CLINICAL PROGRAM HANDBOOK

Department of Psychological & Brain Sciences

Washington University in St. Louis

See also: *Graduate Student Handbook (GS Handbook)*, which provides policies and procedures for graduate students in the Department of Psychological & Brain Sciences with the exception of distribution requirements for students entering the program from 2017 on. The *Clinical Program Handbook (CP Handbook)* is a supplement to that guide and covers specific courses and practicum experiences which are required for students in the Clinical Science training program. From 2017 on, the *CP Handbook* also describes how the program handles distribution requirements.

Students are held to the requirements stipulated by the edition of the *GS Handbook* and the *CP Handbook* that were active at the time of their entry into the program, unless otherwise indicated; however, students are strongly encouraged to adopt the requirements of the most current *GS Handbook* and *CP Handbook* when feasible.

Revised: October 2017. Changes: Clarity added to curriculum; language changed regarding teaching experiences. September, 2017. Changes: Clarity added to courses required for pre-2017 students; additional clarity to 2017 curriculum. August, 2017. Changes include: corrections to examples, clarification and details for 2017 curriculum, clarification to residency requirements, application review, evaluation and discipline procedures.

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Training Philosophy of the Clinical Science Program

The clinical science program is devoted to the promotion of an integration of science and practice. It is based on the clinical science model, with a clear emphasis on research. Our primary goal is to train clinical scientists who will lead the search for new knowledge regarding the assessment, understanding, and treatment of psychological disorders.

Research activities in the clinical area are closely tied to basic science areas in our Department. Our Department includes leading investigators in the psychology of aging, cognitive neuroscience, personality psychology, and social psychology. The clinical area also has significant ties to psychologists in the Medical School who are concerned with psychological issues associated with medical problems (such as cardiovascular disease and Parkinson disease) as well as genetic factors and mental illness.

We are training a new generation of investigators to apply concepts and methods from basic behavioral science to the study of clinical problems, such as schizophrenia, personality disorders, eating disorders, social anxiety, depression, and problems of aging. Members of the core faculty are studying a variety of cognitive, emotional, and motivational processes as well as brain mechanisms that are associated with these phenomena.

Our students do not need to choose whether they will be scientists or practitioners. We see these roles as being inherently intertwined; thus, we believe students must be able to function in both worlds. We emphasize research and academic career goals for our students, consistent with our view of the future needs of our profession. Some students elect careers in applied settings, however, and use their critical thinking skills in applied clinical work.

When you are admitted to the program, you are matched with a *faculty advisor* reflecting your research interests. Your faculty advisor, along with the other faculty members in the clinical area, form an *advisory committee* and provide you with a formal written evaluation at least once a year. The advisory committee is your primary source of guidance throughout your graduate training.

A Note about Clinical vs. Other Area Requirements

In most respects, the requirements for graduate students in the clinical training program are the same as those for students in other areas of the department. The department's *Graduate Student Handbook* (also referred to simply as the *GS Handbook*) provides a careful description of requirements, milestones, and procedures to be followed. Unless otherwise specified in this document, the department's general guidelines apply to clinical students. These include the

Qualifying Research Project, the Subject Matter Exam, the Teaching Requirement, and the Doctoral Dissertation. Please see the department's *GS Handbook* for an explanation of these requirements. For students entering the program in 2017 on, the *GS Handbook* should not be referred to in regard to distribution requirements. The clinical curriculum diverges significantly from the departmental curriculum on the topic of distribution requirements only.

Specific Requirements for the Clinical Training Program

The training program in Clinical Psychology also includes some additional requirements that do not apply to graduate students in other areas of the department. The most important differences are the following: a) requirements regarding relevant courses are more extensive for students in the clinical program, and b) clinical training, including a series of supervised practicum experiences, is required for students in the clinical program. Details of these components are elaborated below.

Recruitment Procedure

The Clinical Science Program adheres to all Departmental and Graduate School policies regarding recruitment of graduate students. More specifically, the Clinical Science Program has a training program that emphasizes the student-mentor relationship. Accordingly, recruitment of graduate students is largely mentor-led. That said, no mentor uses a strict cut-off on any index or student feature. Instead, all mentors consider such issues as GRE scores, GPA, letters of recommendation, experience with research, and evidence of suitability for a research career. Mentors who are interested in recruiting students in a given year identify applicants and consult with the entire core clinical faculty to determine which of these students to invite for a formal interview. The Director of Clinical Training oversees this process and provides additional review of these potential students.

The Clinical Science Program values diversity of its students. Potential to contribute to this diversity is therefore one of many considerations in admission. We define diversity across a wide variety of dimensions, including culture, socioeconomic status, gender, sexual orientation, philosophical and religious perspectives, and other distinctive backgrounds and perspectives. We value this diversity both at a philosophical level and also on the practice level that such diversity contributes to the atmosphere of inclusion and acceptance that we value for our students. The Director of Clinical Training and the head of the Diversity Committee both review student

applications, whether initially identified by a mentor or not, for evidence that students would enhance diversity.

Clarification of Residency Requirement and Timeline

The graduate school states that residency is required for one year, but notes that exception are allowed (https://graduateschool.wustl.edu/current_students/residence-requirements). To be clear, at least one year of full-time residence is a requirement of the clinical program. Further, given the required course structure and necessary practicum experiences, students are generally expected to be in residence the first 3 years of study, and most will be here 5 years. Required course work is usually finished within six semesters (3 years). Most students go on internship at the end of the fifth year having already defended their dissertation. Given the required course structure and necessary practicum experiences, all students are essentially required to be in residence the first 3 years of study, and most will be here 5 years. Completion of a one-year internship is a requirement for the doctoral degree. All students are required to complete requirements for the Ph.D. within 6 years of entering the program, unless they get special permission on the basis of personal reasons (e.g., illness or family responsibilities).

Courses for <u>Students Entering Before 2017</u>

American Psychological Association requirements for courses changed in 2017. Because many students complete courses on an accelerated schedule, all students who entered prior to 2017 should continue with courses as required at the time of matriculation. An exception to this rule is ethics courses, which began modification earlier and applies to all current students as of December, 2016 (see section on Clinical Ethics, below).

A typical semester course load for the first two years is 8-11 credits, unless teaching and/or research responsibilities dictate a 6-7 credits load (e.g., students enrolled in a "mentored teaching experience (MTE) or "mentored research experience (MRE) by the Graduate School (MTE-LGS 600/MRE-LGS 601) may not enroll in more than 6-7 credits per semester). All students are expected to be <u>full-time status</u> while enrolled in the PhD program. Full-time status is at least 9 units of courses OR 1-8 units + the LGS 9000 enrollment OR the LGS 9000 enrollment <u>alone</u>. The LGS 9000 enrollment carries 0 units and must be entered by the Registrar personnel in the GS office. Note that the specific schedule below includes suggested semesters for taking Basic Science courses and Clinical Electives, but these courses are frequently taken earlier or in a different order. Similarly, teaching experiences should be scheduled in a manner that makes sense for the individual student.

TYPICAL CLINICAL CURRICULUM

YEAR	FALL SEMESTER	SPRING SEMESTER
1	Quantitative Methods I	Quantitative Methods II
	Assessment I	Assessment II
	Advanced Psychopathology	Basic Science 1 (e.g., Biological)
	Seminar in Research Ethics	
	TEACHING OF PSYCHOLOGY (Summer after Year 1)	
2	Research Methods	Basic Science 2 (e.g., Cognitive)
	Intro to Psychological Treatments	Clinical Elective 1
	Practicum (at PSC)	Practicum (at PSC)
	Teaching Experience (AI)	Teaching Experience (AI)
	DEVELOPMENTAL FOUNDATIONS (6 weeks summer, following Year 2 or Year 3)	
3	Clinical Elective 2	Basic Science 4 (e.g., Emotional)
	Basic Science 3 (e.g., Social)	Outside Practicum
	Outside Practicum	
4	DISSERTATION RESEARCH	DISSERTATION RESEARCH
	Outside Practicum	Outside Practicum

You are expected to meet the following requirements:

1. Pass four core clinical courses:
   - 5112 Psychological Assessment I
   - 5113 Psychological Assessment II
   - 537 Advanced Psychopathology
   - 545 Introduction to Psychological Treatments
2. Pass two semesters of graduate statistics and one course in research methods. The statistics courses – Quantitative Methods I (Psychology 5066) and Quantitative Methods II (Psychology 5067) – are taken during the first year. The research methods course –

Research Designs and Methods (Psychology 5011) – is taken during the first semester of the second year.

3. A grade of at least B- in one graduate level course at Washington University in each of the following four basic science areas:

   a. Social and Personality Psychology (Psych 503 or Psych 5991)

   b. Emotional (Affective) Aspects of Behavior (for students pre-2014, see Graduate Student guide; for students 2014-2016, acceptable courses are Psych 5453 and Psych 5958)

   c. Biological-Neurological Aspects of Behavior (Psych 5375, Psych 5831 or Bio 5651)

   d. Cognitive, Learning, and Perception (Psych 5087)

   Note that clinical students must select courses that have the broadest possible coverage rather than focusing on a narrow band of topics within an area. The title of the course should include strong evidence regarding its content. In the future, licensing boards may consider course titles on your transcript as well as syllabi from courses you have taken in order to determine whether each course fulfills their state's requirements for courses. Courses with titles that include words such as psychopathology or clinical, and titles that mention mental disorders will most often be considered clinical courses rather than "basic science" courses.

   Courses listed as applying to more than one area may be used to satisfy the course requirement in a single area only. The student may choose the area to which such courses will apply.

4. Complete the 6-week summer course on Developmental Aspects of Behavior, typically either after your second or third year in the program. You do not need to enroll for this course through the university. You will receive a certificate upon its satisfactory completion.

5. Do one of the following: (1) Complete an advanced course in clinical ethics with a B- or higher or (2) Complete a seminar in research ethics with a grade of B- or higher and a clinical ethics exam with a score of 80% or higher. Students may complete a summer seminar on ethics (potentially among other topics); this seminar is optional and does not satisfy the requirement the way an advanced course does.

6. All students in the clinical training program are required to attend the Clinical Science Seminar (Tuesdays, 4-5 PM during the academic year). Like other students in the

department, you are also required to attend at least one other scientific presentation each week throughout all years of graduate study. These may include departmental colloquia (which are required when they do occur), brown bags hosted by other areas of the department, or presentations at the Medical School (e.g., grand rounds in psychiatry or talks at the Alzheimer's Disease Research Center).

You are responsible for the timely completion of these courses and are expected to maintain at least a B average.

Courses for Students Entering in 2017 or Later

American Psychological Association requirements for courses changed in 2017. The below is an initial courses draft that will certainly be developed further prior to August, 2017. We provide this draft to allow students who are applying for entry in August 2017 to see what the curriculum is likely to consist of. **It is highly recommended that students take the GRE Psychology Subject Test in August 2017 or later (once the test has subtest scores added).** Doing so may ultimately allow students to demonstrate prior knowledge and reduce the number of classes taken.

The schedule below does not include what the *GS Handbook* refers to as "distribution requirements." These requirements are handled in a separate section below. Individual students will take courses on very different schedules for those classes. Note that teaching experiences should be scheduled based on an individual student's needs; the schedule below is only a suggestion.

TYPICAL CLINICAL CURRICULUM (NOT INCLUDING DISTRIBUTION REQUIREMENTS)

YEAR	FALL SEMESTER	SPRING SEMESTER
1	Quantitative Methods I	Quantitative Methods II
	Assessment I	Assessment II
	Advanced Psychopathology	
	Seminar in Research Ethics	
	TEACHING OF PSYCHOLOGY (Summer after Year 1)	
	OPTIONAL: Ethics, Supervision, and Consultation Seminar **or** Diversity Seminar (Summer, each offered every other year)	
2	Research Methods	Clinical Elective 1

	Intro to Psychological Treatments	Practicum (at PSC)
	Practicum (at PSC)	
	Teaching Experience (AI)	Teaching Experience (AI)
	OPTIONAL: Ethics, Supervision, and Consultation Seminar **or** Diversity Seminar (Summer, each offered every other year)	
3	Clinical Elective 2	Outside Practicum
	Outside Practicum	
4	DISSERTATION RESEARCH	DISSERTATION RESEARCH
	Outside Practicum	Outside Practicum

You are expected to meet the following requirements:

1. Pass four core clinical courses:
   - 5112 Psychological Assessment I
   - 5113 Psychological Assessment II
   - 537 Advanced Psychopathology
   - 545 Introduction to Psychological Treatments
2. Pass two semesters of graduate statistics and one course in research methods. The statistics courses – Quantitative Methods I (Psychology 5066) and Quantitative Methods II (Psychology 5067) – are taken during the first year. The research methods course – Research Designs and Methods (Psychology 5011) – is taken during the first semester of the second year.
3. Complete distribution requirements in the manner described below.
4. Pass the clinical ethics exam, the supervision and consultation exam, and the diversity application paper as described below.
5. All students in the clinical training program are required to attend the Clinical Science Seminar (Tuesdays, 4-5 PM during the academic year). Like other students in the department, you are also required to attend at least one other scientific presentation each week throughout all years of graduate study. These may include departmental colloquia (which are required when they do occur), brown bags hosted by other areas of the

department, or presentations at the Medical School (e.g., grand rounds in psychiatry or talks at the Alzheimer's Disease Research Center).

You are responsible for the timely completion of these courses and are expected to maintain at least a B average.

Distribution Requirements for Students Matriculating 2017 or Later

These guidelines concern what the *GS Handbook* refers to as distribution requirements. These are part of the **discipline specific knowledge** areas defined by the American Psychological Association. The areas covered by this section are:

- History of Psychology
- Affective Science
- Biological Psychology
- Cognitive Psychology
- Developmental Psychology
- Social Psychology

For History of Psychology, students must demonstrate knowledge through an appropriate upper-level undergraduate or graduate course, which may be taken before matriculation or after. If taken before matriculation, you should submit the syllabus for the course during the first semester of graduate study. Alternatively, you can take the final exam for Psych 4651 and obtain a B- or higher. Otherwise, you must complete Psych 4651 with a B- or higher. A graduate level class in history and systems of psychology may also be acceptable, but no such courses are planned at this time.

The remaining areas (ABCDS) are handled differently. For **each** of these areas, students must pick one of two choices: (1) Declare and demonstrate advanced undergraduate knowledge of the area, and then demonstrate graduate-level knowledge through advanced courses or (2) Choose the broad graduate-level curriculum for the area. There is no requirement that all students must choose the same option for all areas at this time. Although we expect that most of our students could choose option 1 for most or all areas, we acknowledge that many factors, including concerns about licensure, length of time since undergraduate education, and other issues may lead students to choose option 2 for some or all areas. See the section below on **Planning for Licensure** for more information about licensure concerns.

Upon admission to the program, students will be encouraged to decide ahead of matriculation whether to choose option 1 or option 2 for each area. Students should confer with the DCT and their mentors when making this choice.

Students who choose option 1 for an area have until the end of their first semester in the program to demonstrate their knowledge through one of the following means:

a) Achieving a score at or above a specified cut-off score on an approved standardized subtest (e.g., GRE subject test subtest) designed to measure competence in that area (subject to availability of an appropriate subtest; none are available as of 1/3/17).

b) Submitting for approval the syllabus of a course (at the advanced undergraduate or graduate level) covering that broad area in which they achieved a B- or higher; this will be subject to the same review procedure as transfer courses at the undergraduate level, but the course will not actually be transferred for credit through this mechanism. (Graduate courses can be transferred as described by departmental and university policy, but this process has specific requirements and takes at least a year to complete.)

c) Achieving a B- or higher on the final exam for the course that covers that area in the Washington University advanced undergraduate or graduate curriculum (subject to the course instructor making that exam available to the DCT).

d) Where the above options are not available or are unsuitable, or where the student has demonstrated competence through some other means, the student may petition the clinical faculty, who will determine whether the demonstration of competence meets the spirit of these guidelines.

Students who meet the option 1 requirement for pre-existing knowledge in an area must then take a graduate-level course that has that area as one of its attributes. All graduate-level classes not on a core clinical topic are tagged with up to three attributes.

At least one course taken must include multiple attribute tags: This will be the required integrative knowledge course (see below). Students who do not submit the required information before the end of their first semester or who do not achieve required scores will default to option 2 for the area in question.

Students who choose option 2 for an area will be provided with a list of courses and certificates meeting the requirement. As of 1/3/17 this list is being developed; it will later be

included in this handbook. Students should be advised that the relevant courses may be given as infrequently as once every three years, making planning essential. Some areas may also be met through completion of a certificate; at this time the developmental area may be met through a certificate following a summer seminar. Students choosing option 2 must also complete an integrative knowledge course; when students choose option 1 for fewer than 2 areas, the students should be advised that the integrative knowledge requirement will result in needing to take an additional course (i.e., a course that meets no other requirement of the clinical program).

Students completing either option must also complete an integrative knowledge class. The integrative class should be taken **after** the student has completed at least two basic science requirements that the integrative course covers. Students fulfill this requirement by earning a B- or higher grade in one of the following courses: Psych 519, 5355, 5881, 5958, 532. (The list of qualifying courses will expand as courses are tagged with attributes.) All of these are graduate-level courses that integrate at least two knowledge areas. In order, the knowledge areas they integrate are: biological and cognitive; social and developmental; biological, cognitive, and developmental; cognitive, developmental; cognitive, affective, social.

Course Attributes (for students entering 2017 or later)

As classes are offered, their attribute tags will be added here.

Non-Broad Courses (count for option 1 and integrative only):

Psych 519, Advanced Cognitive, Computational and Systems Neuroscience: Biological, Cognitive, Integrative.

Psych 5227, The Science of Close Relationships: Social (not broad)

Psych 5958, Emotion Regulation: Affective, Social, Developmental, Integrative.

Broad Courses:

Psych 5453, Introduction to Affective Science: Affective (broad)

Psych 5375, Neural Systems of Behavior and Psychopathology (broad)

Psych 5087, Advanced Cognitive Psychology: Cognitive (broad)

Developmental Proseminar: Developmental (broad)

Psych 5991, Social Cognition: Memory, Emotion, and Attitude: Social (broad)

Courses with no Tags (Clinical Electives only):

Psych 544, Empirically Supported Treatment in the Clinic

Psych 587, Clinical Psychology of Aging

Clinical Training

The goals of this program's clinical training are to expose students to a variety of assessment and intervention techniques guided by carefully supervised contact with clients who are grappling with a broad range of personal problems. This includes an exposure in clinical supervision to theory and research that guide the effectiveness of clinical practice and encourages students to develop an appreciation for the critical interplay between clinical research and practice combined with an awareness and sensitivity to the ethical and legal implications of their service commitments.

1. The definition of clinical assessment and intervention is broad; it includes assessments and interventions conducted in both clinical and research settings.
2. Learning about the principles of assessment and intervention is integrated with the students' clinical research training.
3. The focus is on familiarity with general principles of assessment and intervention approaches that can be used and adapted for specific clinical and research purposes.
4. Although course credit for practica is received in a specific semester (e.g., courses 564 and 5121), this is done for accounting purposes only. Clinical training is organized on a continuous basis.

Diversity in Clinical Training

We expect students to gain experience in clinical work with diverse individuals, because we believe that such experiences are part of the foundation for excelling in clinical practice. More specifically, we expect and encourage that students will work with individuals who differ from them in terms of age, gender, ethnicity, race, culture, socioeconomic status, religion, and sexual orientation (among many possible differences) to provide empirically-supported assessment and treatment. Accordingly, we do not allow students in our program to restrict the clientele with whom they work to completely avoid any given group. If, upon making a good faith effort to work with an individual, a student and his or her supervisor jointly conclude that work is not productive, we support the proper referral of such clients in accordance with the American Psychological

Association (APA) ethics code. Where feasible, the clinical faculty will work with such students to create a remediation plan to improve the likelihood of successful future work with such clients. Our policy on this matter is informed by the APA Board of Educational Affairs guidance, which can be found online at: http://www.apa.org/ed/graduate/diversity-preparation.aspx

Clinical Ethics Training

As described above, all students must complete an ethics course that applies to psychology as a broad discipline. Ethical issues specific to clinical work are covered in each required clinical course (5112 Psychological Assessment I; 5113 Psychological Assessment II; 537 Advanced Psychopathology; 545 Introduction to Psychological Treatments). In addition, students must do one of the following: (1) Complete an advanced course in clinical ethics with a B- or higher or (2) Complete a seminar in research ethics with a grade of B- or higher and a clinical ethics exam with a score of 80% or higher. Students may complete a summer seminar on ethics, consultation, and supervision; this seminar is optional and does not satisfy the requirement the way an advanced course does. If students do not pass the ethics exam the first time, they may take it a second time after consulting with the director of clinical training. If the exam is not passed the second time, the student will be placed on probation and a remediation plan will be developed prior to the student making a third attempt. Students who are not able to pass the exam on the third attempt will be asked to leave the program. Regarding these issues, see also the section below on continuous assessment of clinical skills.

Supervision, Consultation, and Diversity Training for 2017 and Beyond

Issues related to supervision, consultation, and diversity specific to clinical work are covered in each required clinical course (5112 Psychological Assessment I; 5113 Psychological Assessment II; 537 Advanced Psychopathology; 545 Introduction to Psychological Treatments). In addition, students entering the program in 2017 and beyond must pass an exam on supervision and consultation with a score of 80% or higher; students must also complete a diversity model application paper that receives a grade of B- or higher as graded by a designated clinical faculty member in consultation with the DCT. To prepare for the exam and paper, students may take optional seminars that are typically offered during alternating summers. The seminars cover ethics, consultation, and supervision (seminar 1) and diversity (seminar 2). Students are also provided with self-study materials for these topics. Finally, regarding these issues, see also the section below on continuous assessment of clinical skills.

Practicum Experiences

You will begin your psychological assessment training in the first semester of your first year and will complete much of it by the end of the first summer. Toward the end of the spring semester of the first year and continuing into the summer, students perform an entire assessment sequence (interview plus assessments of cognition, personality, psychopathology) for a client in the Department's Psychological Services Center (PSC) or another clinical setting and write an integrated report.

Your intervention training also begins in the first year with a general course (Introduction to Psychological Treatments) that covers fundamental approaches to psychotherapy. This course lays the foundation for a two-semester psychotherapy practicum (564) that begins in the fall semester of your second year and takes place in the Psychological Service Center (PSC). Supervision for these practica is provided by core faculty members. The PSC practicum should consist of no more than 10 hours per week of training in a given academic year. Ten hours is the total amount of time you should spend at the PSC each week, including direct client contact, supervision, and paperwork.

Students may elect to take a second course on interventions (Interventions II) but this is not required. Options include: Empirically Supported Treatment in the Clinic (544), Clinical Interventions with Older Adults (588), and Neuropsychological Assessment and Intervention (5522).

Students are required to complete two years of practicum placement in the community during the third and fourth years of training. The sites for these experiences should be chosen carefully through discussion with your mentor and the Director of the Psychological Services Center. Students should consider the link between their own research interests and the clients with whom they would work at each site. It is also important to develop, across your years in the program, experience working in a variety of clinical settings (e.g., both inpatient and outpatient facilities and with clients who experience a broad range of clinical problems). It is a mistake to become too specialized at this point in your training. Internships value breadth of experience. Each of your outside practicum experiences should consist of 10 hours per week of training for an entire academic year. Ten hours is the total amount of time you should spend at the practicum each week, including direct client contact, supervision, and paperwork.

Because the emphasis of this program is on training academic clinical researchers and not practicing clinicians, students are expected to accumulate approximately 1,000 to 1,200 total hours of clinical experience during their graduate training. These include direct client contact and supervision that occurs in the context of both clinical practica and research training.

Students are not required to engage in additional practicum experience beyond four years. Nevertheless, that option is available to students following discussion with their mentor and based on arrangements made with the Director of the PSC. Students must register for outside practica each semester (for one unit of credit) in which they are involved. Failure to register is grounds for probationary action.

Psychological Service Center (PSC)

Orientation to the PSC is scheduled through a special half-day workshop that informs students of the operating procedures for the PSC. All students attend this workshop prior to the beginning of their second year in the program. A detailed description of policies and procedures governing practice and behavior at the PSC is provided in the *PSC Manual* (**http://www.psych.wustl.edu/psc**). Most clients are seen weekly on a year-round basis (12 months). Therefore, you are advised to organize your vacation schedule so that no more than two consecutive sessions are missed. To aid in supervision, therapy sessions are either audio or video taped, with the written permission of the client.

Confidentiality must be closely monitored at all times. You must be certain that you are in private places before you discuss client information and then only with appropriate individuals. Client names should never be used in such discussions, and tapes must be carefully guarded. Client records are housed in the PSC. If any part leaves the premises, it must be transported and stored in a HIPAA security bag (or another HIPAA-compliant system). Whole charts are never to leave the premises. Please see PSC guidelines for further information (e.g., regarding electronic records).

Continuous Assessment of Clinical Skills

Students are assessed for their clinical skills (a) in any class focusing on assessment or treatment and (b) at all practicum sites. At the end of each class focusing on assessment or treatment, the professor teaching the class will complete a standardized foundational assessment; when any individual rating on this assessment is well below readiness for clinical work (under 30 on a 100 point scale where 50 is ready for clinical work), it will be treated as an "B" on a critical item (see below). When any rating on this assessment is below 50 but above 30, it will be treated as a "R." Practicum sites will provide ratings on a standard assessment at a minimum of once per year. Where feasible at the site, this will be done twice per year. Supervisors submit their evaluations of students to the Clinic Director. If critical items (a list is available upon request to the Director of Clinical Training or Clinic Director) are rated as "R," indicating that the student may need remediation to progress, this rating is discussed by the Director of Clinical Training and the Clinic Director. If,

upon further review, additional evidence is found that the student indeed requires remediation for this skill, the Director of Clinical Training will describe the recommended remediation process to the student and monitor whether it has been completed. If critical items are rated "B," indicating that the student is not meeting required progress, this rating is discussed by the Director of Clinical Training and the Clinic Director (or the faculty member teaching the course, as applicable), who will consult as needed with the supervisor and student to determine whether a rating of B is accurate. If it is, the student will be placed on probation and a formal remediation plan will be developed in consultation with all stakeholders (including the student's academic advisor). The student will be removed from probation upon successful completion of the remediation plan.

Prohibition of independent practice by students

It is imperative that all students realize that any independent practice by clinical students while enrolled in the Clinical Psychological & Brain Sciences Program of Washington University (e.g., hiring yourself out to give tests for a practice) is unequivocally prohibited because of serious ethical and legal implications for the student, the program, and the profession. This prohibition holds true for students who have previously received or concurrently receive a degree or license in an allied discipline (e.g., social work, counseling psychology, or psychiatric nursing). Students who have any questions as to the applicability of this policy to their own activities must discuss such activities with the Director of Clinical Training before engaging in such.

Internships

Students are expected to apply for internships whose goal is to train academic clinical psychologists. These include programs that belong to the Academy of Psychological Clinical Science (APCS). Such internships strongly value high quality research training, as evidenced by publications and conference presentations, as well as high quality clinical training. As such, the expected 1,000 to 1,200 pre-internship clinical hours (direct clinical contact hours plus supervision hours) will adequately serve to make our students highly competitive for such outstanding internships. Amounts in excess of this target are typically unnecessary and wasteful of personal resources needed for your ongoing research development.

The internship will take place no earlier than the fourth year of your graduate clinical training, with the majority of students participating during their sixth year. Students are strongly encouraged to have completed their dissertation defense prior to departing for internship. This situation allows students to devote full intellectual energy to their internships, thus making them more attractive to these prestigious training centers. Such students are also more likely to be eligible

for postdoctoral fellowships that may become available at their training centers during their year of internship.

Before you may **apply** to, and accept, an APA-approved internship, the following requirements must be met:

1. All required courses are completed. However, where distribution requirements have not been completed primarily because of class scheduling issues, the student (if not on probation) can petition the Director of Clinical Training to complete a required course while applying to internships.
2. All required practica are completed.
3. The qualifying research project is completed.
4. The subject matter exam is passed.
5. A case conference must be presented in a Clinical Science Seminar. (Instructions are included in Appendix C).
6. The clinical ethics requirement is completed.
7. The dissertation proposal has been approved.
8. If you matriculated in 2017 or later, you must also have passed the supervision and consultation exam and completed a passing diversity application paper
9. You must have completed any remediation plans related to ongoing clinical assessment.

Your dissertation proposal must be approved by October 1 of the year in which you plan to apply for internship.

Most recent students have found that 10 to 12 applications are sufficient to obtain one of their top choice internships. Excessive numbers of applications are not only financially burdensome but also detract from your ongoing educational program. Early in the fall semester, the Clinical Director, as well as interested faculty advisors, meets with the students to assist in the application process. Students should register with APPIC when they are ready to begin this process.

During the internship year, students are required to register each semester for LGS 9000 which carries 0 units and must be entered by the Registrar personnel in the GS office.

Climate of the Training Program

The faculty recognizes the complexity involved in training in clinical psychological & brain sciences and realizes that students learn best in a nurturing environment. Since the process of becoming a skilled clinical scientist is not always linear, students often learn by making mistakes. Such learning, of course, depends on the student's openness to supervision, self-scrutiny, and professional exchange with both supervisors and peers. We emphasize the importance of group collaboration among students and discourage competition. The faculty encourages students to provide emotional and intellectual support to each other during their graduate careers. We further recognize that interactions among students, faculty, and staff should be collegial and reflect the highest standards of the profession. Thus, the program is committed to the University's policy on sexual harassment, found at **http://hr.wustl.edu/policies/Pages/SexualHarassment.aspx**. Any questions regarding boundary violations should immediately be brought to the attention of the Director of Clinical Training.

Ongoing Evaluation and Disciplinary Procedures

General issues regarding ongoing evaluation and disciplinary procedures are included in the *GS Handbook* and apply equally to students in the clinical program. We would also like to clarify that all students are formally evaluated at least once per year and are provided feedback after this evaluation from their mentor, who provides this feedback on the behalf of the entire clinical faculty and the Director of Clinical Training. Students who are in their first year or who are on academic probation will be evaluated at least twice per year.

The *GS Handbook* outlines how disciplinary procedures normally run when the concern is purely academic in nature. Clinical training requires some additional guidelines. This is because the nature of the clinical enterprise is such that training is more complex than many of the academic based skills, involving not only the acquisition of specific skills and techniques, but also the individual's character and innate talent for doing clinical work. Infrequently, students are found to be unacceptably limited in their ability to complete successfully the required clinical work, even though their academic and research skills are more than adequate for completion of the program.

These are the procedures that will be implemented for students experiencing personal, emotional, or personality problems that negatively affect their clinical work or academic performance. When the clinical faculty identifies a student struggling with personal and/or academic deficiencies that are interfering with his or her progress in the clinical program, a special faculty

oversight committee will be convened to gather information and recommend appropriate action to the clinical faculty as a whole. The primary procedural steps are as follows:

1. Each spring semester the clinical faculty reviews, along with the student's academic advisor, the student's progress in the program.
2. If the clinical faculty believes that the student's problems are sufficiently serious to warrant action that might result in probation or removing the student from the clinical program, the clinical faculty will vote to convene an oversight committee to investigate the relevant problems and to offer recommendations.
3. A committee composed of faculty members who have not been involved directly with complaints regarding the student's performance will be assembled by the Director of Clinical Training. Every attempt will be made to assure that committee members are as impartial as possible. The committee will be composed of three clinical faculty members, either full-time, part-time, or adjunct.
4. The oversight committee will interview each of the faculty directly involved with the student to develop perspective on the issue[s].
5. The oversight committee will also interview the student in depth about his/her perception of the issue[s]. The committee will indicate to the student that it is empowered to gather information and to make recommendations.
6. After the relevant information has been obtained from different sources, the oversight committee will summarize and evaluate the material and make a recommendation to the Director of Clinical Training.
7. The Director of Clinical Training will place this matter on the agenda for a future clinical faculty meeting.
8. A clinical faculty quorum will discuss the committee's recommendation and vote on a course of action. The possible outcomes are:
    a. No action warranted; student remains in good standing;
    b. Recommendation that student makes significant changes, possibly through assistance of professional help (psychotherapist or counselor);
    c. Probationary status with clearly defined conditions to be met before removal from probation;
    d. Recommendation for a leave of absence for a specified period;
    e. Recommendation for termination from the clinical program.

9. Following this meeting, the Director of Clinical Training will meet with the student to communicate, both orally and in writing, the decision of the clinical faculty and to explain its implications.

The clinical faculty recognizes that these issues are complex and require rigorous adherence to principles of fairness. Disciplinary action (which has been extremely rare) generally arises only after repeated attempts of supervisors and faculty have been unsuccessful in assisting the student to modify problematic aspects of his/her conduct. If termination is recommended, the student may appeal to the Chair of the Department of Psychological & Brain Sciences and/or the Dean of the Graduate School.

Issues involving academic integrity and accusations of plagiarism are dealt with through a standing University committee. Students should study the Graduate School's guidelines on plagiarism carefully, as ignorance is not an acceptable defense.

Issues involving Social Media

If you choose to describe your professional status and activities on social media (e.g., Facebook or LinkedIn), you should indicate that you are a graduate student in the Washington University Department of Psychological & Brain Sciences clinical training program. You should not describe practicum activities, specific skills in which you are trained, or titles that may be assigned to you at placements outside of the program. Any descriptions of that sort could be misconstrued and could unintentionally misrepresent your professional qualifications. Also, please remember that you cannot discuss or quote your clinical interactions with clients or research subjects.

Planning for Licensure

Students should be aware that licensing laws and requirements vary by state. We are not aware of any clinical psychology program that can guarantee that the program meets course requirements for all state licensing boards. This is because such requirements not only vary widely but can be difficult to anticipate in advance. One common issue is a requirement for courses in specific content areas. A few things are worth knowing about these requirements. First, various bodies are advocating to change these requirements in the wake of the 2017 changes to curriculum across programs. It is currently (10/9/17) impossible to say how successful this advocacy may be, but the intent is to have all licensing boards agree that those programs meeting APA requirements should meet all licensing board requirements. However, if this advocacy is not completely successful, some states may

continue to require courses that are no longer required by the APA. Licensing boards may consider course titles on your transcript as well as syllabi from courses you have taken in order to determine whether each course fulfills their state's requirements for courses. Courses with titles that include words such as psychopathology or clinical, and titles that mention mental disorders will most often be considered clinical courses rather than "basic science" courses. Courses that appear to be too specific or cover more than one area may be considered too narrow (for example, some boards may not accept classes on "personality" to be adequate for covering "social psychology"). In addition, individual states might maintain requirements for broad courses that would not be taken by students taking option 1 of the 2017-on curriculum. Second, at the time of present writing, attempting to complete all required courses for all state requirements across the country is neither possible nor recommended, because several states require highly specific courses. Third, unless you are already certain in which state you will want to be licensed, there are a limited number of ways to plan ahead effectively. All of that being said, the following steps might be practical if you place a high degree of value on avoiding difficulties in obtaining licensure:

1. Adhere to the option 2 curriculum for 2017 and beyond (even if you matriculated before 2017, this curriculum satisfies more licensing board requirements that the curriculum you are required to complete).
2. Take the optional summer seminars for clinical issues and ensure that these are reflected on your transcript (even if you matriculated before 2017).
3. Review your transcript when you near graduation and ensure that all experiences that should be reflected there are.

Although we anticipate that the above steps may be useful, we cannot guarantee that the licensing process will be without difficulty in all cases. Nevertheless, in all cases we are aware of, graduates who wished to become licensed were ultimately able to do so even if there was some initial difficulty in some cases.

APPENDIX A

MONTHLY CLINICAL SERVICE DATA SHEET

PLACE SEEN _____

(Please state PSC or Outside Practicum)

ONE LOCATION PER FORM PLEASE

STUDENT NAME _____ MONTH _____YEAR _____

1. INTERVENTION

(see last page for definitions)

	Total # of hours face-to-face	**# different individuals, couples, families, or groups**
*a. Individual Therapy		
*1) Older Adults (65+)		
*2) Adults (18-64)		
*3) Adolescents (13-17)		
*4) School-Age (6-12)		
*5) Pre-School Age (3-5)		
*6) Infants/Toddlers (0-2)		
b. Career Counseling		
1) Adults		
2) Adolescents		
*c Group Therapy (Count as one unit)		
*1) Adults		
*2) Adolescents (3-17)		
*3) Children (12 & under)		
*d Family Therapy (Count as one unit)		
*e Couples Therapy (Count as one unit)		
f. School Counseling Interventions		

1) Consultation_____

2) Direct Intervention_____

3) Other_____

g. Other Psychological Intervention

1) Sports Psychology / Performance Enhancement_____

2) Medical / Health Related Interventions_____

*3) Intake Interview / Structured Interview_____

4) Substance Abuse Interventions_____

5) Consultation_____

6) Other Interventions_____

*Data needed for PSC Annual Report. If you don't need these data for your records, then you only need to fill out the items on pages 1, 2, & 3 with * for the PSC.

h. Other Psychological Experience with Students and/or Organizations:

1) Supervision of Other Students_____

2) Program Development/ Outreach Programming_____

3) Outcome Assessment of Programs or Projects_____

4) Systems Intervention / Organizational Consultation / Performance Improvement_____

5) Other_____

2. <u>SUPPORT ACTIVITIES –</u> How much time have you spent in support activities related to your intervention and assessment experience?

a. Case Conferences _____ hours

b. Case Management/Consultation _____ hours

c. Didactic Training/Seminars/Grand Rounds _____ hours

d. Progress Notes/Clinical Writing/Chart Review _____ hours

e. Psychological Assessment Scoring/Interpretation and Report Writing _____ hours

f. Video-Audio-Digital Recording Review _____ hours

Total Support Hours_____

***3. <u>Psychological Assessment Experience:</u>** This is the total number of face to face client contact hours administering and providing feedback to clients/patients. This does not include time spent scoring and/or report writing, which should be included under item #2 (Support Activities).

*a Psychodiagnostic test administration (Include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment), and providing feedback to clients/patients.
*Hours Spent with Client_____

*b Neuropsychological Assessment (Include intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving evaluation of multiple cognitive, sensory, and motor functions).
*Hours Spent with Client_____

*c. How many supervised integrated psychological reports have you written for each of the following populations? An integrated report includes a history, an interview, and at least two tests from one or more the following categories: personality assessments (objective, self-report, and/or projective), intellectual assessment, cognitive assessment, and/or neuropsychological assessment. These are synthesized into a comprehensive report providing an overall picture of the patient. An intake report that you write for a PSC client does count as an integrated report.

a. Adults: _____

b. Children / Adolescents: _____

***4. SUPERVISION RECEIVED**

*a. Number of actual hours supervised by a licensed psychologist:

Individual _____ Group (team)_____

b. Number of hours supervised by a licensed allied mental health professional (social worker, LPC, etc.): Individual _____ Group _____

c. Number of hours of other supervision: Individual _____ Group_____

d. Total Supervision Hours: Individual _____ Group _____

*Data needed for PSC Annual Report. If you don't need these data for your records, then you only need to fill out the items on pages 1, 2, & 3 with * for the PSC.

5. TREATMENT SETTINGS: How many hours have you spent in each of the following treatment settings? Please indicate the estimated total number of hours (including intervention and assessment, support, and supervision) spent in each of the following treatment settings for this month.

	Intervention	Assessment
PSC	_____	_____
Child Guidance Clinic	_____	_____
Community Mental Health Center	_____	_____
Forensic/Justice setting (e.g., jail, prison, juvenile court)	_____	_____
Inpatient Psychiatric Hospital	_____	_____
Private Practice	_____	_____
Partial Hospitalization/Intensive Outpatient Program	_____	_____
Medical Clinic/Hospital	_____	_____
Outpatient Psychiatric Clinic/Hospital	_____	_____
University Counseling Center	_____	_____
VA Medical Center	_____	_____
Schools	_____	_____
Residential/Group Home	_____	_____

6. OTHER INFORMATION ABOUT CLINICAL EXPERIENCES

a. Have you led or co-led any types of groups?

b. Do you have experience with Managed Care Systems in a professional capacity? (Yes/No)

c. Audio tape review with your supervisor (Yes/No)

d. Videotape or digital recording review with your supervisor (Yes/No)

e. Live/direct observation by supervisor (Yes/No)

f. Please indicate the number of clients/patients seen for each of the following diverse populations listed below:

Number of Clients Seen this Month

	Intervention	Assessment
African-American / Black / African Origin	_____	_____
Asian-American /Asian Origin / Pacific Islander	_____	_____
Latino-a/Hispanic	_____	_____
American Indian /Alaska Native/Aboriginal Canadian	_____	_____
European Origin / White	_____	_____
Bi-Racial / Multi-racial	_____	_____
Heterosexual	_____	_____
Gay	_____	_____
Lesbian	_____	_____
Bisexual	_____	_____
Physical / Orthopedic Disability	_____	_____
Blind / Visually Impaired	_____	_____
Deaf / Hard of Hearing	_____	_____
Learning / Cognitive Disability	_____	_____
Developmental Disability(include MR & autism)	_____	_____
Serious Mental Illness (Psychotic or major mood disorders that		

significantly interfere with adaptive functioning)	_____	_____
Other	_____	_____
Males	_____	_____
Females	_____	_____
Transgendered	_____	_____

You may download your own copy of the APPIC form from: http://portal.appicas.org/

PSC does not need the info on this page. You should itemize here only for your own personal use.

(APPIC does require this info.)

TEST ADMINISTRATION

Please indicate all instruments used by you in your assessment experience, excluding practice administrations to fellow students. You may include any experience you have had with these instruments such as work, research, practicum, etc., other than practice administrations. To indicate that you administered, scored, interpreted, and wrote a report for a test, count in both columns. Please designate your experiences for the instruments listed below, without changing the sequence in which they are listed. Then, you may add as many additional lines (under "Other Tests") as needed for any other tests that you have administered.

ADULT TESTS

Name of Test	# Clinically Administered and Scored	# of Reports written with this measure	# Administered as Part of a Research Project
Symptom Inventories:			
Adult Manifest Anxiety Inventory	_____	_____	_____
Beck Anxiety Inventory	_____	_____	_____
Beck Depression Scale	_____	_____	
Geriatric Depression Scale	_____	_____	_____
Hamilton Depression Scale	_____	_____	_____
Other Self Report Measures	_____	_____	_____
Diagnostic Interview Protocols:			
DIS	_____	_____	_____
MINI	_____	_____	_____
SADS	_____	_____	_____
SCID	_____	_____	_____
SIDP	_____	_____	_____
Cognitive Assessment:			
Stanford-Binet	_____	_____	_____
TONI-3	_____	_____	_____
WAIS-IV	_____	_____	_____
Neuropsychological Assessment:			
Bender Gestalt	_____	_____	_____
Boston Diagnostic Aphasia Exam	_____	_____	_____
Brief Rating Scale of Executive Function (BRIEF)	_____	_____	_____
Dementia Rating Scale II	_____	_____	_____

California Verbal Learning Test	_____	_____	_____
Continuous Performance Test	_____	_____	_____
Delis Kaplan Executive System	_____	_____	_____
Finger Tapping	_____	_____	_____
Grooved Pegboard	_____	_____	_____
Rey-Osterrieth Complex Figure	_____	_____	_____
Trailmaking A&B	_____	_____	_____
Weschler Memory Scale IV	_____	_____	_____
Wisconsin Card Sort	_____	_____	_____
Other	_____	_____	_____

Measures of Academic Functioning:			
Strong Interest Inventory	_____	_____	_____
WIAT	_____	_____	_____
Wide Range Assessment of Memory & Learning	_____	_____	_____
Woodcock Johnson III	_____	_____	_____
WRAT-4	_____	_____	_____
Other	_____	_____	_____

Name of Test	# Clinically Administered and Scored	# of Reports written with this measure	# Administered as Part of a Research Project
Personality Inventories:			
Millon Clinical Multi-Axial III (MCMI)	_____	_____	_____
MMPI-2	_____	_____	_____
Myers-Briggs Type Indicator	_____	_____	_____
Personality Assessment Inventory	_____	_____	_____
Projective Assessment:			
Human Figure Drawing	_____	_____	_____
Kinetic Family Drawing	_____	_____	_____
Rorshach	_____	_____	_____
Sentence Completion	_____	_____	_____
Thematic Apperception Test	_____	_____	_____
Other	_____	_____	_____

CHILD AND ADOLESCENT TESTS

Name of Test	# Clinically Administered and Scored	# of Reports written with this measure	# Administered as Part of a Research Project
Achenbach System of Empirically Based Assessment			
Behavior Assessment System of Children (BASC)			
Other			
Symptom Inventories:			
Barkley-Murphy Checklist for ADHD			
Conner's Rating Scales			
Other			
Diagnostic Interview Protocols:			
DISC			
Kiddie-SADS			
Other			
Cognitive Assessment:			
Bayley Scales of Infant			
Differential Abilities Scale II			
Mullen Scales of Early Learning			
Stanford-Binet 5			
WPPSI-III			
WISC-IV			
Other			
Neuropsych Assessment Measures:			
Bender Gestalt			
Development Test of Visual Motor Integration (Berry)			
BRIEF			
Children's Memory Scale			
Continuous Performance Test			
Delis Kaplan Executive Function System			
NEPSY-II			
Rey-Osterreith Complex Figure			
Measures of Academic Functioning:			

WIAT	_____	_____	_____
Wide Range Assessment of Memory & Learning	_____	_____	_____
Woodcock Johnson III	_____	_____	_____
WRAT-4	_____	_____	_____
Personality Inventories:			
MAPI	_____	_____	_____
MMPI-A	_____	_____	_____
Projectives:			
Human Figure Drawing	_____	_____	_____
Kinetic Family Drawing	_____	_____	_____
Roberts Apperception Test	_____	_____	_____
Rorschach	_____	_____	_____

DEFINITION OF TERMS FOR DOCUMENTING PRACTICUM EXPERIENCE

Only count hours for which you received formal academic training and credit or which were program-sanctioned experiences.

Practicum hour - A practicum hour is a clock hour. A 45 – 50 minute client/patient hour may be counted as one practicum hour. Practicum hours must be supervised. Please round to the nearest whole number.

1. **THERAPY or ASSESSMENT EXPERIENCE –** These are actual clock hours in direct service to clients/patients. Hours should not be counted in more than one category. Time spent gathering information about the client/patient, but not in the actual presence of the client/patient, should instead be recorded under item 2 ("Support Activities").
   For the first column, count each hour of a group, family, or couples session as one practicum hour. For example, a two-hour group session with 12 adults is counted as two hours. For the second column, count a couple, family, or group as one (1) unit. For example, meeting with a group of 12 adults over a ten-week period counts as one (1) group.

2. **SUPERVISION RECEIVED** – Supervision provided to less advanced students should be counted in item 1h-1.
   Item 4a: Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of overseeing the psychological services rendered by the student.

APPENDIX B

Practicum Student Evaluation Form (Note: this form is actually completed via Qualtrics whenever possible)

Student Name: _____ Student Year Level: _____

Supervisor Name: _____

Evaluation Time Period: _____

Number of Clients: _____ Site of clinical work: _____

Supervisor self-ratings

	Yes	No
a) I directly observed this student engaged in clinical work during this year (*live*).		
b) I observed this student's clinical work *via videotape* during this year. **Note: this item will be changed for 2018 to refer to audio or video, in accordance with changes in APA requirements.**		
c) I shared my model of supervision with the student, during our feedback session or previously (e.g., a specific model of supervision based on the literature, or an otherwise articulated set of ideas about how supervision is done).		

Note: Either a or b is required. Item c is for information purposes only.

Evaluation of student

N/A = Not applicable or insufficient information to rate

B = Below expectations; student is clearly not meeting the standard of the clinical program. Please provide recommended remediation.

R = Remedial action needed. Please provide recommended remediation.

M = Meets expectations; student has achieved the standard of the clinical program.

E = Exceeds expectations; student has surpassed expected standards.

1. Interpersonal and Communication Skills	NA	B	R	M	E
a) Develops and maintains effective relationships with clients, supervisors, and fellow professionals.					
b) Demonstrates effective interpersonal skills.					
c) Manages difficult communication well.					
d) Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.					
e) Demonstrates a thorough grasp of professional language and concepts.					

Comments:

2. Psychological Assessment Skills	NA	B	R	M	E
a) Utilizes systematic approaches to gathering data to inform clinical decision making.					
b) Integrates assessment data from different sources to formulate diagnoses.					

Comments:

3. Intervention skills	NA	B	R	M	E
a) Appropriately utilizes empathetic listening, reflections, etc.					
b) Effectively formulates and conceptualizes cases.					
c) Plans effective treatments and carries them out.					
d) Demonstrates knowledge of empirically supported treatments.					
e) Routinely assesses treatment progress and outcome.					

Comments:

4. Diversity – Individual and Cultural Differences	NA	B	R	M	E
a) Demonstrates an understanding of how his or her own personal/cultural history, attitudes, and biases may affect understanding and interacting with clients.					
b) Integrates awareness and knowledge of individual and cultural differences in conduct of professional roles.					
c) Articulates an approach to working effectively with diverse individuals and groups (e.g., a specific model of diversity based on the literature, or an otherwise articulated set of ideas about working with diversity that is supported by the literature).					
d) Demonstrates an ability to *apply* the framework above for working effectively with diverse individuals and groups in their professional work (e.g., a specific					

framework drawn from the literature or a set of evidence-based practices drawn from the literature).					

Comments:

5. Ethics	NA	B	R	M	E
a) Recognizes ethical dilemmas as they arise.					
b) Applies ethical decision-making processes in order to resolve dilemmas.					
c) Conducts self in an ethical manner in all professional activities.					

Comments:

6. Supervision	NA	B	R	M	E
a) Actively seeks supervision when appropriate.					
b) Demonstrates openness and responsiveness to feedback and supervision.					
c) Appropriately increased independence during the rating period.					

Comments:

7. Professional Development	NA	B	R	M	E
a) Conducts self in a way that reflects the values and attitudes of psychology, including integrity and deportment.					
b) Engages in activities to maintain and improve performance and professional effectiveness (e.g., self-study, seeking out new experiences, self-care).					
c) Engages in self-reflection regarding personal and professional functioning.					
d) Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, chart notes, reports).					
e) Arriving promptly at meetings and appointments.					
f) Consults effectively with relevant third parties as appropriate, e.g., mental health professionals (psychiatrists, social workers), primary care physicians, family					

members (parents, romantic partners), or teachers.					

Comments:

Student's strengths:

Student's areas for growth:

APPENDIX C

Case Conference Advice and Outline

Notes:

i. Make sure you review your clinical case conference presentation with your clinical supervisor in advance.

ii. To protect the patient's anonymity, use a fake name or a fake initial. There may be other details you want to leave out or change to make sure the patient can not be identified.

iii. Not all of this outline can be covered for every patient, or is useful for every case conference.

iv. Keep in mind that you are trying to teach something (as opposed to sharing frustrations about a complicated or difficult case or looking for additional supervision). It's often a good idea to focus on a case with a positive outcome to illustrate the use of a valid assessment device or an effective treatment procedure. Remember that many of the people in the audience will have little clinical experience.

v. Be sure your talk is grounded in the research literature about this problem, its assessment, and its treatment. What do we know about this disorder? How is it best treated?

FORMAT FOR CLINICAL CASE CONFERENCE

A. Relevant Data (sections A, B, D, & E should take 15 minutes or less)

1. Age, sex, race/ethnicity, education, intelligence, occupation, current family status, religion, sexual orientation.
2. Reason for and details of coming to therapy and referral source.
3. Any other information necessary at this point for proper orientation of the audience.

B. Present Problems

1. Major symptoms, patient's chief complaint (in the patient's own words), informants' reports.
2. Behavioral observations, including mental status, level of cooperativeness.
3. Onset and course of disorder.
4. Obvious or documented etiological factors or precipitating events. (What were the circumstances that led the patient to seek professional help at the time s/he did? Often the problem existed for a period of time but the decision to seek help is precipitated by a very recent event.)
5. Previous hospitalizations and/or treatment for present disorder. Include medications.
6. Concomitant of complicating organic disease.

C. Rationale for Presenting this Case

1. What unique or special features does this case demonstrate? What data from the professional and scientific literature bear on the issues raised by this case? A brief review of the pertinent literature is appropriate at this point.
2. What questions are raised but not answered by the psychological and other data available concerning the patient?
3. What specific questions are raised to be discussed or answered?

D. Past History: Describe pertinent details in the following major areas of the patient's life history. Note the patient's age at the time of the significant events.

1. Childhood: family, siblings, other important figures, peer relationships, neurotic symptoms (enuresis, fire setting, cruelty to animals, nightmares, fears, temper tantrums).
2. School: academic performance, disciplinary problems, relationships with teachers and peers.
3. Vocational Experience: frequent job changes, periods of unemployment, problems at work.

4. Military Service: branch of service, adjustment, advancement, disciplinary problems, type of discharge.
5. Sexual Experience: orientation, problems, concerns.
6. Relationship History: intimate relationships, children, separations, problems, dissatisfactions.
7. Religion/Spirituality: childhood experience, current practices and beliefs.
8. Medical History: head injuries, other neurological problems, significant medical illnesses, operations, current medications.
9. Drug and Alcohol History: first use, most recent use, previous treatment, related social/legal problems.
10. Psychiatric History: previous treatment and outcome, modality and therapeutic orientation.
11. Other areas of importance in the patient's life: current social situation, living arrangements, etc.
12. Diversity: Is there a cultural context in which the patient's troubles/concerns take place? Or can you address this as a source of strength for the patient?

E. Family History: Nervous or emotional illnesses in family of origin; other illnesses; also age, occupation, educational and economic status of parents and siblings; circumstances of any deaths in the family, especially suicides.

F. Videotape of patient if possible (you can really only do this if you know your audience is appropriate and all from the clinical psychology program)

G. Psychological Assessment in Reasonable Detail (test data)

1. Intellectual functioning
2. Personality (generally the major area to be covered). In presenting and interpreting the psychometric data, reference to recent research and other literature bearing on test interpretation, etc., is quite appropriate at this point. This could include data from structured interviews or MMPI results.
3. Symptom – specific assessments (such as BDI, BAI, etc.)

H. Diagnostic Impressions

1. State the most likely DSM-5 diagnosis
2. Any rule-out diagnoses?
3. Any medical conditions that are important to understanding the diagnosis?
4. Case Conceptualization: Discuss a theoretical formulation on the nature of the patient's difficulties (i.e., what is wrong and how you think it got that way). Be concise.

I. Treatment Plan

1. Make a list of about 3-5 specific problems that should be improved with therapy (e.g., inability to sleep, excessive drinking, inability to work, hopelessness, low self-esteem, unresolved grief, unresolved feelings of anger, unresolved dependency needs, etc.)
2. Treatment plan (based on the problem list above):
    i. Describe the goals and specific theoretical approach used. Think in terms of an empirically supported treatment or an evidence based practice model.
    ii. Describe specific procedures or interventions that will be used (or were used).
    iii. Suggested course (i.e., prognosis, and likely timing of improvements).
    iv. Unresolved questions.

J. Course of Treatment

1. If you are far along into the course of treatment with the patient, describe what happened.
2. Assessments used to document treatment progress.