge of, purpose for, and roles in supervision	0	1	2	3	4	[N/O]
13B. Processes and Procedures						
Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	0	1	2	3	4	[N/O]
13C. Skills Development						

Not at All/Slightly = 0 Somewhat = 1 Moderately = 2 Mostly = 3 Very = 4 No Opp. = [N/O]

Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	0	1	2	3	4	[N/O]
13D. Supervisory Practices						
Provides helpful supervisory input in peer and group supervision	0	1	2	3	4	[N/O]

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.						
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions						
Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals	0	1	2	3	4	[N/O]
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts						
Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	0	1	2	3	4	[N/O]
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes						
Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals	0	1	2	3	4	[N/O]
14D. Respectful and Productive Relationships with Individuals from Other Professions						
Develops and maintains collaborative relationships and respect for other professionals	0	1	2	3	4	[N/O]
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						
Forms autonomous judgment of organization's management and leadership	0	1	2	3	4	[N/O]
15B. Management						
Demonstrates awareness of roles of management in organizations	0	1	2	3	4	[N/O]
15C. Administration						
Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures	0	1	2	3	4	[N/O]
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.						
16A. Empowerment						
Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision	0	1	2	3	4	[N/O]
16B. Systems Change						
Promotes change to enhance the functioning of individuals	0	1	2	3	4	[N/O]

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program and is ready to apply to internship? Are there any remaining competencies that **MUST** be addressed by the student prior to applying for internship? If so, please list below along with a plan for addressing the deficient competencies.
 - Remaining competencies **NECESSARY** to address prior to applying to internship:

Program Goals, Objective, and Competencies

Overview

Goal 1: Train students to advance basic knowledge (Research).
<i>Objective 1A: Train students with the foundational competence to advance basic knowledge.</i>
Students will demonstrate (a) an understanding of philosophy of science and theory development as they apply to Psychological Science; (b) the ability to conduct critical reviews of the empirical literature in Clinical Science; (c) the ability to critically evaluate scientific theory and evidence in Clinical Science and to synthesize and draw reasonable inferences from research; (d) the ability to formulate testable hypotheses, to design and conduct empirical studies that test these hypotheses, and to analyze and interpret research data; and (e) the ability to prepare grant applications seeking research funding.
<i>Objective 1B: Train students with the ethical and professional competence to advance basic knowledge.</i>
Students will demonstrate the awareness, knowledge, and skills to conduct research in an ethical manner that is consistent with state and federal laws and professional regulations.
<i>Objective 1C: Train students with the individual and cultural-diversity competence to advance basic knowledge.</i>
Students will demonstrate the awareness, knowledge, and skills to consider issues of individual and cultural-diversity when reviewing, designing, and conducting research.
Goal 2: Train students to apply scientific knowledge to address clinical problems (Clinical).
<i>Objective 2A: Train students with the foundational competence to address clinical problems.</i>
Students will demonstrate (a) an understanding of the research literature on clinical assessment, psychopathology, empirically-supported treatments, treatment evaluation, and consultation/supervision; (b) the ability to apply empirically-supported assessment/evaluation/feedback; (c) the ability to apply empirically-supported psychotherapy; (d) the ability to apply empirically-supported consultation; and (e) professional skills, which will prepare them for entry-level practice.
<i>Objective 2B: Train students with the ethical and professional competence to address clinical problems.</i>
Students will demonstrate the awareness, knowledge, and skills to apply empirically-supported clinical assessments and interventions in an ethical manner that is consistent with state and federal laws and professional regulations.
<i>Objective 2C: Train students with the individual and cultural-diversity competence to address clinical problems.</i>
Students will demonstrate the awareness, knowledge, and skills to apply empirically-supported clinical assessments and interventions to diverse individuals.
Goal 3: Train students to disseminate research and clinical knowledge to others (Dissemination).
<i>Objective 3A: Train students with the foundational competence to disseminate knowledge to others.</i>
Students will demonstrate the ability to (a) communicate research results clearly and effectively in oral presentations and in written work appropriate for peer-reviewed publication; (b) to teach others about psychological science, the scientific process, and evaluating evidence; and (c) supervise others in research.
<i>Objective 3B: Train students with the ethical and professional competence to disseminate knowledge to others.</i>
Students will demonstrate the awareness, knowledge, and skills to disseminate knowledge in an ethical manner that is consistent with state and federal laws and professional regulations.
<i>Objective 3C: Train students with the individual and cultural-diversity competence to disseminate knowledge to others.</i>
Students will demonstrate the awareness, knowledge, and skills to disseminate information to and teach diverse individuals.

Measurement and Minimum Levels of Achievement

Table 3: Profession-Wide Competencies: Complete the table for each of the profession-wide competencies (see [IR C-8 D](#)) to demonstrate how each required competency is covered. This table should include only *evaluated* training experiences that are required of all students. Optional training experiences or participation in activities that are not formally evaluated should not be included.

The program should also use this table as it prepares proximal data consistent with the requirements of Implementing Regulation (IR) C-18 D. Proximal data must be *collected* at the element level and *presented* at the competency level; distal data may be collected and presented at the competency level. IR C-18 D states that, “Accredited programs are required to operationalize competencies in terms of multiple elements. At a minimum, those elements must reflect the content description of each PWC defined in IR C-8 D, including the bulleted content, and must be consistent with the program aim(s).” The table below has been pre-populated with the required elements from IR C-8 D, and programs must ensure that multiple elements are listed in Table 3 and assessed for each competency.

Provide information below to illustrate how the program ensures that ALL students can acquire and demonstrate substantial understanding of and competence in:	
Competency:	<i>(i) Research</i>
Elements associated with this competency from IR C-8 D	<ul style="list-style-type: none"> • 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.
Program-defined elements associated with this competency (if applicable; see table description above)	<ul style="list-style-type: none"> • Students will demonstrate (a) an understanding of philosophy of science and theory development as they apply to Psychological Science; (b) the ability to conduct critical reviews of the empirical literature in Clinical Science; (c) the ability to critically evaluate scientific theory and evidence in Clinical Science and to synthesize and draw reasonable inferences from research; (d) the ability to formulate testable hypotheses, to design and conduct empirical studies that test these hypotheses, and to analyze and interpret research data; and (e) the ability to prepare grant applications seeking research funding.
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	<ol style="list-style-type: none"> 1. Class assignments in the four core Clinical Science courses [Introduction to Clinical Science (P530 in Appendix II.B.2.1.1.11), Assessment (P641 in Appendix II.B.2.1.1.2), Principles of Psychopathology (P624 in Appendix II.B.2.1.1.3), and Intervention & Evaluation (P631 in Appendix II.B.2.1.1.4)]. 2. Class assignments in Research and Professional Development Seminar (P595 in Appendix II.B.2.1.1.11). 3. Class assignments in Statistics in Psychology course (P553 in Appendix II.B.2.1.1.13). 4. Class assignments in second course in research methods/statistics. (see Appendices II.B.2.1.1.16 through II.B.2.1.1.22 for syllabi for elective quantitative courses. 5. Class assignments in one Clinical Elective Course (see Appendices II.B.2.1.1.5 through II.B.2.1.1.10 for the syllabi for all Clinical Elective Courses. 6. Completion of first-year research project. 7. Written and oral defense of the qualifying exams. 8. Completion of second-year research project. 9. Completion of Minor. 10. Written and oral defense of dissertation proposal 11. Written and oral defense of the dissertation. 12. Yearly review by Advisory / Research Committee 13. Yearly spring review by Clinical Science Faculty.
How outcomes are measured for	How outcomes are measured: Evaluation tool and self-study location:

<p>each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.</p>	<ol style="list-style-type: none"> 1. Grade of B- or higher in each of the four core clinical courses, which include evaluations based on class participation, leading class discussions, written discussion questions, written reaction papers, written midterm exams, class presentations, written final exams, and/or written final projects 2. Grade of B- or higher, which is based on a grant application and class participation (and presentations). The course covers putting together a grant (e.g., pre-doctoral NSF) proposal, working with an advisor/research group, developing research ideas and conducting scholarly research, evaluating scholarly research, graduate requirements in the program, writing scholarly research, diversity, research ethics and concerns, presenting research, teaching in Psychological Science, and careers in academia and beyond. 3. Grade of B- or higher, which is based on weekly homework assignments. The course covers the “frequentist” approach for hypothesis testing, as well as an introduction to Bayesian methods. Students learn about sampling distributions and confidence intervals, linear regression, ANOVA, logistic regression, Poisson regression, ordinal regression, factor analysis, time series, and hierarchical models. 4. Grade of B- or higher in a second research methods/statistics course, which must be approved by the Advisory Committee. 	<ol style="list-style-type: none"> 1. See syllabi for grading in each course (P530 in Appendix II.B.2.1.1.1, P641 in Appendix II.B.2.1.1.2, P624 in Appendix II.B.2.1.1.3, and P631 in Appendix II.B.2.1.1.4. 2. See syllabus for P595 (Research and Professional Development Seminar) in Appendix II.B.2.1.1.11 for grading. 3. See syllabus for P553 (Statistics in Psychology) in Appendix II.B.2.1.1.13 for grading). 4. See syllabi for grading in recent methods/statistics courses taken by clinical students to fulfill the requirement: P650 (Neuroimaging: Theory and Methods) in Appendix II.B.2.1.1.16; P657 (Introduction to Matlab and Psychtoolbox) in Appendix B.2.1.1.17 Q605 (Longitudinal Data Analysis) in Appendix
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	<p>5. Grade of B- or higher in one of the Clinical Elective Courses, which requires students to integrate information across areas and levels of analysis, particularly related to a more specific area of study in Clinical Science.</p> <p>6. Mentor evaluation of satisfactory level or higher on primary research manuscript, which includes a poster presentation at department-wide event in 3rd semester.</p> <p>7. A designation of PASS on Qualifying Examination Evaluation Form. Qualifying exams include writing three comprehensive papers that draw on research both within and outside of Clinical Science, as well as completing an oral defense of the three manuscripts.</p>	<p>B.2.1.1.18 Q610 (Networks and the Brain) in Appendix B.2.1.1.19 Y604 (Multivariate Analysis in Educational Research) in Appendix B.2.1.1.20 Y639 (Multilevel Modeling) in Appendix B.2.1.1.21 Y645 (Covariance Structure Analysis) in Appendix B.2.1.1.22</p> <p>5. See syllabi for grading in recent clinical elective courses taken by clinical students to fulfill the requirement. P657 (Behavioral Models of Substance Abuse, Appendix II.B.2.1.1.5), P657 (Development and Psychopathology, Appendix II.B.2.1.1.6), P657 (Foundations of Clinical Transl Sci etc, Appendix II.B.2.1.1.7), P657 (Neuropsychopharmacology, Appendix II.B.2.1.1.8, P659 (Stress Effects on Brain and Behavior, Appendix II.B.2.1.1.9), P690 (Cognitive and Behavior Therapies Practicum, Appendix II.B.2.1.1.10)</p> <p>6. See Research Project Evaluation Form in Appendix II.B.1.b.2.1.6</p> <p>7. See Qualifying Examination Evaluation Form in Appendix II.B.1.b.2.1.7</p>
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	<p>8. Mentor evaluation of satisfactory level or higher on primary research manuscript.</p> <p>9. Grade of B- or higher in three courses in a minor field of study, which must be approved by the Advisory Committee.</p> <p>10. Judgment of faculty committee at a satisfactory level or higher on dissertation proposal defense.</p> <p>11. Judgment of faculty committee at a satisfactory level or higher on dissertation defense.</p> <p>12. Yearly evaluation based on coursework, practicum, research and training in research lab(s), presentations at conferences, and participation in weekly clinical colloquium.</p> <p>13. Evaluation based on coursework, clinical work in practicum, research and training in research lab(s), presentations in the department and at conferences, and participation in weekly clinical colloquium.</p>	<p>8. see Research Project Evaluation Form in Appendix II.B.1.b.2.1.6</p> <p>9. see Appendices II.B.2.1.24 through II.B.2.1.27 for syllabi</p> <p>10. See Dissertation Proposal Evaluation Form in Appendix II.B.1.b.2.1.8</p> <p>11. See Dissertation Defense Evaluation Form in Appendix II.B.1.b.2.1.9</p> <p>12. See Yearly Advisory Committee Review Form in Appendix II.B.1.b.2.1.11</p> <p>13. See Yearly Clinical Faculty Review Form in Appendix II.B.1.b.2.1.12. Feedback is given in written form (letter from the Director of Graduate Studies) and/or in advisory meetings.</p>
<p>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</p>	<p>The MLAs for each outcome are noted above as a grade of B- for course outcomes, a rating of PASS on qualifying exams, research evaluation, dissertation proposal and defense, and yearly evaluations of students.</p>	

Competency:	<i>(ii) Ethical and legal standards</i>	
Elements associated with this competency from IR C-8 D	<ul style="list-style-type: none"> • Be knowledgeable of and act in accordance with each of the following: <ul style="list-style-type: none"> ○ 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. 	
Program-defined elements associated with this competency (if applicable)	<ul style="list-style-type: none"> • Students will demonstrate the awareness, knowledge, and skills to conduct research in an ethical manner that is consistent with state and federal laws and professional regulations. 	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	<p>Required training includes:</p> <ol style="list-style-type: none"> 1. the four core Clinical Science courses [Introduction to Clinical Science (P530), Assessment (P641), Principles of Psychopathology (P624), and Intervention & Evaluation (P631)], the department-wide seminar (P595) on Research and Professional Development Seminar, which includes a section on Research Ethics 2. Completion of P690 Profession Wide Competencies (PWC) seminars 3. Completion of CBT Practica 4. Completion of external practica 5. Completion of First- and Second-Year research projects 6. Completion of Dissertation defense <p>*** Please also see a list of all of the Professional Standards and Ethics readings collated from all of the required courses in our Program (Appendix II.B.1.a.1.2.7).</p>	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<p>How outcomes are measured: Grade of B- or higher in each of the four core clinical courses, P690 PWC, and P595, which include evaluations based on class participation, leading class discussions, written discussion questions, written reaction papers, written midterm exams, class presentations, written final exams, and/or written final projects.</p>	<p>Evaluation tool and self-study location: The syllabus for each course includes the grading scheme included in the appendices as follows: P530 (Introduction to Clinical Science, Appendix II.B.2.1.1.1); P641 (Assessment, Appendix II.B.2.1.1.2); P624 (Principles of Psychopathology, Appendix II.B.2.1.1.3);</p>

	<p>2. Completion of the CBT Practicum (P690)</p> <p>3. Completion of external practica</p> <p>4. Mentor evaluation of satisfactory level or higher on First- and Second-Year projects</p> <p>5. Judgment of faculty committee at a satisfactory level or higher on dissertation defense.</p> <p>6. A rating of satisfactory on the Ethical and Legal Standards competencies on the <u>Internship Readiness Form</u>.</p>	<p>P631 (Intervention & Evaluation, Appendix II.B.2.1.1.4) P595 (Research and Professional Development Seminar) in Appendix B.II.1.1.11 P690 PWC in Appendix II.B.2.1.1.23</p> <p>2. Description of the grading for P690 is in the syllabus in Appendix II.B.2.1.1.10. The CBT practicum evaluation form appears in Appendix II.B.1.b.2.1.14</p> <p>3. A satisfactory rating from the external practicum Director</p> <p>4. See Research Project Evaluation Form in Appendix II.B.1.b.2.1.6</p> <p>5. See Dissertation Defense Evaluation Form in Appendix II.B.1.b.2.1.9</p> <p>6. The Internship Readiness Form is located in Appendix II.B.1.b.2.1.13</p>
<p>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</p>	<p>The MLAs for each outcome is a grade of B- for each course , a rating of PASS / satisfactory on the external practica, research evaluation, dissertation defense, and a rating of Satisfactory on the Ethical and Legal Standards competencies in the Internship Readiness assessment.</p>	

Competency:	<i>(iii) Individual and cultural diversity</i>	
Elements associated with this competency from IR C-8 D	<ul style="list-style-type: none"> • 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 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. • 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. 	
Program-defined elements associated with this competency (if applicable)	<ul style="list-style-type: none"> • Students will demonstrate the awareness, knowledge, and skills to consider issues of individual and cultural diversity when reviewing, designing, and conducting research and in their professional activities. 	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	<ol style="list-style-type: none"> 1. Class assignments in the four core Clinical Science courses [Introduction to Clinical Science (P530 in Appendix II.B.2.1.1.1), Assessment (P641 in Appendix II.B.2.1.1.2), Principles of Psychopathology (P624 in Appendix II.B.2.1.1.3), and Intervention & Evaluation (P631 in Appendix II.B.2.11..4)], and in our Program’s mandatory P690 Profession Wide Competency seminar series (Appendix II.B.2.1.1.23). *** Please also see a list of all of the Individual and Cultural Diversity readings collated from all of the required courses in our Program (Appendix B.II.1.a.1.2.1.8). 2. Class assignments in Research and Professional Development Seminar (P595 in Appendix II.B.2.1.1.11). 3. Completion of First-year research project. 4. Written and oral defense of the qualifying exams. 5. Completion of second-year research project 6. Written and oral defense of dissertation proposal. 7. Written and oral defense of the dissertation. 8. Yearly review by Advisory/Research Committee. 9. Yearly spring review by Clinical Science faculty 	
How outcomes are measured for	How outcomes are measured:	Evaluation tool and self-study location:

<p>each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.</p>	<ol style="list-style-type: none"> 1. Grade of B- or higher in each of the core clinical courses, which include evaluations based on class participation, leading class discussions, written discussion questions, written reaction papers, written midterm exams, class presentations, written final exams, and/or written final projects. See syllabi for grading in each course (P530 in Appendix II.B.2.1.1, P641 in Appendix II.B.2.1.2, P624 in Appendix II.B.2.1.3, and P631 in Appendix II.B.2.1.4, as well as the P690 PWC seminar Appendix II.B.2.1.1.23. 2. Grade of B- or higher in P595, which is based on a grant application and class participation (and presentations). The course covers putting together a grant (e.g., pre-doctoral NSF) proposal, working with an advisor/research group, developing research ideas and conducting scholarly research, evaluating scholarly research, graduate requirements in the program, writing scholarly research, diversity, research ethics and concerns, presenting research, teaching in Psychological Science, and careers in academia and beyond. 3. Mentor evaluation of satisfactory level or higher on primary research manuscript, which includes a poster presentation at department-wide event in 3rd semester. 4. A designation of PASS on Qualifying Examination Evaluation Form. Qualifying exams include writing three comprehensive papers that draw on research both within and outside of Clinical Science, as well as completing an oral defense of the three manuscripts. 	<ol style="list-style-type: none"> 1. The syllabus for each course (which includes the grading scheme, is included in the appendices as follows (P530 in Appendix II.B.2.1.1.1, P641 in Appendix II.B.2.1.1.2, P624 in Appendix II.B.2.1.1.3, and P631 in Appendix II.B.2.1.1.4. 2. See syllabus for P595 (Research and Professional Development Seminar) in Appendix II.B.2.1.1.11 for grading. 3. See Research Project Evaluation Form in Appendix II.B.1.b.2.1.6 4. See Qualifying Examination Evaluation Form in Appendix II.B.1.b.2.1.7
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	<p>5. Mentor evaluation of satisfactory level or higher on primary research manuscript.</p> <p>6. Judgment of faculty committee at a satisfactory level or higher on dissertation proposal defense.</p> <p>7. Judgment of faculty committee at a satisfactory level or higher on dissertation defense.</p> <p>8. Yearly evaluation based on coursework, practicum, research and training in research lab(s), presentations at conferences, and participation in weekly clinical colloquium.</p> <p>9. Evaluation based on coursework, clinical work in practicum, research and training in research lab(s), presentations in the department and at conferences, and participation in weekly clinical colloquium.</p> <p>10. A rating of satisfactory on the Individual and Cultural Diversity competencies on <u>the Internship Readiness Form</u>.</p>	<p>5. see Research Project Evaluation Form in Appendix II.B.1.b.2.1.6</p> <p>6. See Dissertation Proposal Evaluation Form in Appendix II.B.1.b.2.1.8</p> <p>7. See Dissertation Defense Evaluation Form in Appendix II.B.1.b.2.1.9</p> <p>8. See Yearly Advisory Committee Review Form in Appendix II.B.1.b.2.1.11</p> <p>9. See Yearly Clinical Faculty Review Form in Appendix II.B.1.b.2.1.12. Feedback is given in written form (letter from the Director of Graduate Studies) and/or in advisory meetings.</p> <p>10. The Internship Readiness Form is located in Appendix II.B.1.b.2.1.13</p>
<p>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</p>	<p>The MLAs for each course is grade of B- , PASS on qualifying exams, research evaluation, dissertation proposal and defense, and yearly evaluations of students, and a rating of Satisfactory on the Individual and Cultural Diversity competency in the Internship Readiness assessment.</p>	

Competency:	<i>(iv) Professional values, attitudes, and behaviors</i>	
Elements associated with this competency from IR C-8 D	<ul style="list-style-type: none"> • 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. 	
Program-defined elements associated with this competency (if applicable)	Students will demonstrate professional competence and an awareness of professional values and ethical behavior in their interactions with others.	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	<ol style="list-style-type: none"> 1. Class assignments in the core Clinical Science courses [Introduction to Clinical Science (P530 in Appendix II.B.2.1.1.1), Assessment (P641 in Appendix II.B.2.1.1.2), Principles of Psychopathology (P624 in Appendix II.B.2.1.1.3), and Intervention & Evaluation (P631 in Appendix II.B.2.1.1.4)], and our P690 Profession wide competencies course (Appendix II.B.2.1.1.23) 2. Class assignments in Research and Professional Development Seminar (P595 in Appendix II.B.2.1.1.11). 3. Class assignments and engagement in supervised administration of CBT with two clients in P690 (Cognitive and Behavior Therapies Practicum, Appendix II.B.2.1.1.10) that involves Evidence-Based Clinical Supervision. <p>***Appendix II.B.1.a.1.2.7 contains readings in Professional and Ethical Standards of conduct collated across courses</p>	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	How outcomes are measured: 1. Outcomes for all courses are assessed as the overall grade for that course. A grade of B- or greater is required for successful demonstrate this competence	Evaluation tool and self-study location 1. Grading schemes are outlined in the syllabi for each course and are located in Appendices II.B.2.1.1.1 for P530 II.B.2.1.1.2. for P641 II.B.2.1.1.3 for P624

	<p>2. A rating of satisfactory on the Professionalism competencies on the <u>Internship Readiness Form</u>.</p>	<p>II.B.2.1.1.4 for P631 II.B.2.1.1.11 for P595 II.B.2.1.1.10 for P690 CBT II.B.2.1.1.23 for P690 PWC</p> <p>2. The Internship Readiness Form is located in Appendix II.B.1.b.2.1.13</p>
<p>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</p>	<p>The MLA for each course is a grade of B-, and a rating of Satisfactory in the Professionalism competency in the internship readiness assessment.</p>	

Competency:	<i>(v) Communications and interpersonal skills</i>	
Elements associated with this competency from IR C-8 D	<ul style="list-style-type: none"> • 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. 	
Program-defined elements associated with this competency (if applicable)	Students will develop the interpersonal and communication skills that are the foundation of professional competence.	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	<ol style="list-style-type: none"> 1. Class assignments in the four core Clinical Science courses [Introduction to Clinical Science (P530 in Appendix II.B.2.1.1.1), Assessment (P641 in Appendix II.B.2.1.1.2), Principles of Psychopathology (P624 in Appendix II.B.2.1.1.3), and Intervention & Evaluation (P631 in Appendix II.B.2.1.1.4)]. 2. Participation, class assignments, and engagement in supervised administration of CBT with two clients in P690 (Cognitive and Behavior Therapies Practicum, Appendix II.B.2.1.1.10) that involves Evidence-Based Clinical Supervision. 3. Completion (passing grade) in the P690 PWC seminars 4. Completion of first- and second-year research project. 5. Written and oral defense of the qualifying exams. 6. Written and oral defense of dissertation proposal 7. Written and oral defense of the dissertation. 	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<p>How outcomes are measured:</p> <ol style="list-style-type: none"> 1. Grade of B- or higher in each of the four core clinical courses, which include evaluations based on class participation, leading class discussions, written discussion questions, written reaction papers, written midterm exams, class presentations, written final exams, and/or written final projects. See syllabi for grading in each course (P530 in Appendix II.B.2.1.1, P641 in Appendix II.B.2.1.2, P624 in Appendix II.B.2.1.3, and P631 in Appendix II.B.2.1.4. 	<p>Evaluation tool and self-study location:</p> <ol style="list-style-type: none"> 1. The syllabus for each course (which includes the grading scheme, is included in the appendices as follows (P530 in Appendix II.B.2.1.1.1, P641 in Appendix II.B.2.1.1.2, P624 in Appendix II.B.2.1.1.3, and P631 in Appendix II.B.2.1.1.4.,

	<p>2. The outcome for P690 is assessed as the overall grade for that course. A grade of B- or greater is required for successful demonstrate this competence</p> <p>3. A grade of B- in the P690 PWC seminar</p> <p>4. Mentor evaluation of satisfactory level or higher on first- and second-year research manuscript.</p> <p>5. A designation of PASS on Qualifying Examination Evaluation Form. Qualifying exams include writing three comprehensive papers that draw on research both within and outside of Clinical Science, as well as completing an oral defense of the three manuscripts.</p> <p>6. Judgment of faculty committee at a satisfactory level or higher on dissertation proposal defense.</p> <p>7. Judgment of faculty committee at a satisfactory level or higher on dissertation defense.</p> <p>8. A rating of satisfactory on the Communication competencies on the <u>Internship Readiness Form</u></p>	<p>2. The evaluation tool for P690 CBT is located in Appendix II.B.2.1.10</p> <p>3. The description and grading for P690 PWC seminar is located Appendix II.B.2.1.1.23</p> <p>4. see Research Project Evaluation Form in Appendix II.B.1.b.2.1.6</p> <p>5. See Qualifying Examination Evaluation Form in Appendix II.B.1.b.2.1.7</p> <p>6. See Dissertation Proposal Evaluation Form in Appendix II.B.1.b.2.1.8</p> <p>7. See Dissertation Defense Evaluation Form in Appendix II.B.1.b.2.1.9</p> <p>8. The Internship Readiness Form is located in Appendix II.B.1.b.2.1.13</p>
<p>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</p>	<p>The MLA is a grade of B- in all courses, and a Pass / satisfactory rating on the research projects, qualifying exams, dissertation proposal and defense, and on the Communication competency in the Internship Readiness assessment.</p>	

Competency:	<i>(vi) Assessment</i>	
Elements associated with this competency from IR C-8 D	<ul style="list-style-type: none"> • 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. 	
Program-defined elements associated with this competency (if applicable)	Students will demonstrate (a) an understanding of the research literature on clinical assessment of Psychopathology and related factors and (b) the ability to apply empirically-supported assessments/evaluations/feedback, the which will prepare them for entry-level practice.	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	<p>This area is covered by:</p> <ol style="list-style-type: none"> 1. the core clinical course in Assessment (P641 in Appendix II.B.2.1.1.2) 2. the external practica <p>and</p> <p>Completing the (a) both the first-and second-year projects, (b) qualifying examinations, (c) dissertation proposal, and (d) dissertation defense.</p>	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<p>How outcomes are measured:</p> <ol style="list-style-type: none"> 1. Grade of B- or higher in P641 which includea evaluations based on class participation, leading class discussions, written discussion questions, written reaction papers, written midterm exams, class presentations, written final exams, and/or written final projects 2. Satisfactory completion of external practica. 	<p>Evaluation tool and self-study location:</p> <ol style="list-style-type: none"> 1. See syllabi for grading in P641 in Appendix II.B.2.1.1.2 2. A rating of Satisfactory by practica director.

	<p>3. Mentor evaluation of satisfactory level or higher on primary research manuscript, which includes a poster presentation at department-wide event in 3rd semester.</p> <p>4. A designation of PASS on Qualifying Examination Evaluation Form. Qualifying exams include writing three comprehensive papers that draw on research both within and outside of Clinical Science, as well as completing an oral defense of the three manuscripts.</p> <p>5. Judgment of faculty committee at a satisfactory level or higher on dissertation proposal defense.</p> <p>6. Judgment of faculty committee at a satisfactory level or higher on dissertation defense.</p> <p>7. Satisfactory rating on the Assessment competency rating on the <u>Internship Readiness Form</u></p>	<p>3. See Research Project Evaluation Form in Appendix II.B.1.b.2.1.6</p> <p>4. See Qualifying Examination Evaluation Form in Appendix II.B.1.b.2.1.7</p> <p>5. See Dissertation Proposal Evaluation Form in Appendix II.B.1.b.2.1.8</p> <p>6. See Dissertation Defense Evaluation Form in Appendix II.B.1.b.2.1.9</p> <p>7. The Internship Readiness Form is located in Appendix II.B.1.b.2.1.13</p>
<p>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</p>	<p>The MLAs for each outcome are noted above as a grade of B- for course outcomes, a rating of PASS on research evaluation, qualifying exams, dissertation proposal, and dissertation defense, and a rating of satisfactory on the Assessment competency on the Internship Readiness Form.</p>	

Competency:	<i>(vii) Intervention</i>	
Elements associated with this competency from IR C-8 D	<ul style="list-style-type: none"> • 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. 	
Program-defined elements associated with this competency (if applicable)	Students will demonstrate an understanding of the research literature on empirically-supported treatments, treatment evaluation, and consultation/supervision and the ability to apply empirically-supported psychotherapy, empirically-supported consultation; and professional skills, which will prepare them for entry-level practice.	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	<p>Required training includes taking the following courses:</p> <ol style="list-style-type: none"> 1. Intervention & Evaluation (P631 in Appendix II.B.2.1.1.4)]. 2. P690 (Cognitive and Behavior Therapy Practicum, Appendix II.B.2.1.1.10) that involves Evidence-Based Clinical Supervision. 	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<p>How outcomes are measured:</p> <ol style="list-style-type: none"> 1. Students demonstrate competency by obtaining a grade of B- or better in P631 and P690 (Cognitive and Behavior Therapies Practicum), which include evaluations based on supervision of cases, the application of clinical skills, class participation, leading class discussions, written discussion questions, written reaction papers, written midterm exams, class presentations, written final exams. 2. Satisfactory on Intervention competency rating on the <u>Internship Readiness Form</u> 	<p>Evaluation tool and self-study location:</p> <p>For the grading in each course, see the syllabus for P631 in Appendix II.B.2.1.1.4 and the syllabus for P690 CBT in Appendix II.B.2.1.1.10.</p> <p>2. The Internship Readiness Form is located in Appendix II.B.1.b.2.1.13</p>

Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	The MLAs is a grade of B- in each course and a rating of Satisfactory on the Intervention competency in the internship readiness assessment.	

Competency:	<i>(viii) Supervision</i>	
Elements associated with this competency from IR C-8 D	<ul style="list-style-type: none"> • Demonstrate knowledge of supervision models and practices. 	
Program-defined elements associated with this competency (Note: Additional element required for this competency [to ensure multiple elements are evaluated])	Students will demonstrate an understanding consultation/supervision and the ability to apply empirically-supported consultation and professional skills, which will prepare them for entry-level practice	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	<p>Training in supervision is obtained:</p> <ol style="list-style-type: none"> 1. in our P690 course (Cognitive and Behavior Therapies Practicum, Appendix II.B.2.1.1.10) that involves Evidence-Based Clinical Supervision. 2. Completing (Passing) the P690 PWC seminars (Appendix II.B.2.1.1.23) 3. External practica courses <p>*** Please also see a list of all of the readings on Theories of Consultation and Supervision collated from all of the required courses in our Program (Appendix II.B.1.a.1.2.9).</p>	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<p>How outcomes are measured:</p> <ol style="list-style-type: none"> 1. Students demonstrate competency by obtaining a grade of B- or better in P690 (Cognitive and Behavior Therapies Practicum), which includes material on approaches to supervision and consultation, receiving extensive close supervision for two CBT clients, evaluations based on supervision of cases, the application of clinical skills, class participation, leading class discussions, written discussion questions, written reaction papers, written midterm exams, class presentations, written final exams. 2. A grade of at least B- in P690 PWC seminar (Appendix II.B.2.1.23) 	<p>Evaluation tool and self-study location:</p> <ol style="list-style-type: none"> 1. The syllabus for P690 includes the grading scheme and is located in Appendix II.B.2.1.1.10.

	<p>3. Successful completion of External practica courses</p> <p>4. Satisfactory on Supervision rating on the <u>Internship Readiness Form</u></p>	<p>2. The description and grading for P690 PWC seminar is located in Appendix II.B.2.1.1.23</p> <p>3. A satisfactory rating from the external practicum Director</p> <p>4. The Internship Readiness Form is located in Appendix II.B.1.b.2.1.13</p>
<p>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</p>	<p>The MLA is a grade of B- in P690 CBT and P690 PWC, and a Satisfactory rating on the Supervision competency in the Internship Readiness assessment.</p>	

Competency:	<i>(ix) Consultation and interprofessional/interdisciplinary skills</i>	
Elements associated with this competency from IR C-8 D	<ul style="list-style-type: none"> • Demonstrate knowledge and respect for the roles and perspectives of other professions. • Demonstrates knowledge of consultation models and practices. 	
Program-defined elements associated with this competency (if applicable)	Students will demonstrate (a) an understanding of the research literature on consultation/supervision; (b) the ability to apply empirically-supported approaches to consultation and professional skills in their interactions with clients, other professionals, and the public at large.	
Required training/experiential activities to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.	<p>Required training for this competency includes</p> <ol style="list-style-type: none"> 1. Intervention & Evaluation (P631 in Appendix II.B.2.1.1.4)]. 2. Research and Professional Development Seminar (P595 in Appendix II.B.2.1.1.11). 3. P690 (Cognitive and Behavior Therapies Practicum, Appendix II.B.2.1.1.10) that involves Evidence-Based Clinical Supervision 4. Completion of P690 PWC seminars (Appendix II.B.2.1.1.23) <p>*** Please also see a list of all of the readings on Theories of Consultation and Supervision collated from all of the required courses in our Program (Appendix II.B.1.a.2.9).</p>	
How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.	<p>How outcomes are measured:</p> <ol style="list-style-type: none"> 1. Students demonstrate competency by obtaining a grade of B- or better in each of P631 (Intervention and Evaluation), P595 (Research and Professional Development Seminar), P690 (Cognitive and Behavior Therapies Practicum), all of which includes class participation, leading class discussions, written discussion questions, written reaction papers, written midterm exams, class presentations, written final exams. The P690 courses also include evaluations based on supervision of cases and the application of clinical skills. 2. Students demonstrate competency by obtaining a grade of B- or better in P690 PWC 	<p>Evaluation tool and self-study location:</p> <ol style="list-style-type: none"> 1. For grading schemes, see the syllabi for P631 in Appendix II.B.2.1.1.4, for P595 in Appendix II.B.2.1.1.11, and for P690 in , Appendix II.B.2.1.1.10 2. The description and grading for P690 PWC is located in Appendix II.B.2.1.1.23

	3. Satisfactory on the Consultation competency rating on the <u>Internship Readiness Form</u>	3. The Internship Readiness Form is located in Appendix II.B.1.b.2.1.13
Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.	The MLAs are a grade of B- in each course, a rating of Satisfactory for the Consultation competency in the internship readiness assessment.	

Table 4 Program Specific Competencies

Table 4: Program-Specific Competencies (Optional)

The following table is optional and should be used to describe training in any program-specific competencies if your program requires them. All students are expected to attain the required minimum levels of achievement (MLAs) set relative to any program-specific competencies and all associated elements – in other words, rotation or track-specific competencies need not be described here.

The program should also use this table as it prepares proximal data consistent with the requirements of Implementing Regulation (IR) C-18 D. This IR states that “programs that choose to have program-specific competencies are expected to assess student performance at the level of the competency elements, and give feedback to students at the level of elements, but report to CoA at the level of the superordinate competency.”

Provide information below to illustrate how the program ensures that ALL students can acquire and demonstrate substantial understanding of and competence in any program-specific competencies:	
Program-Specific Competency 1:	<i>Aim 3: Train students with the foundational, ethical, and professional competence to disseminate knowledge to others in a manner that is sensitive to individual and cultural-diversity</i>
Elements associated with this competency:	Students will demonstrate the ability to (a) communicate research results clearly and effectively in oral presentations and in written work appropriate for peer-reviewed publication; (b) to teach others about psychological science, the scientific process, and evaluating evidence;

	<p>and (c) disseminate the results of their research in multiple venues, including classroom presentations, clinical colloquia, conference presentations, and scholarly publications..</p>	
<p>Required training/ experiential activities used to meet each element. If applicable, clarify where activity description (e.g., syllabus) is located.</p>	<p>The required training includes:</p> <ol style="list-style-type: none"> 1. Class assignments in the four core Clinical Science courses [Introduction to Clinical Science (P530 in Appendix II.B.2.1.1), Assessment (P641 in Appendix II.B.2.1.2), Principles of Psychopathology (P624 in Appendix II.B.2.1.3), and Intervention & Evaluation (P631 in Appendix II.B.2.1.4)], and in P690 PWC seminars 2. Class assignments in Research and Professional Development Seminar (P595 in Appendix II.B.2.1.11). 3. Completion of first-year research project. 4. Written and oral defense of the qualifying exams. 5. Completion of second-year research project. 6. Written and oral defense of dissertation proposal. 7. Written and oral defense of the dissertation. 8. Course assignments in the Teaching of Psychology course (P660 in Appendix II.B.2.1.12 9. Successful completion of the departmental dissemination / teaching requirement by either teaching an undergraduate course, Methods in Experimental Psychology (P211) or developing and executing a detailed Individualized Dissemination /Teaching Plan that must be approved by the student’s Advisory Committee and the Director of Graduate Studies. 10. Yearly review by Advisory/Research Committee. 11. Yearly spring review by Clinical Science faculty. 	
<p>How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.</p>	<p>How outcomes are measured:</p> <ol style="list-style-type: none"> 1. Grade of B- or higher in each of the four core clinical courses, which include evaluations based on class participation, leading class discussions, written discussion questions, written reaction papers, written midterm exams, class presentations, written final exams, and/or written final projects, AS Well as P690 PWC seminar 2. Grade of B- or higher in P595, which is based on a grant application and class participation (and presentations). The course 	<p>Evaluation tool and self-study location:</p> <ol style="list-style-type: none"> 1. See syllabi for grading in each course (P530 in Appendix II.B.2.1.1, P641 in Appendix II.B.2.1.2, P624 in Appendix II.B.2.1.3, P631 in Appendix II.B.2.1.4, P690 PWC in Appendix II.B.2.1.23 2. See syllabus for P595 (Research and Professional Development Seminar) in Appendix II.B.2.1.11 for grading.

covers putting together a grant (e.g., pre-doctoral NSF) proposal, working with an advisor/research group, developing research ideas and conducting scholarly research, presenting research project proposal, discussions of best-practices in oral and visual presentation of research results, evaluating scholarly research, graduate requirements in the program, writing scholarly research, diversity, research ethics and concerns, teaching in Psychological Science, and careers in academia and beyond.

3. Mentor evaluation of satisfactory level or higher on primary research manuscript, which includes a poster presentation at department-wide event in 3rd semester.

4. A designation of PASS on Qualifying Examination Evaluation Form. Qualifying exams include writing three comprehensive papers that draw on research both within and outside of Clinical Science, as well as completing an oral defense of the three manuscripts.

5. Mentor evaluation of satisfactory level or higher on primary 2nd year research manuscript.

6. Judgment of faculty committee at a satisfactory level or higher on dissertation proposal defense.

7. Judgment of faculty committee at a satisfactory level or higher on dissertation defense.

3. See Research Project Evaluation Form in Appendix II.B.1.b.2.6

4. See Qualifying Examination Evaluation Form in Appendix II.B.1.b.2.7

5. see the Research Project Evaluation Form in Appendix II.B.1.b.2.6

6. See Dissertation Proposal Evaluation Form in Appendix II.B.1.b.2.8

7. See Dissertation Defense Evaluation Form in Appendix II.B.1.b.2.9

	<p>8. Grade of B- or higher in Teaching of Psychology course (P660). Grading in the P660 course includes evaluation of (a) syllabus and assignment creation, (b) observation of microteaching, (c) paper grading, (d) guided discussion, (e) teaching statements, (f) class participation, (g) creation of a teaching unit, (h) making a teaching presentation which includes presenting a Learning Activity, and (i) generating learning outcomes and assessment methods for the Learning Activity. Students are also required to attend a university-wide instructor workshop on classroom climate that provides them with inclusive teaching strategies for working with diverse populations in the classroom.</p> <p>9. Developing and executing a detailed Individualized Dissemination /Teaching Plan that involves either teaching an undergraduate research methods course (P211 - Methods in Experimental Psychology) or engaging in a set of approved dissemination – teaching activities.</p> <p>10. Yearly evaluation based on coursework, practicum, research and training in research lab(s), presentations at conferences, and participation in weekly clinical colloquium.</p> <p>11. Evaluation based on coursework, clinical work in practicum, research and training in research lab(s), presentations in the department and at conferences, and participation in weekly clinical colloquium.</p>	<p>8. For the grading of P660, see the syllabus in Appendix II.B.2.1.12.</p> <p>9. The completion of the Dissemination / Teaching requirement is recorded on the Department's Individualized Teaching and Dissemination Requirement Advisory Committee Evaluation Form located in Appendix II.B.1.b.2.5</p> <p>10. See Yearly Advisory Committee Review Form in Appendix II.B.1.b.2.11</p> <p>11. See Yearly Clinical Faculty Review Form in Appendix II.B.1.b.2.12. Feedback is given in written form (letter from the Director of</p>
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		Graduate Studies) and/or in advisory meetings.
<p>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</p>	<p>The MLAs for all courses is a grade of B-, an evaluation of “satisfactory” for: 1. the Research Project evaluations, 2. The dissertation proposal defense, 3. The dissertation defense, 4. Yearly advisory committee, and 5. The yearly clinical faculty review, and a PASS on the Qualifying exams and the completion and execution of the department’s teaching/dissemination requirement.</p>	

