

**DOCTORAL PROGRAM**  
**IN**  
**CLINICAL PSYCHOLOGY**

Virginia Commonwealth University

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# CLINICAL PSYCHOLOGY

## I. INTRODUCTION

Virginia Commonwealth University was created in 1968, following the merger of Richmond Professional Institute and the Medical College of Virginia. In 1971, the State Council of Higher Education approved VCU's proposed doctoral program, and the clinical program subsequently graduated its first doctoral student in 1975. In the same year, the APA Committee on Accreditation granted full approval to the clinical doctoral program, and the program has maintained fully accredited status since that time. The clinical program presently has 50-60 students at various levels of training which accounts for more than one third of the total departmental graduate student enrollment. Since our first graduate in 1975, we have graduated over 200 Ph.D.'s in clinical psychology who have taken faculty, staff, administrative, or practitioner positions in psychology programs housed in university departments of arts and sciences and medical schools, community mental health centers, clinics, hospitals, prisons, private practice, and state departments of mental health.

### A. Philosophy

The clinical psychology program at VCU is designed after the scientist-practitioner model endorsed and reaffirmed at major national conferences at Boulder in 1949 (Raimy, 1950), at the Thayer Conference on School Psychology in 1954 (Cutts, 1955), at Miami in 1958 (Roe, Gusad, Moore, Ross, and Skodak, 1959), at the Graystone Conference on Counseling Psychology in 1964 (Thompson & Super, 1964), at the 1965 Chicago Conference on the professional preparation of clinical psychologists (Hoch, Ross, & Winder, 1966), at the Vail Conference in 1973 (Korman, 1976), and most recently at the Gainesville Conference (Belar & Perry, 1992). Our program continues to endorse strongly the scientist-practitioner model. "Scientist-practitioner psychologists embody a research orientation in their practice and a practice relevance in their research. Thus, a scientist-practitioner is not defined by a job title or a role, but rather by an integrated approach to both science and practice" (Belar & Perry, 1992, p. 72).

Within that context, our cornerstone training guideline is that a scientifically embedded doctoral program such as ours needs to be based in the most up-to-date theory and empirical findings from basic and applied psychology, with faculty and students both staying cognizant of, and contributing to, important emerging directions. Above all else, clinical psychology involves the application of the science of psychology.

This basic stance is especially crucial as clinical psychology faces dramatic changes in health care organization and the mental health delivery system. Proposed revolutions in federal Medicare policy as well as increasingly entrenched managed care insurance structures are reinforcing the centrality of clinical psychology's long-standing endorsement of empirically anchored clinical practice and research based mental health assessments and interventions. Our program embraces the challenges emanating from these current societal forces while

appreciating the real threat these same forces represent to the survival of more traditional professional clinical psychology.

A first translation of our program's guiding assumption is that the entire range of our course work, practicum, and research training -- especially in psychological assessment, psychopathology, and intervention -- needs to embody a core of up-to-date empirically validated applications (AAAP Reno Conference: Hayes, Follette, Dawes & Grady, 1995; Chambless, 1993; APA Division 12 Task Force on Promotion and Dissemination of Psychological Procedures, 1995; APA Division 12 Task Force on Psychological Intervention Guidelines, 1995; McFall, 1991). In all cases this core constantly needs to be supplemented by course and practicum offerings that address evolving new theory and applications of demonstrated efficacy and validity. At this particular point in time, our program designates the available empirically validated core to be in large part "cognitive behavioral," with ancillary developments in the interpersonal and family systems areas.

In addition to assimilation of this up-to-date specific body of empirically based knowledge and technique, we consider it vital that our Ph.D. clinical graduates participate in and contribute to new research and clinical developments within mental health. We attempt to facilitate this outcome by training our students, not only to provide available empirically validated psychological assessments and treatments, but also to develop and empirically validate new psychological approaches. This latter training goal expresses the unique role of clinical psychology as a mental health profession and reflects its previous significant contributions to the science, treatment, and prevention of mental disorder.

We recognize that teaching and practicing clinical methods that enjoy empirical support must be balanced with development and testing of new approaches and theories in applied contexts. Clinical practice cannot stand still while waiting for research to provide answers to all of what needs to be done. Instead, what seems indicated is that future Ph.D. scientist-practitioners develop and evaluate treatment programs and train, supervise, and treat more complicated cases that fail to be helped by standardized treatment protocols delivered by sub-Ph.D. level psychotherapists.

A second translation of our basic guideline (training based on contemporary empirical research) is that valid etiological, explanatory, assessment, and treatment models for psychopathology need to be broad enough to incorporate a wide range of available and emerging biological, psychological, and sociological components. In short, excellent state-of-the-science clinical training needs to adopt and integrate a "biopsychosocial" perspective.

This goal is consistent with the Human Capital Initiative Report sponsored by the NIMH and the American Psychological Society entitled, "Reducing Mental Disorders: A Behavioral Science Research Plan for Psychopathology" (Human Capital Initiative, 1996). According to that report, "the development of mental disorders is influenced by biological, behavioral, and social factors whose contributions vary for different disorders... Diagnosing and treating various disorders requires a fundamental understanding of all aspects of the basic process that leads to psychopathology."

Full appreciation and application of this basic biopsychosocial viewpoint hopefully brings to our program, to both faculty and students, a scientifically-based tolerance and appreciation for the wide-range of available pharmacological, psychological, and psychosocial assessment and treatment approaches. Availability of these individual components, in turn, requires continuing efforts from us all to integrate and innovate scientifically sound and effective assessment and treatment "packages" that incorporate these multifactorial components.

## **B. Training Goals**

The program faculty have established for the clinical training program the following major goals that are designed to reflect the basic guidelines just defined.

1. Empirical Research Skills and Grounding in the Science of Psychology. The primary goal of the program is to train scientist-practitioners. This involves imparting substantive knowledge in the core areas of psychology, providing an intellectual climate conducive to analytic and integrative thinking, and developing in students the experimental design and evaluation skills that will enable them both to conduct scientific research and to integrate the findings of others into their own research and clinical work. As our basic guideline asserts above, we want our students at all times to apply state-of-the-science applications to the wide range of their clinical activities. In short, our program strives toward the ideal scientist-practitioner training balance; however, if imbalance occurs, we prefer that it favor science and research.
2. Clinical Practitioner Skills Grounded in Empirical Science. A major program goal is to produce students who have a firm grounding in the empirically based principles and content of the applied areas of clinical psychology, and who have excellent technical skills. This involves development of a strong empirical and theoretical knowledge base in the core areas of clinical psychology including personality, psychopathology, and behavior change, and experiential training in psychological assessment, intervention, and program evaluation techniques.
3. Personal Growth and Development. A major program goal is to facilitate the scientific, professional, and personal growth and development of students and faculty within an atmosphere of open feedback, mutual support, and challenge. This requires routine evaluation of the academic, clinical, and research performance of both faculty and students. It requires also administrative advocacy for faculty's professional needs and for students' academic needs, while attempting to facilitate the professional development and advancement of both.
4. A Supportive and Open Learning Atmosphere. Another program objective is to provide an atmosphere of open feedback, mutual support and challenge among faculty, among students, and between faculty and students. We realize that optimal attainment of program goals is best accomplished in an setting in which open and direct communication is ongoing between and among faculty and students -- keeping in mind always that the bottom-line role relationship between faculty and students is based in a power differential that cannot be either eliminated or relinquished.

5. Multicultural Training Emphasis. Another important goal of our training program is to provide a culturally diverse environment in which to train future psychologists. Our clinical psychology program has adopted as an important program priority the recruitment and promotion of minority faculty and the recruitment and graduation of minority graduate students. This priority is integral both to our own educational values as well as to the special mission of Virginia Commonwealth University as a comprehensive university embedded in the heart of Richmond, Virginia.

6. Specialized training. A final goal of the VCU clinical program, after providing a solid foundation in scientific and professional psychology and their integration, is to provide students both the relevant opportunities as well as the time and freedom to engage in activities related to specific areas of interest. This is in part accomplished through the program's specialty tracks, but is also a function of the many research and clinical opportunities available for students within VCU and the greater Richmond community.

## **II. OVERVIEW OF MAJOR PROGRAM FEATURES**

### **A. Specialty Tracks**

Upon entry into the program each student is assigned, as academic advisor, the individual clinical faculty member with whom he or she aligned during the admissions process. This assignment, as well as the original alignment, is made on the basis of congruence between a student's stated interests and a faculty member's specialty areas. During the fall semester of the first year, to facilitate formal research involvement and concentration of research interests, students work under the supervision of their advisor in a research practicum. In addition, students in the first year enroll largely in department and clinical core courses.

Based upon faculty pairing during the admissions process, each student also automatically is aligned with one of the two major specialty tracks in the program (Behavioral Medicine and Child) -- or designs an individually tailored program specifying either a) a combination of the above, b) a combination of a major specialty and a subspecialty outside the program or department (e.g., clinical aging-psychogeriatrics; neuropsychology), or c) a specialty area oriented around a particular faculty member's area of expertise (e.g., computerized clinical assessment, depression, anxiety).

### **B. Research Emphasis**

Excellence in research is a major program objective. Research projects may be carried out in both laboratory and applied settings. Students may use designs that are experimental, correlational, those that combine experimental and correlational components, single-case designs, as well as program evaluation projects conducted in mental health settings. Students are encouraged to submit articles based on their thesis and dissertation research for publication, to

present research findings at professional meetings, and to get involved in faculty research programs in addition to required research projects.

### **C. Graduate Student Financial Support**

Placement of students is the responsibility of the department's Graduate Committee, which attempts in each instance to enhance the student's career development as well as meet his or her financial needs. There are multiple sources of financial support within the university: teaching assistantships and instructors for the department; clinic assistantships; university fellowships; grant funded research assistantships within the department and at the medical school; and loans from the Financial Aid Office. In addition, other sources of financial support are available through part-time work assistantships in many adjacent agencies and institutions in the Richmond area.

### **D. Center for Psychological Services and Development.**

Initial practicum training, under the direct supervision of clinical faculty members, takes place in our community-oriented Center for Psychological Services and Development (CPSD). The CPSD is a non-profit outpatient facility operated by the VCU Department of Psychology and provides a wide range of assessment and treatment services for both children and adults. Students, working with a limited number of patients, learn the basics of assessment and therapeutic processes under the close supervision of clinical faculty supervisors.

In the CPSD students obtain experience in the operation of a multidisciplinary mental health center where flexibility of treatment approaches is emphasized and where empirical evaluation of agency functions is routinely applied. Data collected on clients are used to adjust daily operations of the CPSD to meet changing client, student and faculty needs, to evaluate treatment effectiveness on an ongoing basis. Videotape equipment is used extensively in CPSD training activities.

Clients are selected for treatment at the Center, in part, according to the training needs of the students. In addition to therapy, students at the CPSD may be assigned evaluations from the community. These evaluations are requested by schools, social service agencies, mental health agencies, etc. Essential training in assessment, report writing, and professional communication modes is provided through these evaluation referrals.

### **E. Assessment Training in the Clinical Program.**

A major goal of the program is to provide students with state-of-the-art assessment training. The priorities of our program's training in this essential area are driven by our vision of the field of clinical psychology. Our priorities inform course requirements and course contents. As such, some topics in assessment are covered in more depth whereas others are covered less. The depth of coverage is also determined by the specialty track.

*Core* areas of training represent those that ALL students in the program are exposed to. *Specialty* areas represent topics that may only be the purview of some students in the program.

*Specialty* areas will fluctuate based on activity in the science of our field as well as individual faculty interests whereas *core* topics are more likely to be enduring and thus require coverage regardless of faculty or student interests.

Below is a list of the *core* topics for assessment training. Each is followed by a brief description of the depth of coverage the program has determined is the minimal level for our students. Note that sometimes these decisions varied by track. Please note, these are the MINIMAL standards of the program. We do not mean to imply that a student cannot exceed these standards. We are establishing these as the MINIMAL level of experience/exposure we expect students to have when they graduate from our program for each topic.

- **Intelligence tests**-Students should have experience such that they demonstrate competence in administration and interpretation of an intelligence test as well as production of a written report.
- **Achievement tests**-Students should have experience such that they demonstrate competence in administration and interpretation of an achievement test as well as production of a written report.
- **Structured diagnostic interviews**- Students should learn about diagnostic interviews, observe them performed in class, and have some practice in class using them.
- **Behavioral assessment and functional analysis**- Students should have experience such that they demonstrate competence in using behavioral assessment and functional analysis to inform their conceptualization and treatment of clients.
- **Self- and other-report scales** (includes screening tools, symptom measures, adaptive behavior measures, and construct scales)<sup>1</sup>- Students should have experience such that they demonstrate competence in using scales to inform their conceptualization and treatment of clients.
- **Mental status exam**-Students will at a minimum have learned about the MSE and observed its performance in class.
- **Outcome measurement during treatment**- Students should have experience such that they demonstrate competence in using assessment to measure outcomes during treatment to inform their conceptualization and treatment of clients.
- **Cognitive screening exam**
  - Behavioral Medicine Track– Students should have experience such that they demonstrate competence in using cognitive screening exams to inform their conceptualization and treatment of clients.
  - Child/Adolescent Track-Not applicable
- **Personality assessment tools**- Students should have experience such that they demonstrate competence in administration and interpretation of at least two objective personality tests as well as production of a written report and that they demonstrate competence in using personality assessment tools to inform their conceptualization and treatment of clients.
- **Projective tests**-Students will be exposed to projective tests through classroom instruction and readings.

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<sup>1</sup> Specific scales covered would depend on track.

In addition to these *core* topics, two other training goals are relevant.

First, a course on test construction, including a solid understanding of psychometric principles, is essential to assessment training.

Second, students need to complete several full, integrative reports before completing their training. Reports do not need to be “instrument specific” and as such, there are no specific mandates about which tools need to be present in reports. Rather, a student should complete several assessments for which s/he writes an integrative report that is relevant to his/her area of specialty and that demonstrates his/her mastery of the tools of that specialty, including an expertise in interpretation of relevant test data.

#### **F. Participation of Community Agencies and Professionals**

Our program endorses close participation and collaboration with mental health agencies and professionals in the Richmond area. With our program embedded in a community-oriented urban university, this liaison is especially important. We continually seek to identify professionals in the community whose scholarly and clinical interests can be utilized in the form of adjunct course offerings, special seminars or clinical staffing presentations for our students. In addition, in their fourth year in the program, students receive practicum training in an off-campus community agency where they are directly supervised by a licensed clinical psychologist employed by the agency. To the extent possible, students are placed with agencies that serve clinical populations or with supervisors who provide skills and theoretical orientations consistent with their specialty area. A list of agencies currently used by the program is presented in the section below on Practicum.

#### **G. Summary of Philosophy, Model, and Options of Training**

The design of our clinical program is based on the scientist-practitioner model. Students are provided a firm foundation in the core areas of general psychology, statistics, and research design, and in the core areas of clinical psychology (personality, psychopathology, measurement and assessment, psychotherapy and behavior change). Emphasis is on training social scientists who are also capable of functioning as practitioners in clinical settings. "Hands-on" clinical training is integrated with scientific training early in the program. Practicum training becomes increasingly coordinated with students' research and academic interests as these interests become more focused during the student's second, third, and fourth years in the program. A major mechanism for facilitating this integration is student experience in the CPSD and the external practica. Along with clinical training, elective coursework and research training are oriented around each student's particular needs and interests within the framework of his/her specialty track or specialization area. Our goal is to produce competent scientist-practitioners with a strong sense of professional identity and personal responsibility who comport themselves in accord with the highest ethical standards of the profession.

### **III. MASTERS DEGREE REQUIREMENTS**

Students are admitted into the clinical psychology program only for full-time study towards the doctoral degree. However, all students must complete masters degree requirements prior to formal entry into the doctoral program. Along with coursework, specified below in Table 1, all students must complete a thesis involving collection of empirical data to meet masters degree requirements. Students admitted to the program who have already earned a masters degree in psychology that required an empirically-based thesis do not have to complete another thesis if their completed thesis is judged by the clinical faculty to be equivalent in scope and quality to those approved in our department. Such students ordinarily submit their thesis (in consultation with their advisor) to the clinical faculty for approval after their first semester in the program. Also, after the first semester incoming students who have had previous graduate work may apply to the clinical faculty to transfer some previously earned credits toward VCU masters degree requirements. It should be noted, however, that previously earned practicum credits may not be transferred.

#### **A. Faculty Advisor**

As noted above, students are assigned a faculty advisor in the first year based on congruence of research and track specialty interests. Most students conduct their masters thesis research under their advisor or another clinical faculty member with similar interests. Occasionally, a student's research interests are most congruent with those of a non-clinical faculty member and the student may thus desire to have this psychology faculty member chair his/her thesis committee. In such cases, the student must make a formal request to the clinical faculty outlining the specific nature of the project. Students whose research advisor is not a clinical faculty member must maintain an academic advisor who is a clinical faculty member.

#### **B. Completion Expectations and Enrollment Restrictions**

All departmental students are expected to successfully complete their final thesis orals no later than the last day of formal classes for the spring semester of their second year. For students who have not completed their thesis prior to the fifth semester of graduate study, the department has adopted guidelines (presented in the Introduction) that restrict the number of credit hours in which a student may enroll as a function of progress made on the thesis. Note that the restrictions apply to course credit hours only and do not include thesis research credits (Psy 798) or CPSD clinical practicum (Psy 694). However, clinical students will not be permitted to enroll in off-campus Clinical Practicum until the Masters degree is completed. That is, if a student has not successfully defended his or her thesis before April 1 of the third year of graduate study, he or she will not be placed in off-campus practicum for the fourth year! One purpose of this restriction is to permit the clinical program to assure our off-campus practicum placement agencies that each student we assign will arrive with a Master's degree in hand. Extension of the thesis project beyond the third year of graduate study will be considered indicative of a serious lack of progress in the program.

Table 1. Course Requirements for a Master of Science Degree in Clinical Psychology

Forty-four (43) semester hours are required for the Master of Science degree for students enrolled in the clinical psychology program. The curriculum consists of a combination of department core courses (20 hours; including 6 hours of thesis research) and clinical program core courses (23 hours; including seven hours of clinical practicum).

The following specific courses are required:

I. Department Core Courses

<u>Course Number</u>	<u>Course Title</u>	<u>Credit Hours</u>
Psy 619	Learning & Cognition	3
Psy 680	General Linear Models I	3
Psy 681	General Linear Models II	3
Psy 629	Biological Basis of Behavior	3
Psy 675	Ethical Principles in Psychology	2

II. Clinical Program Core Courses

<u>Course Number</u>	<u>Course Title</u>	<u>Credit Hours</u>
Psy 616	Adult Psychopathology	3 and
Psy 650	Child Psychopathology	1
	OR	
Psy 650	Child Psychopathology	3 and
Psy 616	Adult Psychopathology	1
Psy 645	Assessment of Personality	3
	OR	
Psy 649	Child Assessment	3
Psy 667	Behavior Therapy	3
	OR	
Psy 652	Child Therapy	3
Psy 643	Principles of Psychological Measurement	2
Psy 644	Individual Tests of Intelligence	3
Psy 690	Research Practicum	1
PSY 627	Research Meth. in Clin. Psych.	3
Psy 661	Clinical Applications of Health Psychology	3
	(required of Behavioral Medicine track students)	
Psy 694	Clinical Practicum	7
Psy 798	Masters Thesis	6

#### **IV. DOCTORAL DEGREE REQUIREMENTS**

Upon completion of M.S. requirements, students should apply for continuation in the doctoral program by submitting a letter to the Clinical Director together with a completed "Request for Continuation and Approval of Doctoral Program of Studies-Clinical Psychology Program." The latter form summarizes degree requirements completed to date and the student's plans for completing remaining requirements. A copy of this form can be found in Appendix B.

Students entering our doctoral program with a completed Masters degree and an approved empirical thesis will be evaluated formally for continuation in the doctoral program at the end of their second year in our program. These students apply for continuation using the same procedure described above. In their special case, one of the major criteria the faculty evaluates is the actual progress made on the dissertation research project, as normally reflected in grades the student has received for registered credits of Psy 898 (Doctoral Dissertation).

##### **A. Policy on Five-Year Program**

Eighty-one (81) semester hours are required for the Doctor of Philosophy degree for students enrolled in the clinical psychology program. The doctoral program is designed to require 4 years of academic work plus 1 additional year for a full-time predoctoral internship placement. The first three years of graduate school residence concentrate on coursework, thesis research, and practicum experience. The fifth year is designed as the internship year, with the fourth year largely reserved for the completion of practicum experience and dissertation research. Table 2 summarizes the course requirements for the Ph.D.

Students are expected to complete all Ph.D. requirements within 5 years. Students are required to complete all Ph.D. requirements within 7 years of starting the program. Students are subject to termination from the program if this requirement is not met. A student may request an extension beyond the 7th year; this request must be submitted before the beginning of the Fall semester of the 7th year for approval by the clinical program faculty, which will forward it to the Director of Graduate Studies to initiate a Special Action form to be sent to the Dean of the School of Graduate Studies for final approval.

##### **B. Other Requirements-All Students**

In addition to the required Department and Clinical core courses, all clinical students must fulfill the following requirements:

1. One 3-credit assessment elective [e.g., Psy 626 (Single Case Experimental Design); Psy 645 (Assessment of Personality); Psy 646 (Projective Techniques); Psy 647 (Neuropsych. Assessment), Psy 648 (Behavioral Assessment of Clinical Problems), Psy 649 (Clinical Assessment of Child Disorders); or approved "special topics" (Psy 691) courses (e.g., Methods in Clinical Psychophysiology)].

Table 2: Curriculum for Clinical Psychology Program

<u>First Year</u>			
<u>Fall</u>		<u>Spring</u>	
Psy 691 General Linear Models I	3	Psy 691 General Linear Models II	3
Psy 644 Indiv Tests of Intell	3	Psy 645 or Psy 649	
Psy 643 Psych Measurement	2	(Adult Assess or Child Assess)	3
Psy 616 Adult Psychopathology	3	Psy 667 or Psy 652	
and PSY 650 Child Psychopathology	1	(Beh Therapy or Ch. Therapy)	3
OR		Psy 675 Ethical Princ	2
Psy 650 Child Psychopathology	3	Psy 798 Thesis	1
and PSY 616 Adult Psychopathology	1	Psy 694 Clinical Interviewing Skills	1
Psy 690 Research Practicum	1		
<b>Total</b>	<b>13</b>	<b>Total</b>	<b>13</b>
		<u>Summer</u>	
		Thesis 1	
		<u>Second Year</u>	
Psy 629 Bio Basis of Behavior	3	Psy 619 Learning & Cognition	3
Psy 627 Res. Meths. Clin. Psy	3	Elective*	3
Elective*	3		
Psy 798 Thesis	2	Psy 798 Thesis	2
Psy 694 Practicum	3	Psy 694 Practicum	3
<b>Total</b>	<b>14</b>	<b>Total</b>	<b>11</b>
		<u>Summer</u>	
		Psy 694 Practicum 1	
<hr/>			
		<u>Third Year</u>	
Psy 627 Res. Meths. Clin. Psy	3	Psy 694 Practicum	3
Elective*	3	Elective*	3
Psy 694 Practicum	3	Psy 898 Dissertation	3
<b>Total</b>	<b>9</b>	<b>Total</b>	<b>9</b>
		<u>Summer</u>	
		Psy 694 Practicum 2	
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		<u>Fourth Year</u>	
Psy 898 Dissertation Research	6	Psy 898 Dissertation	6
Psy 694 Practicum	3	Psy 694 Practicum	3
<b>Total</b>	<b>9</b>	<b>Total</b>	<b>9</b>
<hr/>			
		<u>Fifth Year</u>	
		Internship	

NOTES: \* denotes other courses required of or recommended for all students, or required or recommended courses associated with specialty tracks (see section IV.B and IV.C). Electives can also be used to fill the social aspects of behavior and diversity breadth requirements (see section IV.B.4 and 5) The above curriculum represents the minimum course requirements. What is above represents a suggested, not required, course sequence. Different students may find that a different sequence better meets their educational needs.

## **B. Other Requirements-All Students (cont.)**

2. One 3-credit therapy/intervention electives. [e.g., Psy 623 (Counseling and Psychotherapy); Psy 624 (Group Counseling and Psychotherapy); Psy 653 (Family Counseling and Therapy); Psy 654 (Marriage Counseling and Therapy); Psy 656 (Structured Training Groups); Psy 660 (Health Psychology); Psy 666 (Crisis Intervention); Psy 667 (Behavior Therapy); Psy 668 (Interpersonal Psychotherapy: Social Psychological Analysis); Psy 669 (Interpersonal Psychotherapy: Communications Analysis); Psy 670 (Gestalt Psychology); or approved "special topics" (Psy 691) courses (e.g., Divorce: Research, Assessment, and Intervention)].

3. An issues of cultural and individual diversity breadth requirement dealing with issues pertaining to gender, ethnic, or age differences, handicapping conditions or affectional preference. One way clinical students can fulfill this requirement is by completing Psy 677 (Minority Mental Health).

4. A social aspects of behavior breadth requirement. One way clinical students can fulfill this requirement is by taking a course in social psychology -- either Psychology 630 (Social Psychology) or Psychology 633 (Group Dynamics).

5. Psy 696 Internship, at 1 credit each for Fall and Spring semesters and .5 credit for the Summer semester.

## **C. Required and Recommended Courses-Specialty Tracks**

Behavioral Medicine. **Required:** Psy 647 (Neuropsychological Assessment); Psy 660 (Health Psychology); Psy 691 (Behavioral Medicine Seminar). **Recommended:** Psy 648 (Behavioral Assessment), Psy 691 (Child Health Psychology), Psy 691 (Clinical Neuropsychology) Psy 691 (Methods in Clinical Psychophysiology), Psy 666 (Stress Management/Crisis Intervention).

Clinical/Child. **Required:** Psy 650 (Advanced Child Psychopathology); Psy 649 (Child Assessment); Psy 652 (Child Therapy); Psy 603 (Developmental Processes). **Recommended:** Psy 628 (Psychology of Adolescence); Psy 653 (Family Therapy).

## **D. Advisor Checklist: Requirements for the Ph.D. in Clinical Psychology**

Following completion of the Master's degree and formal acceptance for continuation in the doctoral program the following requirements must be met: (a) preliminary examination successfully passed; (b) doctoral dissertation successfully defended; (c) completion of all required coursework; and (d) clinical internship. A copy of the Advisor Checklist, listing all of the requirements for the Ph.D. can be found in Appendix C. This checklist should be completed, signed by the student's advisor, and submitted to the Clinical Program Director during the semester in which the student plans to graduate.

## **V. THESIS AND DISSERTATION RESEARCH**

### **A. Credit Hours**

Students should be registered for thesis research (Psy 798) or dissertation research (Psy 898) during any semester in which they are actively involved in the planning, running, or writing of their thesis or dissertation. It is expected that students will begin work on their thesis (and consequently register for thesis credits) during the spring semester following their admission to the graduate program, and continue to sign up for thesis credits until their thesis is completed. The number of credits of Psy 798 to be signed up for in any given semester should accurately reflect the amount of time dedicated to working on the thesis, with 3 hours per week per credit serving as a general guideline. The total number of thesis hours taken by any given student will, in part, reflect differences in the nature of the research they conduct and their timetable. There is no upper limit on the number of thesis or dissertation credits a student may take while pursuing their degree. However, a minimum of 6 credits of thesis research and 12 credits of dissertation research are required, and no more than 6 credits of thesis nor 12 hours of dissertation may be applied toward the M.S. or Ph.D. degrees respectively.

### **B. Goals and Grades**

Students should set goals with their research advisor for each semester they are registered for thesis or dissertation credits. To facilitate this process, students are required to file a "Goals for Thesis/Dissertation" form each semester (see Appendix A). This form is intended to clarify both the student's and the advisor's expectations regarding work on the thesis or dissertation for that semester. Forms must be dated and signed by both the student and the advisor. Copies of this form will be filed with both the student's Program Director and the department's Director of Graduate Studies each semester.

At the end of the semester, students will meet with their advisors to review their progress and the advisor will assign a grade of "S," "U," or "F" for that semester. Consistent with University policy (see Graduate Bulletin), students who receive a "U" in any semester will be reviewed for possible termination. Receipt of a grade of "F" in the thesis or dissertation is grounds for automatic termination from the program.

### **C. Thesis and Dissertation Committees**

Thesis and dissertation committees must be constituted and approved prior to the meeting in which the thesis or dissertation proposal is defended. Normal procedure is for the student, in consultation with the chair of the thesis or dissertation committee, to send a request listing committee members to the Clinical Director, who forwards it to the office of the Dean of the College of Humanities and Sciences for formal approval. The committee composition should reflect the expertise to competently supervise the project and guide the student. At least one member of the thesis committee and at least two members of the dissertation committee must be members of the clinical faculty. In most cases, the committee chair will be a member of the Clinical faculty. A student must obtain approval from the clinical faculty for appointment of a

non-clinical faculty member to chair his or her thesis or dissertation committee. Departmental guidelines regarding committee composition are presented on pages 10 and 17.

#### **D. Publication version**

One important goal of thesis and dissertation research is to learn to report on research in a format suitable for publication. Thus, the Introduction of all theses and dissertations must include a “Statement of the Problem” section that is appropriate in length, breadth, and depth to serve as the Introduction of an article that is submitted for publication in an empirical journal.

In addition, students must 1) submit an empirical article (based on their theses or some other research project) for publication in a refereed journal, or 2) write an article describing their research in the format and quality of a manuscript to be submitted for publication (this latter alternative can be taken at the advisor’s prerogative if the student’s research has not produced publishable results). The deadline for this requirement is Friday of the first week of classes of the Spring semester before internship.

### **VI. DOCTORAL PRELIMINARY EXAM**

#### **A. Purpose of the Exam**

Doctoral prelims are designed to evaluate students' knowledge of theory, research and professional issues in the field of clinical psychology and to assess their ability to integrate and communicate that knowledge and articulate concepts in writing in a scholarly fashion. The exam has three broad purposes: a) through the period of intense study required, to stimulate students to consolidate their learning and knowledge in the core areas, b) to evaluate students' knowledge of the core areas for the purpose of formal admission to candidacy in the Ph.D. program; and c) through administration and scoring of the exam by the entire clinical faculty, to provide quality control over individual components of the graduate clinical curriculum.

A reading list is provided to students prior to each exam consisting of literature sources the faculty considers to be particularly valuable and comprehensive. The list is not intended to be exhaustive. Questions on the exam are not necessarily covered in explicit detail in any of these sources nor have they necessarily been covered in explicit detail in a particular required course. Students are expected to keep up with major developments in the field and are advised to consult recent issues of journals such as the Psychological Bulletin, American Psychologist, Clinical Psychology Review, Annual Review of Psychology, and Psychological Inquiry for substantive reviews of topics germane to clinical psychology, and journals such as the Journal of Consulting and Clinical Psychology, Journal of Abnormal Psychology, and Journal of Personality and Social Psychology for recent important research findings.

#### **B. Scheduling the Exam**

1. The exam is offered once a year, during the first full week of June.
2. Students planning to take the exam must notify the Clinical Director and the clinical program's Prelim Coordinator no later than eight weeks preceding the scheduled exam.

3. The Prelim Coordinator is a clinical faculty member appointed by the Clinical Program Director.

4. Students ordinarily are reviewed for continuation in the doctoral program at the end of their third year. Since most students will be going on internship during their fifth year, it is expected that most students will take prelims during the summer following their third year.

### **C. Content of the Exam**

1. The exam covers six content areas:

Psychodiagnostics/Assessment

Psychopathology

Psychotherapy

Ethics

Research Methodology

Track-specific question (Child/Adolescent or Behavioral Medicine)

2. For each of the content areas the student will have the choice of answering one of two questions.

3. Questions will be designed to assess original thinking. A particular emphasis will be on the application of knowledge or personal integration of knowledge across areas rather than a simple restatement of facts or theories.

4. Over time, questions in the various areas increasingly will incorporate content and issues that explicitly address culturally and linguistically diverse normal and patient populations.

5. Copies of clinical preliminary exam questions administered since 1990 are kept in an up-to-date file located on the department's shared hard drive (P:\PSY\CLINPROG.DOC\06.doc).

### **D. Procedures**

1. The exam will be administered as a take home examination. Students approved to sit for prelims (by virtue of being approved for continuation in the doctoral program) will be given the full set of prelim questions at 9:00 a.m. on the first day of the exam. Students will be responsible for getting their complete set of answers to the Prelim Coordinator by no later than 9:00 a.m. one week later. The prelim Coordinator will specify where students are to hand in their completed exams. It is extremely important that students pace themselves such that they are able to spend an adequate amount of time on each question and that they allow time to overcome last minute problems such as computer viruses, printer malfunctions, etc.

2. The exam will be administered as an open-book exam. Students may freely use whatever texts, class notes, etc. they desire. Students are expected to have adequately prepared for prelims such that access to materials is used to refresh their memory rather than represent an intensive effort to learn new material during the examination week.

3. Prelim exams are considered "Pledged" work under the VCU Honor System. Once the exam period has started (i.e. after the questions have been handed out), students must complete their work independently. This means they are not to discuss the exam questions or related material with other individuals or submit work that has been prepared in whole or part by others. Students should give proper credit to the work of ideas of others by including appropriate citations and references in their answers.

4. Answers to each question must be typed double-spaced on standard 8 1/2 x 11 inch paper with one inch margins all around in a type no smaller than 12 point. Answers to each

question are restricted to a maximum length of 10 pages. Students will be expected to include a reference section listing all the references cited in their answers in APA style. The reference section is not counted in the 10 page limit.

5. A student scheduled to take prelims who picks up their set of questions may elect not to submit their exam for grading. Under these circumstances they must notify the Prelim Coordinator by the due date for prelims. This provision is made to cover unusual circumstances (e.g., personal crises, computer crises, natural disasters). A student can exercise this option only once. Otherwise, a student who has picked up a set of prelim questions is considered to have attempted prelims.

## **E. Grading the Exam**

1. All questions will be scored either Pass+, Pass, or Fail. Grades of Pass+ will be considered the same as Pass for purposes of determining whether a student has passed or failed an exam.

2. A student who meets the criteria for passing prelims and who receives scores of Pass+ from two or more graders in four or more of the content areas will receive the grade of "Pass with distinction" and this will be noted in their permanent record.

3. There will be three faculty graders for each question.

4. The majority grade of the three graders constitutes the grade on that question (e.g., P, P, F = Pass; F, F, P = Fail).

5. In order to pass the entire exam, all six questions must be passed. If only five of the six questions are passed, the student will be re-examined in the failed area. If more than one question is failed, the student must re-take the entire exam.

6. A student who has failed only one question on prelims will be re-examined in the relevant area either at the next administration of prelims or, if the student desires, at an earlier time to be negotiated with the faculty committee having responsibility for that area. Students will be provided with 24 hours to answer one question.

7. If the student chooses to be examined prior to the next scheduled administration of prelims, the task will be the same as during regular prelim administration. That is, it will be a written take-home exercise (pick up the question a 9:00 a.m. and return the answer at 9:00 a.m. the next morning), and the student may choose which question to answer from two alternatives.

8. If the student passes the re-examination question, he/she passes prelims in its entirety. If that question is failed, he/she fails prelims in its entirety, and must retake the entire exam at its next regularly scheduled administration.

9. The following rules hold for the second full-scale retake of prelims: a) If all six questions are passed, the student has passed prelims; b) If less than five questions are passed, prelims have been failed and the student is terminated from the program; c) If five questions are passed, the student will be re-examined in the failed area in the manner prescribed above; d) If upon re-examination in the single failed area the student passes the question he/she passes prelims, if the student fails the question then he/she has failed prelims and is terminated from the program.

10. Any student who fails the first administration of prelims may opt to develop with the clinical faculty a special remediation plan to assist in preparing for the next administration of the exam. Students must indicate in writing to the Clinical Director, not later than four weeks after receiving their prelim grade, whether or not they elect to develop a remediation plan.

11. The rationale for our policy in regard to retaking all or part of the exam for students who have not passed all six areas on the first administration is based in domain sampling theory. That is, the six areas covered by the exam do not comprehensively cover all of the important knowledge areas of the field of clinical psychology; neither do the questions asked on a given exam comprehensively cover the six areas. Rather, for the six domains evaluated on the exam, the questions on a given examination represent samples from those domains used to estimate knowledge of the whole domain. It is, therefore, assumed that when more than one question is failed, the student has demonstrated insufficient knowledge of all the domains covered by the exam.

## **VII. CLINICAL PRACTICUM**

Beginning the Fall semester of the second year through the Spring semester of the fourth year, students must register each semester for Psy 694: Clinical Practicum (a total of 22 credit hours as listed in Table 2 above, including 1 credit hour of 694 in the Fall semester of the first year). During the 2nd and 3rd years of the program the student is assigned to practicum in the CPSD; during the 4th year the student is assigned to an off-campus practicum agency.

At the end of each semester, all supervisees and supervisors (on- and off-campus) are required to evaluate each other's performance on forms constructed by the clinical program. (1) The Practicum Evaluation Forms the supervisor fills out on (and discusses with) each member of his/her CPSD practicum team can be found on the faculty's P: Drive- P:\PSY\CLINPROG.DOC\694eval.stu.doc. Once this feedback has been provided to each student, the student needs to make three copies: the original stays with the student; one copy is passed back to the supervisor; one copy is passed on to the Clinical Director for the student's file; and one copy is passed on by the student to his or her next practicum supervisor. (2) Before the end of the semester students will receive a packet containing the supervisor rating-evaluation sheet developed by the clinical program. The latter form can be found on the P: Drive- P:\PSY\CLINPROG.DOC\694eval.sup.doc. Students are asked to complete these evaluations by typing, rather than writing, any free-response comments. These materials should be turned in to the Assistant to the Director of Clinical Training.

In some instances Behavioral Medicine track students may begin off-campus practicum in their second semester of their third year in the program, pending availability of an approved 6-month external health psychology practicum. Also, in consultation with their academic advisor, students who enter our program with a Masters degree and who have already accumulated significant practicum experience may petition the faculty (after their first semester at VCU) to waive their second year of CPSD practicum in order to proceed directly to an off-campus practicum during their third year in the program. Similarly, in rare instances, if the student and his or her academic advisor judge that the student's career goals can be better facilitated by alternative activities, the required fourth year of clinical practicum may be waived by the clinical faculty. In either of these instances, to meet graduation requirements the student is required to complete only 16 (22 minus 6) credit hours of PSY 694.

## **A. CPSD Practicum**

Each semester second and third year students are assigned to one of the CPSD clinical practicum teams, each with a clinical faculty member as supervisor. Clinical faculty who supervise practicum typically provide both individual and team supervision.

First year clinical students are encouraged to participate in all phases of CPSD activities, to learn the policies and the procedures of the Center, and to learn to use the videotape equipment. In the Fall semester of the first year students register for 1-hour of Psy 694 to participate in a Clinical Interviewing Skills class that takes place in the CPSD

Second year clinical students sign up for CPSD Psy 694: Clinical Practicum for each of the three semesters (summer, fall, spring). Their clinical practicum experience concentrates on (a) patient assessment and diagnosis, (b) case conceptualization and treatment planning, and (c) empirical treatment evaluation. Coordination of practicum with concurrent second-year clinical courses is designed to facilitate training in basic interviewing skills, rudimentary therapy implementation, and development of students' awareness of their stimulus value as person-therapists.

Third year clinical students sign up for Psy 694 for the Fall and Spring semesters. Third year students are expected to conduct screenings of new clients and arrange referrals within the CPSD or to other agencies. Students concentrate primarily on learning psychotherapy and crisis management. Typically, at any given time a third-year student carries 4-6 individual, group, and/or family cases according to the supervisor's interests and the student's needs.

## **B. Off-Campus Practicum**

One of the strengths of VCU's doctoral program in clinical psychology resides in the continuing arrangements it has been fortunate enough to establish with various mental health agencies in the Richmond area community to provide supervised clinical training experiences for our more advanced fourth-year graduate student trainees.

Following completion of on-campus practicum training in the CPSD, students are normally placed in an off-campus agency for their fourth and final year of practicum. Off-campus practicum placement decisions are the responsibility of the CPSD Director and the Clinical Program Director (or designated Off-Campus Practicum Coordinator), in consultation with supervisory staff from off-campus practicum agencies. Off-campus practicum students are expected to conduct themselves professionally and ethically and to abide by the terms of the agreement with, and the regulations of, the host agency.

In most cases, students who successfully complete six semesters (14 hours) of Psy 694 in the CPSD become eligible to begin off-campus practicum. Other prerequisites for beginning off-campus practicum are completion of all Masters degree requirements (that is, successful defense of his or her thesis before April 1 of the third year of graduate study -- see p. 40), and judgement by the clinical faculty that the student has achieved a sufficient level of professionalism and clinical proficiency to merit off-campus placement.

These off-campus placements may be either paid or non-paid and are for two or three semesters in the same location. The student's weekly time commitment differs depending upon whether he or she is assigned a non-paid (12 hours per week) or paid (20 hours per week) off-campus practicum. All participating agencies provide supervision of the student's clinical activities; for paid practicum placements the agency also provides the student a financial stipend. In the case of non-paid off-campus placements, the student needs to obtain financial support from other sources (such as the psychology department).

To satisfy program requirements, a student need complete only two semesters of off-campus practicum. Normally, however, off-campus placements begin during the Summer semester of the third year and are completed at the end of the Spring semester of the fourth year. If the placement is for two semesters only, the student must register each semester for 3-hours of Psy 694. If the placement is for three semesters, the student must register for 3-hours of Psy 694 in the Fall and Spring semesters respectively; in the Summer semester, if the student prefers to register for only 1-hour (instead of 3-hours) of Psy 694, prior approval of the Clinical Director is needed.

As a condition of admission to and continued enrollment in the Clinical Program, students must agree that all of their paid clinical work will be done under formal practicum arrangements negotiated by the Clinical Program. Exceptions to this policy may be made solely for students who have completed their internships or who receive explicit exemptions from the clinical faculty. For any semester in which the student is participating in off-campus practicum, he or she is required to register for at least 1-credit-hour of Psy 694.

## **VIII. Capstone Clinical Presentation**

All students will be expected to complete all of the elements of the presentation before they go on off-campus clinical placements.

### **A. GENERAL POINTS**

1. Goals: the capstone clinical presentation will not replace any part of the prelim examinations. It is an assessment of clinical skills and knowledge. The students will be expected to demonstrate expertise in psychopathology, psychotherapy, assessment and ethics and to be able to demonstrate competencies in the following points :
  - a. Application of science, assessment and psychotherapy content and skills
  - b. Demonstration of a linkage of the literature and clinical procedure
  - c. Articulation of alternative clinical and procedural conceptualizations
  - d. Addressing relevant and/or potential ethical issues
2. How do we implement these changes in the CCP? We will institute a single set of changes in January that will direct the CCP's. The faculty and students will again review the process at the end of the Fall 2008 semester for any additional revisions.

3. Establishing a regularly scheduled time for these presentations so all can anticipate and attend them. It was suggested that the time be in lieu of staffing. This time is tuesday at noon.

B. ADDITIONAL STRUCTURE: More structure for the presentation and an advance report will be useful in providing organization and structure to the presentation. The UCLA example may serve as a model for written reports to be submitted.

1. WRITTEN REPORT: a written report will be due to the committee one week before the presentation. It will follow the format of the report required at UCLA which is available on the Blackboard website for the program.

## 2. CASE PRESENTATION

- a. General Guidelines: Presentations will include common elements and will also involve the discussion of a unique teaching point. The common elements are defined in the Oral C-Exam Criteria file that is provided on the Blackboard website. The unique teaching point is described in b. below.
- b. Students should view this as an opportunity to find interesting teaching points within interesting clinical cases for presentation. These include discussions of important diagnostic and treatment elements of a student's case. This may include, but is not limited to the following: cases in which the student therapist made unique decisions and why those decisions were made (e.g., deviations from treatment manuals, etc.), cases in which a student therapist made a mistake but learned from that mistake in a useful and "teachable" way, ways in which treatment was tailored to the specific needs of the client, ways in which the context of a case dictated deviations in treatment, etc. The student will work with his or her advisor to identify the unique teaching points.
- c. Cases *do not* need to be treated to termination in order to be acceptable cases on which to present. Cases may have been transferred to the clinician from a previous CPSD therapist, they may be ongoing in treatment at the time of the Capstone presentation, or they may have been prematurely terminated. Some of these "atypical" cases may present the most useful training opportunities, as students and faculty may engage in open discussions about issues such as: "What went wrong?"; "How would you have handled this case differently, knowing what you know now?"; "How did the previous therapist [in the case of transfer clients] impact the framework of your therapy, and how would you have handled the case differently if you'd had it from the outset of treatment?" etc.
- d. Presentation to take 90 minutes with the first hour for involvement of all students and faculty and the remaining 30 minutes will be with the committee,

alone. While the dimensions listed in the UCLA template will serve as rating dimensions, they will not be exhaustive. Further, the evaluation of the presentation will be more diagnostic and prescriptive than evaluative (pass, fail or grade). The presentation and report will be used to identify clinical (psychopathology, assessment and psychotherapy) areas in need of remediation. In some cases, the committee will come up with some additional activities for the student to engage in to expand the student's clinical skills. Completion of the remediation will be construed as passing the requirement.

- e. Students should expect that questions from their committee may address any of these components or other components not listed explicitly in the documents. In other words, the case presentation requirements will be considered malleable to the needs of the given presentation; however, there are no restrictions on the committee members or their questions during the 30-minute question session.
- f. Video or typed transcripts of video will remain an optional element of the presentation. Because many current 3<sup>rd</sup> year students have not had an opportunity to save tape on older clients, students presenting in the Spring will only be expected to present video if the video is useful and illustrative of a clinical teaching point raised in the presentation. If no such video is available, there will be no penalty for not presenting video. The video should *not* be used simply as "filler," but rather should be thought of as a useful supplement, if applicable. In future years, this element may be revised, as obtaining digitizing equipment for the CPSD is obtained, which would allow more comprehensive cataloging and saving of tape that has not previously been possible.

3. THE COMMITTEE: The committee is to be comprised of 3, or in some cases 4, faculty members who can provide a depth and breadth of clinical experience and advising. One shall be the DCT or his/her designee. The committee will be approved by the DCT with the expectation that diversity in theoretical and clinical perspectives will be represented by the committee.

## VIII. CLINICAL INTERNSHIP

The internship represents a crucial phase in the training of a doctoral level clinical psychologist. According to APA accreditation criteria, internships should provide the trainee with the opportunity to take substantial responsibility for carrying out major professional functions in the context of appropriate supervisory support, professional role modeling, and awareness of administrative structures. The internship is taken after completion of relevant didactic and practicum work and precedes the granting of the doctoral degree. For many students the internship is the last requirement that is satisfied prior to the granting of the Ph.D. Because it is a predoctoral requirement the entire internship must be completed satisfactorily prior to graduation.

Ordinarily students take their internship during their fifth year in the program. Students may go on internship at any time after (a) having completed all requirements for the Masters degree, (b) having been approved for continuation in the doctoral program, (c) having passed the doctoral prelim examination, (d) having successfully completed all practicum training, and (e) having successfully defended their dissertation proposal.

It is recommended that students complete all other program requirements (including final defense of dissertation) prior to the internship year. Regardless of the year in which they take their internship, students are required to successfully defend their dissertation proposal before applying for internship. The student will not be able to proceed with the internship application process until the proposal has been defended. Faculty will not submit letters of recommendation for internship or verify that the student is eligible for internship until this requirement has been met.

All students are expected to complete an APA-Approved internship. Students may apply to a non-APA-Approved internship only under highly unusual circumstances. Official approval must be obtained, in writing, from the Clinical Director before agreeing to match with a non-APA-Approved internship.

Students should inform both the Clinical Director and the Internship Coordinator at the very latest by the end of the first week of classes of the fall semester if they will be applying for internship that year. The Coordinator must be provided with a list of internships each student is applying to well in advance of the application deadline dates. The Internship Coordinator along with the student's advisor helps ensure that the best internship possible is secured for each student. The Clinical Director will write a letter attesting to the fact that the program considers this to be an appropriate point in the student's training for serving an internship, to the students' good standing in the program, and summarizing the student's ability level and status regarding completion of other degree requirements (courses, prelims, dissertation).

Virtually all VCU clinical students have been successful in obtaining their high-choice APA-Approved internships. It is the rule for our students on internship to receive outstanding performance evaluations, and this has contributed to our program's excellent reputation. Internship sites where some of our clinical students have been trained include:

- University of Wisconsin Center for Health Sciences, Madison
- Medical University of South Carolina, Charleston
- Northwestern University Medical School
- Arizona Health Sciences Center, Tucson
- McGuire VA Medical Center, Richmond
- VCU Student Counseling Services, Richmond
- Indiana University School of Medicine, Indianapolis
- Yale University Medical School, New Haven
- Upstate (N.Y.) Medical Center, Syracuse
- Clinical Psychology Internship Consortium, Memphis
- VA Medical Center, Palo Alto

Rush University Medical Center, Chicago  
University of Minnesota Consortium, Minneapolis  
George Washington University Medical Center, Washington, DC  
Children's Memorial Hospital, Chicago  
Wilford Hall ASAF Medical Center, Lackland AFB, San Antonio  
Brown University Consortium, Providence  
Harvard Medical School/Massachusetts Mental Health Center

In order to maintain continuous enrollment in the University during the year they are on internship, students should register for Psychology 696 (Internship, 1 credit each for Fall and Spring semesters, and .5 credits for Summer semester).

## **IX. EVALUATION OF STUDENT PROGRESS AND FEEDBACK**

At the end of the spring semester each year, each student in the doctoral program is evaluated and is given written feedback regarding performance in essential areas and progress in meeting degree requirements. These annual evaluations are done in addition to formal evaluation for continuation in the doctoral program and any interim evaluations conducted to assess specific competencies (e.g., readiness to begin off-campus practicum). For students in the first three years in the program, these evaluations include (a) academic performance (including grades and other indicants of achievement in the classroom), (b) professional competence (including assessment of discharge of professional responsibilities, personal development and maturity as it relates to this area, clinical practitioner skills, and responsiveness to supervision), (c) research: interest, commitment, and progress (including assessment of work on the required thesis and dissertation projects as well as other scholarly and research contributions), (d) ethical behavior (including assessment of the degree to which the student's professional behavior is consistent with APA ethical guidelines which require that psychologists "respect the dignity and worth of the individual and strive for the preservation and protection of fundamental human rights"), and (e) commitment and contribution to the program and department (including assessment of overall student involvement as reflected in participation in activities sponsored by the program or department, and involvement in service activities which provide direct help to individual students or faculty or to the program as a whole).

After students have completed the third year of the program (and typically have completed their masters thesis, CPSD practica, and most of their coursework, and have been approved for continuation in the doctoral program), evaluations are briefer and focus on student progress in completing remaining degree requirements.