

# CLINICAL STUDENT HANDBOOK

## CLINICAL PSYCHOLOGY TRAINING PROGRAM DEPARTMENT OF PSYCHOLOGY UNIVERSITY OF UTAH

ACADEMIC YEAR 2009 - 2010



<b>Preface.....</b>	<b>4</b>
<b>I. The Clinical Training Program.....</b>	<b>4</b>
A. Goal of the Program.....	4
B. Administrative structure of the Clinical Program .....	5
C. Clinical Faculty .....	5
D. The Psychology Department.....	10
E. The Clinical Training Committee.....	11
F. APA Accreditation.....	12
G. Areas of Concentration .....	12
<b>II. Program Requirements .....</b>	<b>13</b>
A. Timetable .....	13
B. Advisor .....	14
C. Curriculum .....	15
1. General requirements in core psychological science .....	16

2. Culture and Diversity.....	17
3. History and Systems of Psychoogy.....	17
4. Statistical and Research Design Methods.....	17
5. Clinical Core Requirements.....	18
D. Supervisory Committees.....	22
E. First Year Research Prospectus and Master's Thesis .....	23
F. Preliminary Examination Projects.....	24
G. Admission to Doctoral Candidacy and Dissertation.....	25
H. Special Issues .....	25
1. Transfer of Credit.....	25
2. Admission with a Master's Degree .....	26
3. Changing Advisors.....	26
<b>III. Supervised Clinical Experience.....</b>	<b>27</b>
A. Coordination of Professional Training.....	27
B. Clinical Practica .....	28
C. Clinical Clerkships .....	31
1. Registering for Clerkships .....	33
2. Evaluation Forms .....	33
3. Malpractice Insurance.....	34
D. Documentation of Clinical training Hours.....	34
E. Internship.....	35
1. Requirements .....	35
2. Approved Internships.....	36
3. Evaluation .....	36
4. Application Procedures.....	37
<b>IV. Research Training.....</b>	<b>39</b>
<b>VI. Financial Support.....</b>	<b>39</b>
A. Federal Funding .....	40
B. Teaching Positions .....	40

C. Community Employment/ Clerkships .....	41
D. Research Support .....	41
E. Tax Liability .....	42
F. In-State Residency .....	42
<b>VII. Evaluation of Student Progress .....</b>	<b>42</b>
A. General Procedures .....	42
B. Evaluation Criteria .....	44
C. Appeals.....	47
<b>VII. Professional Issues and Ethics (PIE) Committee .....</b>	<b>47</b>
<b>IX. Role of Graduate Students.....</b>	<b>48</b>
<b>X. Psychological Services Available to Graduate Students.....</b>	<b>48</b>
<b>Appendix A—Summary of Timeline and Requirements .....</b>	<b>51</b>
<b>Appendix B—Guidelines for Prelim Projects .....</b>	<b>53</b>
<b>Appendix C—Sample Supervisory Contract .....</b>	<b>61</b>
<b>Appendix D—Clinical Training Evaluation Form .....</b>	<b>64</b>
<b>Appendix E—Internship and Clerkship Evaluation Form.....</b>	<b>69</b>
<b>Appendix F—Sample C.V.....</b>	<b>70</b>
<b>Appendix G—Milestones and Annual Progress Forms .....</b>	<b>73</b>
.....	

## **Preface**

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

## **I. The Clinical Training Program**

### **A. Goals of the Program**

The major goal of this scientist-professional program is to train clinical psychologists who are expert at the development and application of knowledge aimed at understanding and improving psychological functioning. Students receive training in both research and the direct application of clinical skills (assessment and intervention). After completing a common core area of study, students enjoy a considerable degree of flexibility in choosing areas of

concentration and associated research supervisors, academic courses, clinical practica, field and teaching placements, clerkships, and internships. All students are expected to develop a substantial background in research design, methodology, and research techniques, and to maintain an active involvement in research. Although the master's degree is awarded, students are admitted with the expectation that they will pursue the Ph.D. Students have sufficient flexibility to prepare themselves for either careers in research or clinical service, but are expected to achieve competence in both domains. It is also expected that students will develop a practical understanding of the reciprocal connections between clinical practice and scientific research.

### B. Administrative Structure of the Clinical Program

The Clinical Training Program is an eclectic APA-approved graduate program leading to the Ph.D. degree, and is fully accredited by the American Psychological Association. The Clinical Program is administered by the Director of Clinical Training in conjunction with the Clinical Training Committee (CTC), a committee composed of the Clinical Faculty and four elected student representatives. Student CTC representatives participate and vote on all issues except those concerning student progress evaluation, and staff and personnel reviews.

### C. Clinical Faculty

The *Core Clinical Faculty* consists of 8 full-time faculty members, and one part-time faculty member (Benjamin, 50%). The number of faculty any given year varies with leaves and vacancies.

- Lorna S. Benjamin, Ph.D., Professor (University of Wisconsin, 1960; F.D.H.C., University of Umea, 1997). Dr. Benjamin was the Director of Clinical Training between 1996 and 1999. Dr. Benjamin's clinical and research interests are organized by Structural Analysis of Social Behavior (SASB), a model which provides a multi-trait, multi-method approach to object relations. Her major interest is in personality disorders, severe psychopathology and effective psychotherapy with “Untreatables.”
- Sheila Crowell, Ph.D., Assistant Professor (University of Washington, 2009). Dr. Crowell’s research is focused on the mechanisms underlying risk for suicide and severe

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

- Michael B. Himle, Ph.D., Assistant Professor (University of Wisconsin-Milwaukee, 2007). Dr. Himle's research focuses on family-based behavioral and cognitive-behavioral approaches to understanding and treating childhood psychological/behavioral disorders with emphasis on anxiety disorders, obsessive-compulsive disorder and "obsessive-compulsive spectrum disorders", especially Tourette Syndrome with specific interests in understanding how these disorders develop, understanding treatment mechanisms and enhancing treatments and factors that influence the course of the symptoms/disorder over time. He is also interested in treatment dissemination, empirically supported interventions for Autism and pervasive developmental disorders, and behavior analytic theories of normal and abnormal child development.
- David M. Huebner, Ph.D., MPH Assistant Professor (Arizona State University, 2002; University of California – Berkeley, 2003). Dr. Huebner's research interests focus on the emotional and physical health consequences of discrimination, and health risk behaviors for preventable diseases that disproportionately impact minority communities (e.g., HIV/AIDS).
- Patricia K. Kerig, Ph.D., Professor (University of California at Berkeley, 1989). Dr. Kerig's clinical and research interests are in the broad area of developmental psychopathology and, more specifically, focus on the family processes that contribute to—or protect against—the development of psychological problems. Her current research is focused on the impact of trauma on development, particularly among youth involved in the juvenile justice system. Dr. Kerig currently is the Director of Clinical Training.

- Timothy W. Smith, Ph.D., Professor (University of Kansas, 1982). Dr. Smith was Director of Clinical Training from 1993 to 1996, and was Chair of the Department from 1996 to 2002. His research and clinical interests are cardiovascular behavioral medicine, psychological adjustment in chronic disease, and integrations of social and clinical psychology. Dr. Smith currently heads the Clinical Health Psychology specialization program.
- Donald S. Strassberg, Ph.D., Professor (George Peabody College, 1975). Dr. Strassberg's primary research interests focus on the role of cognitive processes in both functional and dysfunctional sexual behavior. Additionally, he is interested in computerized psychological assessment and clinical applications of the MMPI/MMPI-2. Dr. Strassberg was Director of Clinical Training from 1999 to 2002.
- Yana Suchy, Ph.D., Associate Professor (University of Wisconsin-Milwaukee, 1998). Dr. Suchy's research interests are in the area of executive functioning (i.e., a set of abilities that enable a person to plan, organize, and successfully execute mental and behavioral actions). Within this focus, she is particularly interested in translating research findings from cognitive neuroscience into clinically useful assessment methods. Her clinical interests are in the area of neuropsychological assessment of adults with brain dysfunction. Dr. Suchy currently is head of the Clinical Neuropsychology area of emphasis.
- Paula Williams, Ph.D., Assistant Professor (University of Utah, 1995). Dr. Williams' research interests include Health Psychology, Health and Illness Cognition, Gender and Health, Personality and Health, Lifespan Perspectives on Health. She is particularly interested in understanding the mechanisms by which individual differences, such as gender and the personality factor neuroticism, are related to self-assessed health. Potential mechanisms under investigation include cognitive processes (assessed using laboratory information-processing paradigms), objective health differences (e.g., immune functioning, cardiovascular fitness), and health behavior.

*Allied Faculty* members in other areas of the Department contribute to the Clinical Program, most notably in the Clinical Health Psychology and Clinical-Child-Family concentrations.

- Cynthia Berg, Ph.D., Professor (Yale University, 1987). Dr. Berg is a life-span developmental psychologist who collaborates with clinical faculty (Gelfand, Smith, and Wiebe) and has co-advised clinical students in the Health Psychology Program. Dr. Berg's research interests include everyday problem-solving across the life-span; social contextual models of everyday problem-solving and coping; interpersonal and developmental issues in coping with chronic illness.
- Diamond, Lisa M., Ph.D., Associate Professor (Cornell University, 1999). Dr. Diamond studies psychological and biobehavioral processes underlying affectional bonds in adolescence and adulthood; emotion regulation in close relationships and its effects on mental and physical health; social development among sexual-minority youth; development of sexual orientation and identity.
- Donna Gelfand, Ph.D., Professor (Stanford University, 1961). Dr. Gelfand served as chairperson of the Psychology Department (1985-1990) and is a past Dean of the College of Social and Behavioral Sciences. She is a member of both the Clinical and Developmental faculties. Her research and clinical interests include child development and social learning theory, imitation behavior therapy, and prevention of behavior problems associated with maternal depression and other psychopathology.
- Bert Uchino, Ph.D., Associate Professor (Ohio State University, 1993). Dr. Uchino is a social psychologist who is actively involved in the Health Psychology Program. Dr. Uchino collaborates with clinical faculty (e.g., Smith) and has fairly regularly co-advised clinical students in the Clinical Health Program. Dr. Uchino's research interests are in social relationships and health, and social neuroscience.
- James F. Alexander, Ph.D., Professor (Michigan State University, 1967). Dr. Alexander's research and clinical interests include family interaction and family therapy process and outcome with special emphasis on the effects of therapist behavior and gender. He was Director of Clinical Training from 1975-1982.

Students and faculty in the Clinical Program also have developed strong working relationship with many individuals in *other departmental areas*. Applicants are encouraged to consult the Departmental listing for a full description of all faculty.

Finally, the Clinical Program also actively involves *Adjunct Faculty* in community agencies (current listing available in the Psychology Main Office) particularly for clerkship experiences and clinical research. These adjunct faculty are doctoral-level professionals in other departments at the University or in community settings who provide additional expertise in both theoretical and applied areas of psychology. Many are involved in community agencies that offer opportunities for students to learn and practice a variety of clinical skills in applied settings. Below is a list of several actively involved adjunct faculty and their interests/areas of expertise.

- Ken Critchfield, Ph.D., Research Assistant Professor (University of Utah, 2002). Dr. Critchfield's research and clinical interests focus on the process and outcome of psychotherapy, personality disorder, and attachment-based interpersonal perspectives on development and psychopathology. He has worked closely with Dr. Benjamin to operationalize and test the efficacy of Interpersonal Reconstructive Therapy, as well as to supervise its use clinically. He frequently consults on issues of methodology, design, and analysis for projects involving the interface between interpersonal measurement (especially with the SASB model), personality, and psychopathology.
- Douglas Goldsmith, Ph.D., Adjunct Assistant Professor (University of Utah, 1988). Dr. Goldsmith is currently the Executive Director and Chief Psychologist at The Children's Center in Salt Lake City, Utah. The Children's Center is a private, non-profit agency providing therapeutic treatment to behaviorally and emotionally troubled pre-school aged children. Facilities include two out-patient centers, one adjacent to the University Hospital. They also operate a 24-hour Residential Treatment Center for severely troubled young children who have been removed from their homes by the state and are awaiting placement. Dr. Goldsmith is involved in research examining the development of the attachment system in children. He teaches classes in child psychotherapy.

- Kevin J. Gully, Ph.D., Adjunct Clinical Associate Professor (Washington State University, 1981). Dr. Gully is a supervising psychologist at the Center for Safe and Healthy Families Program at Primary Children’s Medical Center. He is a diplomate in Forensic Psychology and has extensive experience working with maltreated children and their families. He regularly supervises students in the assessment and treatment of children who have been abused. He is also an active researcher and has published several papers on the measurement of child maltreatment and trauma. He is currently the PI on a grant entitled “Child Trauma Treatment Network – Intermountain West.”
- Judith Miller, Ph.D., Adjunct Assistant Professor (University of Utah, 2001). Dr. Miller is an Assistant Professor in the Department of Psychiatry at the University of Utah and a staff psychologist in the Child and Adolescent Psychiatry Specialty Clinic. Dr. Miller has interests in the assessment and treatment of child psychopathology, particular autism spectrum disorders and regularly supervises graduate students working with children and adolescents. She also is an active researcher with interests in the etiology and diagnosis of autism spectrum disorders.
- James Poulton, Ph.D., (University of Utah, 1987). Adjunct Assistant Professor, Dr. Poulton is a founder and staff psychologist at the Utah Institute for Psychotherapy and Training. Dr. Poulton supervises the clinical work of students in working in several contexts and regularly teaches classes on psychotherapy. His primary area of interest is Object Relations Theory and Psychotherapy Process.

#### D. The Psychology Department

The Clinical Training Program is one of four doctoral training areas within the Psychology Department (Clinical, Cognitive and Neural Science, Developmental, Social). Departmental policy is set and reviewed by various governing committees, elected each year by the faculty as a whole. For graduate students, the most important of these committees is the Graduate Committee. It meets regularly to approve courses of study, award teaching fellowships, etc. Students are represented on this committee, and are elected yearly (as are

faculty). For further information about this committee, consult the Graduate Student Handbook of the Department of Psychology.

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

#### E. The Clinical Training Committee

The Clinical Training Committee (CTC), in conjunction with the Director of Clinical Training, governs and supervises the clinical training program. The CTC is composed of the regular Clinical Faculty and four elected student representatives. It is chaired by the Director of Clinical Training. The student representatives are elected from the clinical student body each spring, in an election organized by the previous year's representatives. Student representatives have full voting rights in all matters except staff and personnel reviews and evaluation of students.

The CTC meets regularly (about every other week) during the academic year. Longer meetings are held twice a year for student admission, student review, and policy planning. The CTC makes recommendations to the Director of Clinical Training about appointments to teaching fellowships, designs and evaluates the clinical curriculum, approves students' dissertation committees, and conducts other business related to the maintenance of the training program.

Student Input. The CTC strongly encourages students to be involved in program decision-making and policy formulation. Student access to the CTC can occur in any of the following ways: the student can ask that one of the faculty or one of the student representatives bring up a topic for discussion or clarification; the student can submit a petition to the CTC for discussion and voting; the student can ask his or her advisor to raise a particular issue with the CTC; the student can discuss particular issues with the Director of Clinical Training and ask that these be presented to the CTC as a whole. Students may also attend regular CTC meetings as non-voting members when the meeting is not concerned with confidential personnel or student evaluations.

Finally, students are encouraged to bring up program and policy matters at the regularly scheduled faculty-student meetings that take place under the course title Current Issues in the Practice of Clinical Psychology (course number 7350).

The CTC student representatives meet at the end of each semester with all clinical students to gather feedback on relevant training issues, identify problems students are experiencing, and propose solutions to existing problems. This information is then presented to faculty in summary form to protect student confidentiality. This information is discussed by the CTC, which formally responds to the student feedback through the DCT and/or the student representatives. The DCT regularly meets with groups of students to gather information on issues related to the programs strengths and weaknesses.

#### F. APA Accreditation

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

#### G. Areas of Concentration

The selection of an area of concentration is a joint decision of the student and his/her supervisory committee. The program is broadly based with divergent viewpoints represented. Students have considerable flexibility in developing their curriculum and may opt to bridge areas within the department. Students generally pursue a concentration in behavioral medicine and health, clinical-child and family, clinical neuropsychology, or adult psychopathology. Within these "broad" concentrations, students have historically taken advantage of the flexibility of the overall Clinical Program to devise somewhat more specific concentrations in areas such as: cognitive and behavioral therapies, human sexuality, interpersonal approaches to personality and

psychopathology, or other specialty interests represented by the Departmental faculty and adjuncts. Thus, students frequently work with other departmental and adjunct faculty, and with faculty in other University departments, and are free to sample different orientations useful to their professional development.

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

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

## **II. Program Requirements**

### **A. Timetable**

The Clinical Program is designed ideally as a six year curriculum of study and supervised experiences including one year of predoctoral internship. While there is considerable individual variability in students' timetables because of specific needs and interests, the combined Departmental and Graduate School timetables should be consulted. Students who become involved in especially complex research or additional clinical training may take longer to complete the degree. However, it should be noted that the Graduate School has set a seven-year limit on doctoral work, and the Department and the Clinical Program impose expected progress deadlines within this time frame. In addition, the Graduate School provides that tuition remission can be used only for five years or a total of 10 semesters that the student is enrolled at the University of Utah. Three years (or 6 semesters) of tuition remission are available prior to completion of the masters degree. Hence, if the master's degree is not completed within three

years, the student will have to pay their own tuition until their thesis is completed, at which time the remaining tuition remission semesters can be used.

#### B. Advisor

The advisor is one of the most important resources in students' graduate careers. He or she serves as a professional role model, as a guide to graduate study, and a critic/advocate for a student's professional development. The Utah program operates on a modified mentor/tutorial model, which means that each student is admitted to the program under the supervision of a particular clinical faculty member. Students may switch advisors with the approval of the CTC (see "Changing Advisors" under section E on "Special Issues" below).

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

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

Although students who apply to the Clinical Training Program are selected for admission by the Clinical Training Committee, allied faculty whose areas of interest are relevant to a student's interest shall be consulted during the admissions process to the mutual benefit of all

concerned. When an allied faculty member serves as a student's advisor, he or she shall participate in that student's review, as a voting member of the CTC, during its semi-annual student evaluation meetings. However, as with all other evaluation procedures for clinical students, the Clinical Training Committee retains final authority in making decisions about a student's standing in the Clinical Program and in making recommendations to the Department concerning a student's departmental standing.

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

### C. Curriculum

The Clinical Program at the University of Utah strives to integrate science and professional practice in aspects of curriculum. In addition to the acquisition of broadly based clinical skills, our students are expected to obtain graduate level mastery of the major domains of relevant psychological inquiry including the major research design and statistical technologies. Throughout, the curriculum includes efforts to sensitize students to the influence of culture and context on both scientific inquiry and professional practice. This includes a focus on diversity in human behavior and adaptation as a function of gender, ethnicity, socio-economic background and other socio-demographic characteristics. The courses required are consistent with the Guidelines and Principles for Accreditation of Programs in Professional Psychology, published by the American Psychological Association. Students who complete this curriculum are expected to meet predoctoral requirements for licensing as clinical psychologists. A listing of curriculum requirements with recommended timelines may be found in Appendix A. Information on licensing in the state of Utah can be obtained at <http://www.dopl.utah.gov/licensing/psychologist.html>.

### 1. General requirements in core psychological science

The Clinical Program requires that all students complete at least one course in each of the four core areas described in the Departmental Handbook including: Biological bases of behavior, Cognitive-Affective bases of behavior; Social bases of behavior; and Individual differences. In some of these topical areas, the Clinical Area requires that students take specific courses to meet the core requirements. If clinical students choose alternative courses that are not the specified clinical core courses, the Clinical area regards those alternative courses as electives, even though such courses might satisfy Departmental core requirements. The course offerings that satisfy the Clinical Area core requirements may change slightly from year to year. A list of the core courses offered each year is circulated prior to Fall semester and is available in the Psychology Department office. The four core areas and currently approved courses are:

- Biological Bases of Behavior
  - All clinical students are required to take at least one of the following
    - Cognitive Neuropsychology (6700)
    - Neurobiology of Behavior (6750)
- Cognitive-Affective Bases of Behavior
  - All clinical students are required to take at least one of the following
    - Advanced Human Cognition (6120)
    - Cognitive Development (6220) (required of clinical students concentrating in CCF.)
- Social Bases of Behavior
  - All clinical students are required to take the following
    - Advanced Social Psychology (6410)
- Individual Differences
  - All clinical students are required to take the following
    - Individual Psychopathology (6330).

## 2. Culture and Diversity

The program endorses the perspective that culture and diversity training is critical to the development of competent, responsible social scientists. All students entering the Clinical Program after 2001 are required to complete **at least one** course that addresses issues of culture and diversity in psychology. This requirement will help ensure that clinical students are informed about the importance of diversity issues in their work as researchers and practitioners. Course content will focus on the importance of considering culture/ethnicity, gender, socioeconomic factors, age, and sexual orientation in design of research studies, the development of diagnostic/assessment instruments, and the psychological treatment of clinical conditions. Recognizing that one course cannot address all aspects of diversity training, classes fulfilling the diversity requirement are designed to provide students with a general set of conceptual and methodological tools for working with diverse clinical populations. Currently the program regularly offers two courses:

- Topics In Health Psychology: Gender, Culture, and Health (6962)
- Minority Mental Health (7968)

## 3. History and System of Psychology

All students are required to complete the following:

- History and Systems of Psychology (7508).

## 4. Statistical and Research Design Methods

- In the first year, all clinical students are required to take the following:
  - Advanced Research Methods in Clinical Psychology (6535)
- In their second year, all clinical students are required to take the Department integrated courses in Quantitative Methods, including both of the following
  - Quantitative Methods I (6500)
  - Quantitative Methods II (6510).
- In later years, as relevant to their professional goals, students are encouraged to take advanced statistical methods courses, such as the following:

- Structural Equation Modeling (6550)
- Analysis of Temporal Data (6556)
- Multivariate Statistics (6540)

### 5. Clinical Core Requirements

With respect to the clinical core, our educational philosophy is based upon trying to ensure that graduating students possess: (a) knowledge of the theories and scientific bases of clinical interventions and psychological measurement and evaluation; (b) competence in designing research to evaluate, develop, and assess the applicability (including limitations), reliability, and validity of existing interventions and measurements; (c) knowledge of theories and scientific bases of a representative sample of relevant assessment and intervention strategies in general clinical psychology and the student's area of concentration; (d) ability to administer, interpret, and integrate assessment and intervention information from a representative set of methodologies and techniques; and (e) knowledge of the ethical and social policy bases of assessment and intervention and their limitations. In general, our program seeks to be “broad and professional in its orientation rather than narrow and technical” (Guidelines and principles for accreditation of programs in professional psychology, 1996, p. 3). Well aware of the current trend to emphasize empirically validated or empirically supported therapies (EVTs or ESTs), our program also values the importance of teaching students to understand the vital interaction between testable, refutable theory that informs data and data that informs theory. We encourage students to learn to understand the whole individual as a system, rather than to acquire a collection of specific approaches for targeted symptoms. Although our emphasis tends to be on the scientific side of the science/practice balance, we practice science that has high clinical relevance. In addition, the Clinical Core focuses on issues of professional standards and ethics, the development of appropriate role identity and socialization into the issues of professional psychology and its interface with psychological science and other social science, legal, and mental health disciplines.

Work in the first two years is designed to provide both the basics that make one a professional scientist/ practitioner psychologist and lay the foundation for specialty training.

The required core, which consists of an integrated set of both didactic and experiential courses and requirements, is as follows:

(a) *Clinical assessment*

- Psychology 6535, Advanced Research Methods in Clinical Psychology
  - course work topics relevant to psychometric theory
- Psychology 6611, Assessment Techniques I
  - introduces students to interviewing techniques; test construction; administration, scoring, and interpretation of tests used for assessing IQ and achievement.
- Psychology 6612, Assessment Techniques II
  - reviews principles for constructing, administering, and interpreting measures of clinical phenomena such as symptoms, diagnostic syndromes, neurological or forensic status, personality, development of case formulations, treatment recommendations and writing reports
- Psychology 6613 (Fall Semester) and 6614 (Spring Semester)
  - a year-long assessment practicum that provides supervised clinical experiences in the full process of psychological assessment (i.e., taking a referral question, identifying an assessment plan, conducting the assessment, interpreting the data, writing an integrative report, and providing feedback to the client and referral source). Additional didactics are also provided in traditional adult and child assessment skills and in specialty assessment areas such as health psychology, child psychology, forensic psychology, neuropsychology, interpersonal psychology, and personality.

The assessment sequence is designed to include the topics of objective self-report (including both normal personality and psychopathology), intellectual, cognitive, or neuropsychological capacity/ability measures, behavioral observation and/or rating methodologies; and semi-structured interviewing methodologies. Students may also take a class in Projective Techniques from Educational Psychology.

(b) *Psychopathology and Intervention*

- Psychology 6330, Individual Psychopathology
  - covers individual abnormal behavior across the lifespan, as defined by DSM-IV and alternative perspectives
- Psychology 6391, Basic Psychotherapy Skills
  - teaches listening skills, showing empathy, and building an alliance
- Psychology 6392
  - provides a survey of major theories of psychotherapy and their histories, and reviews psychotherapy research

(c) *Overall Training Hours and Additional Clinical Experiences*

Students are required to accrue a minimum of 500 hours of supervised clinical experience in the context of practica, clerkships, and supervised community placements, prior to the internship. This should include a minimum of 400 actual client contact hours and a minimum of 100 hours in formal, scheduled supervision. Students should note that these are minimum requirements. It is typical for students to accumulate more supervised experience (about 500 face to face client hours) prior to internship. Breadth and depth of clinical experience is likely to help students secure the internship training of their choice. Students should consult with their advisors as to which practica and clerkships are most appropriate.

In addition to the required Assessment Practicum (Psych 6613 and 6614), students are required to complete the following prior to their internship:

- At least two prepractica/practica (a minimum of 4 semesters enrollment)
  - See a list of offerings below
- At least one clerkship (Psych 6910) in psychotherapy and/or assessment for a minimum of 2 semesters
  - See a definition of clerkships below

(d) *Coherency Core*

Students are expected to use their elective options to develop a coherent set of specialization courses. In addition to selecting practica and clerkships that make conceptual sense given the student's self-defined area of specialization, students frequently take advantage of offerings within the Clinical Program, the Department, or in other departments within the University. Students in the Clinical Health, Clinical Child Family, and Clinical Neuropsychology areas of emphasis should consult their advisor for information about requirements or expectations for completing these more formal coherency cores.

(e) *Professional Issues*

- Students are required to take Psychology 6300, Ethical and Legal Issues in Professional Psychology;
- Students are expected to continuously enroll in Psychology 7350, Current Topics in the Practice of Clinical Psychology, for one unit per year beginning in their second year in the Clinical Program (a minimum of 4 credit hours)

(f) *Research Experience*

- Students are expected to successfully complete both a masters and dissertation according to the guidelines established in the departmental and college handbooks;
- Students are expected to be continuously involved in scholarly and scientific inquiry under the direction of their advisor as part of the advisor's research group, although not necessarily formally enrolled for credit.

(g) *Internship*

Students are expected to complete a minimum of 2000 hours of supervised clinical experience in an APA-approved internship.

These Clinical Program and Departmental curriculum requirements are detailed in Appendix A. These should be carefully studied before making choices with your advisor's

consultation. Because the Clinical Program curriculum involves a careful sequencing of courses, students should consult their advisor(s), the Director of Clinical Training, and the Clinical Training Committee before attempting to significantly alter the modal sequence.

#### D. Supervisory Committees.

Students choose, in consultation with their advisor, supervisory committees for the Master's Thesis and the Doctoral Dissertation. Three faculty members are selected for the Masters Thesis and, after successfully passing the Masters' requirements and being admitted to the Ph.D. Program, five faculty members are selected for the Ph.D. committee. Ordinarily, the advisor serves as the chair of each of these committees. The Clinical Training Committee has adopted the following regulations regarding the formation of a supervisory committee:

- The supervisory committee must consist of at least two full-time regular Clinical Area faculty. This requirement exists for both master's and doctoral committees. When a substantial rationale exists for deviating from this norm, the student and his or her advisor should prepare a petition to the Clinical Training Committee outlining this rationale. The Clinical Training Committee will then consider the petition at its next regularly scheduled meeting.
- The chair of the committee must ordinarily be a member of the regular clinical faculty. Allied faculty members may co-chair a supervisory committee so long as a regular clinical faculty member is identified as a co-chair, and all other regulations are met (see section on advisors for regulations governing the role of allied faculty as co-chairs).
- All committee members must be Ph.D.s. In special cases, individuals holding other doctoral degrees (e.g., M.D., DSW) may be accepted as committee members. However, in such cases the student must petition the CTC with a written statement explaining the unique contribution expected from the prospective committee member.
- All committee members must be regular University of Utah faculty or Psychology Department adjunct faculty, and the size and constituency of the supervisory committee must otherwise satisfy both Departmental and Graduate School guidelines. For the Ph.D., the Graduate School requires that at least one of the five members be from a different

University Department. Exceptions may be made in special cases, but again, the student and his or her advisor must make a specific request to the CTC.

#### E. First Year Research Prospectus and Master's Thesis

By the end of the first year of graduate study, the student - in consultation with the advisor - selects a topic for study and prepares a short (i.e., two single-spaced pages) research prospectus outlining a potential Master's thesis project. The process leading to this prospectus and the prospectus itself should be similar in scope and format to the colloquium announcement prepared for the Master's thesis and dissertation proposal meetings. The prospectus is not contractual; students are free to change the topic of their Master's thesis research substantially. However, the prospectus should ordinarily reflect the most likely topic for the thesis project. If the prospectus is not completed by the end of the Summer term prior to the student's second year, the student is automatically considered to be making insufficient progress and could be placed on academic probation. The First Year Prospectus requirement is intended to encourage students to become familiar with the literature in a selected area of study and to help students develop a conceptual and methodological perspective that will lead to the formulation of meaningful and testable hypotheses/questions, as well as specific plans for a project that is feasible within the typical scope and timetable for the Master's.

By the end of the first year of graduate study, the student selects their Master's Thesis supervisory committee, consisting of three faculty members (see "Supervisory Committee" above for more details). Once the committee has been selected, the student presents to the supervisory committee a proposal for the master's thesis. This proposal is announced via a two-page abstract to the entire Psychology Department, which also sets a time for the master's colloquium. This colloquium should be held by the end of the second year of graduate training. At the colloquium, the proposal is presented to the committee, the research plan is refined, and the committee votes on the proposal. Once committee approval is given, the research is conducted, and when the report of the study is ready, the oral defense ("orals") of the thesis is conducted. Upon approval of the finished written report by the Graduate School, the master's

degree is awarded. A student is expected to complete the Master's Thesis (approved by the committee and submitted to the University's thesis editor) within 36 months of the date of matriculation.

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

#### F. Preliminary Examination Projects

Following completion of the Master's degree, a student must successfully complete two Preliminary Examination Projects – a research project and a clinical project - prior to being admitted to doctoral candidacy and completing a dissertation. The general format of these projects is described below, with a more detailed explanation for each provided in Appendix B. The current format of the projects is intended to reflect the Clinical Program's endorsement of the scientist-practitioner model of clinical psychology. Thus, students are required to complete two projects: (1) write an integrative review paper or a grant proposal on a clinically relevant topic, and (2) write up and present a clinical case study. The purpose of the paper/grant proposal is for the student to demonstrate his or her capacity to synthesize, integrate, and evaluate a broad base of research and theory pertaining to a selected area of clinical psychology. The purpose of the case study is for the student to demonstrate his or her knowledge of (a) clinical theory and research, (b) assessment, case conceptualization, and diagnosis, and/or (c) clinical intervention.<sup>1</sup> The written case study materials and the related oral defense of this portion of the prelim should be consistent with the principles of evidence-based practice (see American Psychologist, 2006, 61, 271-285), as discussed further in Appendix B..

Students will not be admitted to doctoral candidacy or permitted to apply for internships until they have passed both the research and case presentation preliminary examination projects. To ensure that these projects are completed in time to apply for internships, students should

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propose the projects to the CTC by the end of the spring term prior to internship application deadlines (i.e., by the end of spring semester of the 3<sup>rd</sup> or 4<sup>th</sup> year). There is no rule regarding the ordering of the projects; a student may choose to complete the paper before the case presentation or vice versa. A student will be allowed to move on to doctoral candidacy only after he or she has obtained a passing score on both projects.

The specific procedures, timelines, and grading criteria for completing each prelim project are detailed in Appendix B.

#### G. Admission to Doctoral Candidacy and Dissertation

Admission to Doctoral Candidacy begins by obtaining the appropriate form from the chair's office after passing the preliminary examination projects. The CTC evaluates the student's preparation, the recommendations from the student's master's committee, and performance on the preliminary projects, and recommends approval or disapproval of the application for doctoral candidacy in the Clinical Program. Once the student has been admitted to doctoral candidacy, the dissertation committee may be formed. As with the master's and prelim committees, CTC guidelines apply for the structure of the committee.

The dissertation proposal is submitted to the committee, is approved (or modified) at the dissertation colloquium, and the results are presented at the dissertation orals, just as with the master's thesis. Upon passing the dissertation orals and certification by the Department Chair and Director of Clinical Training that the University, Departmental and Clinical Program requirements (including an approved internship) have been completed, the doctorate in clinical psychology is awarded. It should be noted that although the student is initially admitted to the Clinical Program with the expectation that the doctorate will be completed, there must be an explicit recommendation that the student, after the master's degree and the passing of the preliminary examination projects, be accepted for doctoral candidacy.

#### H. Special Issues.

Transfer of Credit. Students who believe that their previous coursework either at the undergraduate level or in other graduate programs is equivalent to certain required courses

should discuss the advisability of petitioning for exemption or transfer of credit with their advisor. After a mutual decision that such a petition makes sense for the student's professional development, the student should provide documentation of course content (e.g., syllabus, written products, or letters from instructors) to the instructor of the course, with a request for a judgment of equivalency. If the instructor decides that the coursework is equivalent to our requirements, a formal petition with the endorsement of the advisor and the course instructor should be submitted to the CTC. If approved, the petition is then forwarded to the Departmental Graduate Committee for approval.

Admission with a Master's Degree. Normally, students are accepted into the program with either an undergraduate or a master's degree in Psychology. Students entering the program with the master's degree or graduate work of high quality from an institution of recognized standing may desire to obtain credit for courses taken and/or experience gained while obtaining the master's degree (or in some cases, the bachelor's degree). In order for courses or experience to count toward doctoral program requirements, they must first be evaluated for equivalence to our requirements. This evaluation process is virtually identical to transfer of credit procedures. Since our program requires that students at the master's level demonstrate competence in doing research, students entering the program with a master's degree may desire to have their master's thesis evaluated to demonstrate this competence. If appropriate, student and advisor identify logical supervisory committee to evaluate student's master's thesis. The advisor should then prepare a petition of equivalency to be submitted to the CTC for approval recommendation to be forwarded to the Director of Graduate Studies.

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

However, sometimes it becomes apparent (some time after a student is admitted) that a particular advisor is not the best match for the research and training interests of a student. This happens in one of four "modal" ways: (a) Student's interests broaden in such a way that he or she wishes to set up a "co-advisor" arrangement, sometimes within the Clinical Program, and sometimes extending to other programs within the Department; (b) student's interests change in such a way that she or he will be better served by selecting another advisor; (c) in the context of the student making satisfactory progress through the program, the student and the current advisor, regardless of interest match, do not have the kind of interpersonal relationship that is productive for either the advisor or the student; or (d) in the context of a student's unsatisfactory progress through the program, the student and/or the advisor wish to change or terminate their relationship.

Advisor changes that are desired by the student and/or advisor generally present no particular difficulties for the student, the advisor, or the administration of the Clinical Program and the Department. It is assumed that the student will have discussed these issues with their current advisor and their prospective advisor, and will reach a mutually agreeable resolution. In these cases, it is only necessary that the student inform the Department Graduate Committee and the Director of Clinical Training of their intentions in written form. If any problems arise because of the intended changes, they can be resolved administratively at this point.

Only scenario (d) poses a problem. If this situation arises, the student and/or the advisor need to inform the Director of Clinical Training of the issues (in written form) and the matter will be taken up by the Clinical Training Committee.

A student is not allowed to be "at large," and must have an advisor registered with the Clinical Area and the Department at all times.

### **III. Supervised Clinical Experience**

#### **A. Coordination of Professional Training**

The professional training component of the program has three basic levels: practicum, clerkship, and internship. The CTC is responsible for monitoring, evaluating, and coordinating

such clinical experiences in general, but individual advisors must be consulted about clerkship placements, selection of training opportunities and problems that arise in the course of clinical training. The DCT and heads of emphasis areas (Health, Neuropsychology, or CCF) are also good sources of advice regarding clinical training.

Extra-departmental practica and clerkships are supervised by adjunct faculty or field supervisors at the agency, in coordination with a student's advisor or another appropriate member of the CTC. Students must formally register for University credit with a CTC member for all extra-Departmental clinical placements, including Internships. The Departmental supervisor is to meet regularly with the student to discuss progress at the agency. In the case of Internships, when students are often out of state, occasional telephone contacts are enough.

#### B. Clinical Practica

Practica are clinical experiences typically developed and supervised by regular clinical faculty. They are generally preceded by a more didactic "prepracticum" aimed at integration of theory, research, and practice. Practica may be offered by different faculty members in different years; an effort is made to schedule at least one child- and one adult-oriented Departmental practicum each academic year. Practica are generally offered for 3 credit hours, but credit and number of semesters for a particular practicum in the Psychology 6960-6961 series is variable. Typically, students in practica engage in 1-3 hours of direct service each week, and receive 1-5 hours of group and/or individual supervision. Practicum grades are assigned by the instructor and/or supervisor.

Currently or recently offered practica include the following:

- Neuropsychological Assessment Practicum: This practicum begins with a semester of didactic instruction on theoretical issues that are central to neuropsychological assessment (history, theory, and methods of neuropsychological assessment, functional neuroanatomy and pathophysiology). Students also learn to administer neuropsychological tests, practicing on each other and on undergraduate volunteers.

In the second semester, the students conduct two to three neuropsychological assessments on real patients. During assessments, students first observe the instructor, Dr. Yana Suchy, conduct a neuropsychological interview; they then administer a full-day battery of tests, score and interpret the results, and write a full report of neuropsychological assessment under the supervision of Dr. Suchy. In addition to this two-semester course, students in the Neuropsychology concentration also participate in Vertical Team meetings. This involves one year of Observation (taken prior to the practicum) and one (or more) years of Supervision (taken in the years following the assessment practicum). Students in the vertical team participate in group supervision, case presentations, and discussion of a variety of professional topics.

- Cognitive-Behavioral Therapy: This training experience begins with didactic training in the cognitive-behavioral model, including its theoretical basis and research support. Therapy videos and role-playing are important features of the pre-practicum. This is followed by at least one semester in which students are seeing one or two individual therapy clients at all times. Therapy clients are acquired through the University Counseling Center and community agencies. All therapy sessions are audio- or video-taped for weekly supervision, which occurs individually or in small group sessions, consisting of two or three students. In addition, larger group (e.g., five to eight students) supervision sessions are held weekly to help the students, as a group, apply the intervention model to the common elements of the clinical problems with which they are presented. The course is generally limited to between 4 and 7 students, to provide adequate individual attention and supervision for all students. This practicum is led by Drs. Donald Strassberg or Keith Renshaw.
- Behavioral Medicine Practicum: This training experience provides students with skills necessary to work effectively in medical settings (e.g., assessing and treating medical patients, consulting with medical professionals, working as part of a medical team). During the pre-practicum, students become knowledgeable about the structure and procedures of medical settings, the professional roles of psychologists

in these settings, biopsychosocial issues of relevance for various medical populations, and empirically supported assessments and interventions. Students work 5 to 10 hours per week in a variety of health care settings (see Table 2a), where they are supervised by a licensed psychologist on site as well as through weekly group supervision with course instructor(s). Students initially observe or conduct co-therapy and assessments with the on-site supervisor, but become increasingly independent as the practicum proceeds. Training is mostly cognitive-behavioral, but other approaches are used as guided by the empirical literature. Although long-term psychotherapy is utilized when appropriate, the emphasis is on brief, time-limited approaches to intervention. This course is heavily enrolled by health and neuropsychology students, but is an important opportunity for all clinical students given evidence that a major source of jobs for clinical psychologists now and in the future is in hospital settings. The Behavioral Medicine Practicum is led by Drs. Timothy Smith and/or Paula Williams.

- Interpersonal Psychotherapy: Dr. Lorna Benjamin's Interpersonal Reconstructive Therapy (IRT) includes emphasis on current interpersonal relationships as detailed in Klerman and Weissman's Interpersonal Psychotherapy (IPT), an official EST. IRT adds concern with relationships during development and underlying motivation that sometimes accounts for resistance to CBT, IPT, medications and treatment as usual. Measures made before, during and after IRT suggests it can be effective with so-called "nonresponders," although it has not yet been validated in a formal clinical trials protocol at another site. Drs. Benjamin and Critchfield offer inpatient and outpatient practica at the University Neuropsychiatric Institute (UNI) focused on treating severely disordered individuals (i.e., psychiatric patients who have failed to respond to medication or psychotherapy). After observing Dr. Benjamin conduct an initial assessment, students carry out a brief inpatient treatment plan, and sometimes follow the cases as outpatients after discharge. Research measures are taken at the beginning and periodically throughout the outpatient treatment to monitor and document effectiveness. The practicum emphasizes skills training at

three levels: (1) didactic (diagnostic; object relations and interpersonal theory), (2) therapeutic (students carry out inpatient treatment, with outpatient follow up for those who stay in the practicum for 2 years), and (3) supervisory experience (advanced students supervise junior students with inpatient cases).

- Functional Family Therapy Workshop: Dr. James Alexander is internationally known for the systems-focused family therapy model he developed, Functional Family Therapy (FFT). This intervention model has been designated by a number of national agencies (e.g., Centers for Disease Control, Center for Substance Abuse and Prevention, Center for the Study and Prevention of Violence) as an EST for youth violence and delinquency. Although not a full practicum, Dr. Alexander offers all students the opportunity to participate in the training protocol that is followed in the Multi-site national FFT certification process. This allows students to participate in the same clinical training activities that have resulted in some of the aforementioned effectiveness demonstrations. The major foci in this training include the relationship between change-process research and clinically sensitive intervention, accountability, outcome research, cultural diversity and fidelity of intervention.

### C. Clinical Clerkships (Psychology 6910)

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

Clerkships differ from practica in that they: (1) are not regularly scheduled classes conducted by core clinical faculty, (2) they are available on an ongoing basis, but are not

specifically listed in our formal curriculum, (3) they are not preceded by a theory and research-based pre-practicum, and (4) they can range from as few as 3 to as many as 20 hours per week. The Clinical Faculty assumes that a two-credit clerkship translates roughly into 10 hours of direct client contact and supervision time. Supervisory time needs to be provided in a manner professionally appropriate to the nature of the client population and the student's level of ability.

The Program maintains a description of active clerkship sites in the office of the Program's administrative assistant. If students wish to gain clinical training experiences that are not currently available, they are encouraged to discuss this with their advisor or the DCT, who attempt to seek out additional relevant clerkship opportunities.

Students receive University credit for their clinical field experiences if they (a) register with the University for a clerkship, (b) secure Supervisory Contracts, (c) have adequate field supervision, and (d) file completed required evaluations. In addition, department *must* have Agency Contracts with all agencies involved in student training. While students are not responsible for securing such contracts, they need to assure that Agency Contract for a given agency is on file; if there is no contract, students need to inform the DCT and/or the Area secretary. For more detailed information, see section on *Registering for Clerkships* below.

If students secure employment in a clinical setting while in Graduate School, the CTC requires that they structure such an employment as clerkship. This primarily is done for protection of students from unethical or inadequate training experiences, and to optimize the students' training experiences prior to internship. In particular, by structuring clinical employments as clerkships, (a) the student and his or her advisor can consider the adequacy of the placement in the light of the students' total educational program; (b) the University can provide malpractice coverage for the student; (c) the placement can add eligible hours to the internship application; (d) these training experiences will appear on the student's transcript when he/ she presents for licensing and other forms of professional certification; and (d) it is assured that the student's community employment in providing psychological services is consistent with the Psychologist Act of the Utah Code (58-25a-1 et seq., as amended). Students are allowed to count toward internship application only those hours for which they received formal academic

training and credit, or that fall under program-sanctioned training experiences (e.g., VA summer traineeship).

1. Registering for Clerkships. There are five steps that should be followed by students intending to register for clerkships:

- First, students should consult the clerkship notebook and look for clerkships that appear to be a good match to their interests. (If students identify a potential site that is not currently listed in the clerkship notebook, they need to consult with the DCT and their advisor. Students cannot start a clerkship at a given agency until Agency contract has been secured by the Clinical Program. All Agency contracts must be updated yearly.)
- Once potential clerkships are identified, students should consult with their advisor and, if desired, with other students who have had an experience with a given clerkship.
- If the student and his or her advisor feel that a particular clerkship is a good match for the student, the student needs to contact the Agency and arrange to introduce himself or herself to the potential supervisors and to arrange for an interview or other procedures required by the Agency.
- Once a student is accepted into a Clerkship, he or she must secure an Individual Supervision Contract to be signed by the student and the clerkship supervisor (a licensed clinical psychologist). All contracts must be filed with the Clinical Program via the Program's secretary, and must be updated yearly. See Appendix C for a contract example.
- Students registering for clerkship placements are required by the Agency Contracts to carry health insurance and to be HIPAA certified (see website for online course <http://hipaatrain.med.utah.edu/cgi-bin/hipaatrain.pl>).

2. Evaluation forms. At the end of each semester (summer included), a Clinical Training Evaluation Form indicating the student's performance must be completed by the on-site supervisor. After being countersigned by the student's Departmental supervisor, this evaluation form is placed on file in the clinical office, and a copy of the evaluation of the student is returned

to the agency supervisor and to the student. The student also completes an evaluation of the agency/clinical experience, which will be used by the DCT and the CTC to provide information for future clerkship offerings. Appendix D includes forms for evaluation of the student, and Appendix E for evaluation of the agency. All of these forms are also available from the clinical area secretary.

The student will not receive University credit for the clerkship or extra departmental placement unless all properly completed forms (Agency Contract, Supervisory Contract, student evaluation) are on file.

3. Malpractice insurance. When the student has formally registered with the University for the clinical placements, the student is covered for malpractice by the University of Utah as long as (a) the Agency Contract is signed and on file, (b) the supervisory evaluations are completed and on file, and (c) the agency is located in the State of Utah. If any of these conditions is not true, the student may not be covered for malpractice. Students are responsible to be sure they have met the conditions for all placements at all times, including the summer semester.

Students should know that the University cannot provide malpractice insurance during the internship. For this reason, students are required to purchase (the moderately priced) student APA malpractice insurance to cover their professional activities during internship. Application forms can be obtained from the Clinical Area Secretary. Students who want to be absolutely sure they are covered for all placements may find it is worth the modest annual fee to purchase their own APA malpractice insurance throughout their years of clinical training. Having APA insurance will not, of course, excuse the students from completing the required registration, contracts, supervisions and evaluations.

#### D. Documentation of Clinical Training Hours

For all of all clinical training experiences, students should carefully document every relevant aspect of their training hours in order to facilitate the internship application process, and later licensure applications. Examples of information you will need for your internship

application and possible later certifications include type of supervision, number of cases and supervised hours using a particular approach, length of time each case was seen, number of assessments, number of uses of each assessment approach, and so on. Most APA-approved clinical internships are members of the Association of Psychology Internship and Postdoctoral Centers (APPIC), which has developed a standard application form providing detailed documentation of clinical training experiences. Because these documentation forms may change from year to year, students are encouraged to check the APPIC web site (<http://www.appic.org>) to ensure that they are maintaining records at the proper level of detail required for internship applications. An electronic spread sheet that can aid in the detailed documentation of clinical training experiences is available from the Clinical Office upon request.

It is strongly recommended that students take more than the minimally required number of practica and clerkships. This will greatly enhance their chances of placement in the highly competitive internship and job-placement market.

#### E. Internship

The internship is a major component of the clinical psychology training program. It requires the equivalent of a full year of work, and it is often a major determinant of career paths.

*1. Requirements.* Students are required to complete 2,000 hours of approved internship training. Students are eligible for internship only after they have completed departmental and Clinical Program course requirements (exclusive of the Ph.D. thesis, but including practica and clerkships), the Masters Thesis, the successful completion of Preliminary Projects, and a successful proposal of their doctoral dissertation research. A student may not apply for an internship without the permission of his/her advisor and the DCT; if a student is not technically eligible for internship, a petition for an exception must be submitted to the CTC for approval. Students who are applying for internship typically "project" that certain requirements will be fulfilled by the start of the internship, and they bear the responsibility, along with their advisors, of ensuring that these "projections" are reasonable. Four credits of internship (Psychology-7950) are required. For a normal internship year, this would be two credits per academic semester. It should be noted that tuition remission is generally not available during the internship year. This

is because most students have fully utilized the 10 semester limit that the Graduate School places on tuition remission, and because the Department generally does not fund the student during the internship year.

Students electing non-local internships are normally considered to be "off-campus" for the internship year. As a result, office space occupied by these students may be used by the department for other needs. Students electing local internships will be considered on-campus if they regularly attend scheduled area-wide and individual-faculty research groups during the internship year. These students may continue to use their office space throughout the year. A student electing a local internship may choose to be considered "off-campus," opt not to attend research groups, and make their office space available for other use by the department.

2. *Approved Internships.* Internship settings must be approved by APA. A list of APA-approved internships is published each December in the *American Psychologist*. In addition, a file of APA-approved internship descriptions is maintained in the Clinical office, as is the APPIC manual (Association of Psychology Internship and Postdoctoral Centers). Substantial updated information on Internship applications is available on the APPIC web site:

<http://www.appic.org/>.

Further detail on local APA- approved internship training settings is offered by the Training Resource Catalog, available in the Clinical Office. Each year, interested students are briefed on the internship application process. Senior students who have already completed their internship are sometimes available and can be an excellent source for advice.

Students wishing to obtain internship credit for experiences in non-APA approved settings must submit a petition to the CTC. If the alternate experience is approved, all the procedures for Departmental registration, agency supervision, contracts, and evaluations (noted above) must be followed.

3. *Evaluation.* Evaluation forms from APA- approved internship agencies are accepted by the CTC, and must be on file in the Clinical Area Office before University of Utah credit is given for the internship. In the rare event that the internship does not provide an adequate evaluation report on the student's performance, the departmental evaluation form in Appendix D may be used.

*4. Application Procedures.* Typically, the process of determining where and how to apply for internship begins in the summer and fall of the year preceding the internship year. Students should familiarize themselves with the Association of Psychology Internship and Postdoctoral Centers (APPIC) web site (<http://www.appic.org/>), which provides important information about current APA-approved internship sites, standard application forms, and dates for submitting information for the national Internship Matching Program. The actual application deadlines vary, but generally fall during the October to December period, and often require transcripts, letters of recommendation, a certification from the DCT as to a student's status within the Clinical Program, detailed application forms, and interviews. APA-approved internships generally subscribe to the APPIC Internship Matching Program; rules for matching may change from year to year but are explained in detail at the APPIC web site. Under the national matching program, internship applicants and agencies submit their rank ordered preferences in late December or early February, and matching results are generally available in mid- to late-February.

A complete copy of the current APPIC internship application form is available from the website, or the clinical area secretary. The APPIC directory, on file in the clinical area office, includes a detailed description of the application and acceptance process. If problems in internship, application, or acceptance procedures arise, student are urged to contact the DCT or their advisor.

There are several APA-approved pre-doctoral internship programs available locally. Non-local internships may be selected because of their prestige, location, or specialty offerings. While the competition for nationally prominent internship openings can be fierce, the advantages are worth the struggle. The benefits of high-quality intensive training, possible exposure to nationally prominent clinicians, and interaction with interns from other programs must be weighed against the costs of relocating and the lack of involvement with the home programs. Again, "veteran" interns can be a good source of information of this matter.

## **IV. Research Training**

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

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

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

## **V. Teaching Training**

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

## **VI. Financial Support**

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

### A. Federal Funding

Currently, we do not have a federal clinical training grant. While this avenue of support is continually pursued, the greatly reduced federal commitment to the training of mental health professionals means that it is very unlikely that students will be able to count on obtaining NIMH training fellowships.

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

### B. Teaching Positions

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

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

sometime makes available correspondence course instructorships. Notice of the availability of these appointments is made whenever they arise.

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

#### C. Community Employment/ Clerkships

Another frequent source of financial support (primarily for more advanced, post-master's students) is employment in the community, providing intervention or assessment services. A variety of part-time positions are typically available. The availability of such part-time positions is announced by e-mail or memo when they are received. Students accept such community employment only in consultation with their advisor and when all the conditions described in the section Supervised Clinical Experience have been met. Clinical students are required to arrange such professional employment as practica or clerkship experience, and must enroll for credit.

#### D. Research Support

The University awards a small number of competitive research fellowships each year. Psychology graduate students are generally quite successful in receiving these awards. The two most common research fellowships are the Eccles Fellowship and the Graduate Research Fellowship. These fellowships are usually announced during the Fall term, and applications are due early in the Spring term. Interested students are encouraged to be aware of the announcements and the deadlines.

Research assistantships (RAs) are also available, typically awarded by faculty members who have obtained grants. These positions are often publicized by memo or e-mail.

#### E. Tax Liability

The issue of tax liability for stipends received while a TF, GI, RA, or intern is somewhat complicated, and students concerned about this should check with the IRS.

#### F. In-State Residency

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

## **VII. Evaluation of Student Progress**

#### A. General Procedures

A student's progress and development is evaluated through a variety of formal processes, in addition to informal monitoring by one's advisor and supervisory committee. The Clinical Faculty conducts two reviews annually. The first (less formal) occurs at the end of Fall Semester and is intended to make sure students are continuing "on track" for the year. The second, which occurs at the end of the Spring Semester, is more formal. Results are reported to the full faculty during a department wide meeting shortly before the end of the academic year.

Prior to each Clinical Student Review, students are required to update their CV using a standard format (see Appendix F), and to meet with their advisors to review the accomplishments (and problems) of the past review interval. In addition, specific goals and plans for the coming review interval are discussed (e.g., plans for courses, research, teaching, and clinical work), including proposals for addressing problems if necessary.

At these semi-annual reviews, advisors present this information and their recommendations to the Clinical Faculty and any allied faculty who are involved in the student's

specialization. Students who choose to do so have the opportunity to personally present their views to the CTC regarding their progress and their plans for remediation of any difficulties. A student may also choose to be accompanied by a CTC Student Representative.

After the mid year review, feedback to students in good standing is informally provided through the primary advisor. For students who experiencing difficulties or who are not making sufficient progress, a formal letter will be provided. This letter will detail plans for remediation and will be co-signed by the advisor and DCT. After the year-end review, Milestones and Training Progress forms (see Appendix G) are completed by the student's advisor and approved by the Director of Clinical Training. The advisor then shares the summary with the student during a feedback meeting.

Please note that the Training Progress forms are not designed to communicate unique profiles of strengths and weaknesses, but rather to simply track whether a student is on track, or at "grade-level," regarding the progress of training. Thus, it is expected that in most cases, students will receive a ranking of "3" in most areas. Only highly unusual performances (i.e., truly above or below grade level) will receive rankings above and below "3." It is expected that more individualized feedback will be provided to students one-on-one with their advisors. If a student does not agree with the summary, or perceives inaccuracies in the data upon which it is based, or does not wish to comply with the training recommendations/requirements of the CTC, he or she may append their own comments to the summary, thereby initiating an appeal (see section on "Appeals" below).

If the student agrees with the progress summary and training recommendations, he or she will be asked to co-sign the summary form. Following this process, advisors write a letter summarizing the student's progress and training plan in a more personalized format. These letters are co-signed by the DCT and the Department Chair. The end-of-year progress summaries and letters will be filed in the student's folder and become part of the student's official record. Letters and summary forms must be completed by the beginning of the fall semester following the spring review.

These procedures have several purposes. They ensure that a student has been notified of those aspects of their academic or clinical performance that may place their status in jeopardy.

Students have the opportunity to present their own views on the issues that may be involved. Faculty members have an opportunity to acquire sufficient data upon which to base a careful and deliberate decision according to their best professional judgment. The procedures for appeal of the faculty decisions are made clear to the student.

The Director of Clinical Training presents the progress of clinical students in an annual student review meeting of the entire Psychology Department faculty. Non-clinical Departmental faculty provide additional feedback based on their interactions with the particular student. A formal statement of evaluation and recommendations of the CTC and the Department is then sent to the student, with the approval of the Advisor, the DCT, and the Departmental Chairperson.

At any time during the year, situations that require immediate attention according to the judgment of the CTC and the DCT may be referred to the Graduate Committee, the Department Chair, or the Faculty as appropriate.

#### B. Evaluation Criteria

As a scientist-professional program, a student's progress and professional development are judged against both academic and professional criteria. The academic criteria for student progress evaluations are discussed at length both in this Handbook and in the departmental Graduate Student Handbook and Graduate School Bulletin. Academic criteria for the program, department, and graduate college can be discussed with the student's advisor and with appropriate committee chairs or administrators.

A student's progress towards his/her degree is evaluated according to two sets of overlapping criteria: academic and professional performance. From a legal point of view, both traditional academic performance and professional clinical performance are considered "academic" performance (and subject to academic actions as defined in the University of Utah Policies and Procedures Manual--- <http://www.admin.utah.edu/fhb/>). Ethical violations such as cheating on examinations, violations of confidentiality, or other violations of professional or university ethical codes are also considered professional violations, as they speak to a student's fitness for the profession. Failure to conform to professional or university ethical codes is a

violation of professional performance standards and will be subject to review by the CTC and academic review and appeal procedures.

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

*(1) Course work.* A graduate student is expected to take required and elective coursework and research projects in a timely fashion and to complete such coursework within the timeframe established by the department and the graduate school (see respective Handbooks and Bulletins). Furthermore, a graduate student is expected to maintain the grade requirements specified by the Department.

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

*(3) Ethical and professional conduct.* A graduate student is expected to adhere to Ethical Principles of Psychologists and Code of Conduct (American Psychologist, 2001; see also the discussion of these issues in the departmental Graduate Student Handbook and the University of Utah ethical code of conduct discussed in the Graduate School Bulletin) in all domains of their professional career, including the roles of student, researcher, instructor, and provider of psychological services.

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

*(4) Professional skills.* A graduate student in clinical psychology is expected to possess and demonstrate a wide variety of professional and interpersonal skills related to their ability to deliver mental health services to clients. These professional and interpersonal skills fall into the following general (and overlapping) areas:

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

### C. Appeals

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

1) The first level of appeal is the CTC itself. If the student believes that additional information exists that should have been brought to the attention of the CTC, he or she should immediately bring that information to the attention of the CTC. It is most helpful if the student writes a petition to the CTC, outlining the additional information, or the reasons why he or she believes that the recommendation/decision should be reconsidered.

2) The second level of appeal is to the chair of the department. At his/her discretion, the chair may ask that the appeal be heard by the departmental Graduate Committee. The procedures for this appeal are given in the departmental Graduate Student Handbook.

3) The third level of appeals is to the Dean of the College of Social and Behavioral Sciences and then to the Dean of the Graduate School. These procedures are detailed in the Graduate School Bulletin and the University Policy and Procedure Manual, Section 8 – 10 (rev 3; adopted 7/14/97). In brief, this procedure allows for a review of program and departmental decision making for academic actions by the College Academic Misconduct Review Committee. Academic actions refer to administrative decisions to grade, graduate, suspend, or dismiss students based upon either academic dishonesty or violations of professional and ethical standards. The Committee reviews the decision making with respect to whether or not it was either arbitrary or capricious.

## VIII. Professional Issues and Ethics (PIE) Committee

As explained in the Psychology Department Graduate Student Handbook, the PIE committee serves as an educational and professional resource for graduate students concerning professional issues and ethics, with the aim of preventing serious ethical and professional problems. The committee provides an entry point for questions and consultation concerning professional issues, and will funnel queries to appropriate committees as needed. Professional

issues that may be directed to this committee include (but are not limited to) issues concerning boundary issues (between faculty, graduate students, undergraduate students, and staff), authorship issues, concerns regarding exploitation, sexual harassment, career choice, development and management, etc. The committee provides informal feedback to faculty, students, and staff concerning questions that may arise.

## **IX. Role of Graduate Students**

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

In addition to roles in the department, it is hoped that students will be able to provide support to each other. Incoming students have in the past been "adopted" by more senior members of the program, and it is hoped that this tradition will continue. Occasional social events are sponsored by students as well as by faculty in the Clinical area. In addition, faculty and students from other areas of the department are important resources in the student's development as a psychologist, and students are encouraged to avail themselves of all collegial resources.

## **X. Psychological Services Available to Graduate Students**

Many students who are working toward a doctoral degree in clinical psychology seek psychological services at some point during their graduate school career. The clinical faculty

have put together a list of clinicians who have indicated an interest in working with graduate students and a willingness to work at a reduced fee. The specifics of any given therapist's fee and availability must be established via direct contact. The faculty are not necessarily endorsing any particular therapist, but students should know that everyone on the list is a respected member of the professional community. Students should be aware of the fact that some of the people on the list provide supervision to students through practica and clerkships. Therefore, students should avoid therapists who they would like to have as a supervisor at some point in their training.

Robert Cook, Ph.D. (435) 753-0272

James. D. Gill, Ph.D.584-2126

Valerie Hale, Ph.D.485-0400

Penny Jameson, Ph.D., 350-0118

Nan Klein, Ph.D. 350-0116

Jim Kahn, Ph.D. 587-3227

Mitch Koles, Ph.D. 350-0121

Michael Rigdon, Ph.D. 581-6004

Judi Miller, Ph.D.585-1212

Katy O'Banion, Ph.D. 266-0342

Jim Poulton,Ph.D., 350-0117

Debbie Quackenbush, Ph.D. 832-1050

Steve Ross, Ph.D. 581-7951

Jill Sanders, Ph.D., 263-3335

Alternatively, students can be seen at any of the following resources for psychotherapy on campus. However, because students in the Clinical Program may be part of the clinical team in these clinics, extra steps may be needed to protect confidentiality. If and when a student calls any of the following places to make an appointment, he or she should let the intake person (or the clinical director) know that (a) they are a graduate student in clinical psychology and (b) would like to receive services in a way that protects their confidentiality.

**University of Utah Counseling Center**

Student Services Building  
201 South 1460 East Room 426  
Salt Lake City, UT 84112-9061

Clinical Director (contact person): Dr. Lois Huebner  
Office: (801) 581-6826

**The Women's Resource Center**

A. Ray Olpin University Union in Room 293.  
Kristy Bartley is the Clinical Director  
Phone: 581-8030

**Family and Preventive Medicine Clinic**

Department of Family and Preventive Medicine  
University of Utah School of Medicine  
375 Chipeta Way, Suite A

Administrative Assistant: Julia Smith: 581-6004

## Appendix A

### Summary of Timeline and Requirements

Course #	Course Title (credits)	Course #	Course Title (credits)
<b>Year 1: Fall semester</b>		<b>Year 1: Spring semester</b>	
Psych 6350	Research Methods in Clinical Psychology (3)	Psych 6510	Ethics (4)
Psych 6330	Individual Psychopathology I (4)	Psych 6612	Assessment II – Personality Assessment, Report Writing (2)
Psych 6391	Psychotherapy I – Basic skills (1)	Psych 6392	Psychotherapy II – Theories (1)
Psych 6611	Assessment I – Interviewing, Cognitive Assessment (3)	Psych xxxx	**Core/Elective (3 or 4)
Psych 6100	Teaching Practicum (1)	Psych 6100	Teaching Practicum (1)
<b>Year 2: Fall semester</b>		<b>Year 2: Spring semester</b>	
Psych 6500	Quantitative Methods I (3)	Psych 6510	Quantitative Methods II (3)
Psych 6613	Assessment Practicum (2)	Psych 6614	Assessment Practicum (2)
Psych xxxx	Core/Elective (3 or 4)	Psych xxxx	**Core/Elective (3 or 4)
Psych 6970	Thesis Research (variable)	Psych 6970	Thesis
Psych 7350	Current Issues in Clinical Practice (1)	Psych xxxx	Prepracticum, practicum, clerkship
Psych xxxx	Prepracticum, practicum, clerkship (variable)	Psych 7350	Current Issues in Clinical Practice
<b>Year 3: Fall and Spring Semesters</b>			
Psych xxxx	**Core/Elective		
Psych 6970	Thesis (Complete by end of 3rd yr)		
Psych 7350	Current Issues in Clinical Practice		
Psych xxxx	Prepracticum, practicum, clerkship		
<b>Year 4: Fall and Spring semesters</b>			
Psych xxxx	**Core/Elective		
Psych 69xx	Dissertation (variable) – proposal passed before eligible for internship		
Psych 7350	Current Issues in Clinical Practice		
Psych xxxx	Prepracticum, practicum, clerkship		
<b>**Courses that must be completed as part of the Core/Elective sequence</b>			

Psych 6410	Advanced Social Psychology
Psych 6700 or Psych 6750	Neuropsychology or Neurobiology
Psych 6120 or Psych 6220	Advanced Human Cognition or Cognitive Development
Psych 7508	History and Systems
Psych 6962 or Psych 7968	Gender, Culture, and Health or Minority Mental Health
Psych 6410	Advanced Social Psychology

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Additional Requirements:

The Master's Thesis must be completed during the third year. If students intend to begin their clinical internship in their 5<sup>th</sup> year, the preliminary examination projects should be proposed by the end of the 3<sup>rd</sup> year, and completed by early fall of the 4<sup>th</sup> year. Students are required to accrue a minimum of 500 clock hours of supervised clinical experience in the context of practica, clerkships, and supervised community placements, prior to the internship. In order to be competitive students will need at least 400 face to face client contact hours and a minimum of 100 hours in formal, scheduled supervision.

Students on internship register with the University for the equivalent of two semesters, 2 credit hours each for a total of 4 credit hours of Internship (Psych 7930) Students on internship must also register for 1 credit hour of 7970 (Thesis) per semester to maintain graduate status--see Graduate School Handbook. Overall clock hours for the internship should be at least 2000.

## Appendix B

### I. General guidelines for prelim projects.

- 1) *Consulting with advisor.* The student should talk with his or her advisor(s) regarding the focus of the integrative paper/grant proposal and the clinical case study. However, once a project is approved, students are expected to work on the project independently without the help of the advisor. In other words, the project must be the student's own, original work: The student is solely responsible for selecting the topic, reviewing the literature, and writing the paper/grant, etc. If the student has questions at different stages of the project, they should contact the DCT who will determine whether it is appropriate to obtain help from faculty or students.
- 2) *Proposal.* The student should submit a brief (no more than 2 single spaced pages) written proposal for each project to the CTC faculty for approval (through the clinical area secretary). Students will be provided with feedback on their proposal within three weeks of submission. The primary purpose of the proposal is to ensure that the paper/grant is meeting the overall objectives of the prelim project (particularly with respect to the *breadth* and *integrative nature* of the proposed paper) and to provide the student with some assurance that he or she is on the right track to proceed. If there are concerns, the student will be given specific feedback and will be allowed to revise and resubmit until they have an approved proposal.
- 3) *Grading Committee.* Each time the CTC faculty approve a proposed project, they will identify an appropriate grading committee composed of three faculty members, one of whom may be allied faculty. Students are encouraged to make suggestions regarding the composition of the grading committee. The grading committee for the research project may or may not overlap with the grading committee for the clinical project.
- 4) *Timeline.* As part of the proposal, students should provide an estimated timeline for completing the written component and a proposed date for the oral presentation. In determining the timeline and oral presentation date, students should note that the written product is due no more than three months after the proposal has been approved and no less than two weeks prior to the oral presentation. Students should be aware that the CTC does

not normally meet during the summer months and a proposal submitted during the summer may not be formally approved and/or graded until the fall semester begins. In addition, the student should plan to complete the oral component of the clinical case project during the regular academic year.

- 5) Submission of completed project. The written component of each project should be turned in to the Clinical Area Secretary for distribution to the grading committee within three months of project approval. The written component of the clinical case should be turned in at least two weeks prior to the scheduled oral presentation.
- 6) Feedback timeline. During the regular Fall and Spring semesters students will receive timely feedback on their prelim project, according to the following timeline:
  - No more than two weeks following the completion of the oral case presentation, the committee (through its identified chair) will provide the student with written feedback and a final grade.
  - No more than one month following the completion of the integrative paper/grant, the committee will provide the student with written feedback and a final grade.

Efforts will be made to follow these timeline guidelines during the summer, but grading may take longer during this term as faculty are on nine-month appointments.

- 7) Feedback procedures. The committee chair will write a cover letter synthesizing the feedback from the committee and will provide the student with the specific written feedback of each committee member. The student and committee chair should meet to discuss any issues that require further clarification. The committee chair will give a copy of all feedback to the other committee members.
- 8) Grading procedures. Graders will evaluate each project on a number of dimensions and will then provide an overall score. The project will receive a passing grade when the overall scores of two or more graders are pass/high pass. When the scores of two or more graders are rewrite, the project will be revised and resubmitted within one month of receiving feedback. When the scores of two or more graders are fail, the student will have failed the Preliminary Examination Project and should follow instructions for remediation under “Failing grade” below. In the unusual case that the grading committee cannot reach a majority opinion (e.g., pass vs. rewrite vs. fail), the scores will be sent to the CTC Faculty for their professional judgment and the assignment of a grade. Once a final grade has been

determined, the grading committee will provide to both the student and the DCT written documentation of the student's score, along with an explanation of what additional steps, if any, may be needed to pass the Preliminary Examination Project.

9) Grading scale.

Each project will be graded by a committee of three faculty using a 4 point scale:

- 0 = Fail (Inarticulate, vague, below that expected of modal students)
- 1 = Rewrite (Underdeveloped, areas of significant weakness)
- 2 = Pass (Clear, complex, concise)
- 3 = High Pass (Exceptional, better than expected of modal students)

10) Passing. A passing grade on either project involves receiving a final score of pass/high pass from at least two of the graders.

11) Rewrites. If a student is asked to rewrite either prelim, he or she will have one month to do so following receipt of written feedback. The student should hand in the revised prelim to the clinical area secretary, who will distribute it to the grading committee. The grading committee will grade the revised project no more than two weeks after it has been turned in and distributed. The chair will then provide the student with written feedback and a final grade. Only one set of rewrites is allowed.

12) Failing. If the student fails outright (without a rewrite option) or fails after a rewrite has been completed, the student will be allowed a second chance to successfully complete the prelim. In such a case, the student needs to develop a plan to remediate the problems noted (in collaboration with his or her advisor). The CTC (faculty only) are required to formally approve the plan (typically this will involve proposing and writing an alternative project on a new topic). Once the remedial plan is approved by the CTC, the student must complete the plan and turn in the written product within three months. If the student fails a second time, he or she may be dismissed from the program.

## **II. Specific Instructions for the Integrative Review Article/Grant Proposal Prelim**

### Overall Objective

The purpose of this prelim project is to demonstrate that you have the potential for doctoral-level scholarship in clinical psychology, and to facilitate your professional development. To

complete this project, you will be expected to: (1) identify an important issue to be examined in a particular area of clinical psychology; (2) identify a broad base of literatures that can inform this issue; (3) integrate and evaluate different perspectives on the issue; and (4) write a cohesive, conceptual synthesis. In addition to the knowledge and skills gained by doing this Preliminary Examination Project, we expect you to be able to submit the final product for publication or grant review, although the success of such submission does not form the basis of final grade assignment.

### Procedure

*(1) Proposal.* A brief (maximum of two-pages, single-spaced) proposal will initially be submitted for approval to the CTC faculty. This proposal should describe: (a) the general topic or research questions; (b) why this is an important topic in clinical psychology; and (c) the broad base of literatures that will be drawn on and integrated in the final document. The grant proposal should also (d) provide information on the type of grant that will be prepared (e.g., ideally this will involve identifying appropriate outlets where the actual product can be submitted).

2) *Written Component.* The student will have three months from the time of CTC approval to complete the proposed written document. The paper/grant is expected to be written in a manner that is suitable for submission to *Psychological Bulletin* or as a specified grant proposal. The *paper* should follow APA style and should be between 30 to 40 pages of narrative (excluding references). In preparing the paper, we recommend that the student read an editorial in the July 1997 issue of *Psychological Bulletin* (pp. 3-4) regarding the types of papers that are suitable for publication in that journal, as well as a special section on “Writing articles for *Psychological Bulletin*” in the September 1995 issue of *Psychological Bulletin* (pp. 171-198). The *grant* should follow the structure and requirements of the particular funding mechanism that the student chose and the CTC approved. Grading for a grant project will be based on the quality of the grant narrative; the grading committee will not focus on the budget or other administration related pages, but these should be included as addendums. A typical NIH grant application has a limit of 25 single spaced pages. Some grants have much more restrictive page limitations but students opting to write a grant will need to write at least 30 pages in order to ensure that grading is equitable.

3) *Grading.* The paper will be evaluated on the following dimensions, all of which will contribute to the final grade using a four-point scale described under “General Guidelines to Prelim Projects” above:

- *Significance* – Does the student demonstrate the importance of the issue? Will this advance our understanding of an important area in clinical psychology?
- *Breadth, depth, and accuracy of knowledge* – Does the student demonstrate that they have a solid grasp of the relevant literatures? Are the major relevant topics covered or are there gaps? Is the information provided accurate? Does the student demonstrate an ability to carefully evaluate the extant literatures?
- *Integration/Cohesiveness* – Did the student demonstrate an ability to integrate various perspectives into a unified perspective? Is the overall conceptualization cohesive and clear?
- *Writing style* – Is the organization of the paper reasonable? Is the writing style clear?
- *Oral presentation* – Did the student demonstrate a sophisticated grasp of the issues? Did the student demonstrate a broad and flexible understanding of the topic? Was the student able to answer questions at an acceptable level?

### III. Specific Instructions for Case Study and Presentation

#### Overall objective

Students will choose to present a particularly interesting, or theoretically and clinically informative, assessment or consultation case or a psychotherapy case that represents a primary clinical interest. The objective is to demonstrate working knowledge of clinical theory, research, and principles, as well as skill in applying these principles. When selecting a case for the clinical Preliminary Examination Project, the student should consult with his or her primary advisor in the clinical area. The written materials and oral presentation of this prelim project should reflect the principles of evidence-based practice (e.g., APA Task Force, *American Psychologist*, 2006, 61, 271-285). For issues regarding evidenced-based practice in interventions, students should be familiar with the relevant literature regarding empirically supported therapies (e.g., Chambless & Ollendick, *Annual Review of Psychology*, 2001) and empirically-supported general principles of therapeutic change (e.g., Norcross, *Psychotherapy relationships that work*, 2002, Oxford). For issues regarding assessment, students should be familiar with relevant literature regarding evidence-based assessment (e.g., Garb, *Annual Review of Clinical Psychology*, 2005; Hunsley, *Psychological*

Assessment, 2001; Hunsley & Mash, Psychological Assessment, 2005; Hunsely & Mash, Annual Review of Clinical Psychology, 2007; Mash & Hunsely, Journal of Clinical Child and Adolescent Psychology, 2005). Specifically, students should demonstrate detailed familiarity with empirical literatures regarding interventions and assessments relevant to the specific issues in the case, as well as with the general principles involved in applying this evidence base to individual clinical cases.

### Procedure

1) *Proposal*. Students should submit to the CTC faculty a brief (1-2 page single-spaced) proposal describing the case, the types of supporting clinical materials that are available, and generally how this case will allow them to demonstrate and develop their clinical skills. In the proposal, students need to propose in what theoretical context they would like to examine the case, and how this case informs clinical practice in more general terms. As part of the proposal, students should provide an estimated timeline for completing the written component and a proposed date for the oral presentation. In determining the timeline and oral presentation date, students should note that the written product and supporting materials are due at least two weeks before the oral presentation. The proposal is required primarily to ensure that the student is “on track” to fulfill the case presentation prelim project requirement. At the time of the proposal, the CTC faculty will identify a grading committee composed of three clinical faculty members (one of whom may be adjunct clinical faculty).

2) *Written Component*. Students must submit a 15-20-page double-spaced paper (maximum) and supportive clinical materials (assessment report, summary of treatment notes, video or audio samples) to the grading committee at least 2 weeks prior to the scheduled oral presentation. For a *therapy case*, this paper should include (a) a statement about the student’s conceptual framework, (b) a review of relevant conceptual and empirical literature, and issues in application of this evidence base to the individual case, (c) a case formulation and treatment plan, (d) a discussion of the treatment process and the student’s clinical-decision making process, and (e) a description of the treatment outcome, including a discussion of what worked and what did not. For an *assessment case*, this paper should include (a) a statement about the referral question, (b) a review of relevant conceptual and empirical literature, and issues in application of this evidence base to the individual case, (c) a conceptually-based rationale for the assessment strategy employed, (d) the assessment

report including a discussion of the findings, the case formulation, and diagnosis (if appropriate), and (e) a detailed, conceptually-grounded treatment plan or set of recommendations.

3) *Oral Component*. The oral component will involve a 1-hour presentation to the faculty grading committee. The purpose of having an oral presentation is to allow for a more detailed and dynamic discussion of the relevant empirical literature, issues involved in translating available evidence into specific practice in the case, clinical process and the student's thinking about the case. It should consist of a brief overview of the case and a question and answer session. The Q & A might include requests for more clinical details or questions about relevant empirical literature, clinical theories and techniques, including assessment techniques.

Grading. The presentation and written document will be evaluated on the following dimensions, all of which will contribute to the final grade using a four-point scale described under "General Guidelines to Prelim Projects" above:

- How familiar was the student with relevant empirical literature and issues involved in translating evidence into specific practice?
- How well did the student present his or her theoretical/conceptual framework (or conceptual rationale for the assessment strategy employed)?
- How well did the student explain why this framework is relevant for this particular case?
- How well did the student develop and present a clinically useful case formulation?
- How well did the student develop and present a coherent treatment plan?
- Evidence of the following therapeutic/clinical skills:
  - Building rapport/development of a working alliance
  - Administration of measures or intervention techniques
- Was the student able to articulate alternative perspectives of relevant issues and problems (e.g. Able to discuss what worked and what didn't and why?)
- Was the student able to articulate alternate intervention strategies (e.g. what they might have done differently)
- Was the clinical-decision making process logical and coherent?
- Did the student demonstrate sensitivity to social, cultural, or gender specific issues that might influence the assessment/treatment process and outcome?



## Appendix C

### UNIVERSITY OF UTAH CLINICAL PSYCHOLOGY TRAINING PROGRAM

#### INDIVIDUAL SUPERVISORY CONTRACT for CLERKSHIP / PSYCHOLOGICAL ASSISTANT

Name of Trainee \_\_\_\_\_

Date: \_\_\_\_\_

Name of Facility \_\_\_\_\_

This letter of agreement outlines the duties and privileges of Trainees and Supervisors involved in clinical experiences with the Facility. The specific terms of the Agreement are specified in the CLINICAL TRAINING AGREEMENT appended and incorporated into this letter by reference. This letter of agreement must be renewed annually, or as is required, if there is a change in the nature of the clinical experience or its supervision.

While the Clinical Program requires a certain number of clerkship hours and encourages students to gain additional experience in community placements, it must be recognized that the provision of such psychological services by a non-licensed individual is regulated by Utah law [ MENTAL HEALTH PROFESSIONAL PRACTICE ACT, U.C.A. '58-60-101 and PSYCHOLOGY LICENSING ACT, '58-61-101 (1994, and as amended)] and that all such experiences, whether for formal credit or for community employment, must occur under the administrative authority of the Clinical Program. All students, in providing such services, are representatives of the University and the Clinical Training Program.

In accordance with the Mental Health Professional Practice Act and the rules and regulations of the Clinical Training Program: (a) No student may accept either community employment or a clerkship that involves the provision of psychological services without the express permission of his/her Clinical Program supervisor; (b) A student's clerkship or community employment must occur under conditions that are consistent with the provisions of the Act, which provides, in relevant part, that (1) the trainee is a matriculated graduate student in an approved graduate training program, (2) that the provision of psychological services envisioned is part of their course of study in professional preparation for a graduate degree, and (3) that the trainee's provision of psychological services is under the regular supervision of an appropriately qualified professional and is of the type and nature appropriate to the student's level of training and the services provided. A Trainee's Clinical Program Supervisor is not directly responsible for clinical supervision of their advisee's clerkship or community employment, but is responsible for administrative oversight. Clinical Program Supervisors therefore monitor the appropriateness of clerkship/employment settings, the nature of the psychological services trainees are asked to provide, and the adequacy of clinical supervisory arrangements.

**PLEASE FILL OUT COMPLETELY:**

Trainee: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Facility Supervisor: \_\_\_\_\_ Highest degree: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Utah Licensed as: \_\_\_\_\_ License #: \_\_\_\_\_

Clinical Program Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

The letter of agreement pertains to a Clerkship Agreement between the Trainee, the Facility and the Clinical Program for the period \_\_\_\_\_ to \_\_\_\_\_.  
(MM/DD/YY) (MM/DD/YY)

While on a clerkship at the Facility, the Trainee will be expected to be involved in the following clinical services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Facility Supervisor will provide professionally appropriate supervision of the Trainee, and will provide the timely written and verbal feedback to trainee. For therapy, such supervision will consist of a minimum of 1 hour of supervision per every 4 hours of direct contact. Supervision for assessments will consist of the minimum necessary time on all aspects of the assessment.

The attached evaluation form will also be returned to the Clinical Program Supervisor on a semi-annual basis, or as otherwise required by the Clinical Program. The Facility agrees to notify the Clinical Program Supervisor whenever there is a significant change in the Trainee's clinical experiences or the nature of the supervision provided, or whenever the Trainee's professional conduct raises issues of professional competence and/or professional and ethical judgment. The Facility Supervisor will provide such supervision on the following basis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Facility  does  does not (check one) provide professional liability insurance for its Facility Supervisors.

The Facility  does  does not (check one) provide professional liability insurance for the Trainees under this Agreement.

It is agreed, based upon the specifications of the clinical experiences, that the Trainee has satisfied the necessary academic and professional prerequisites for this clerkship.

During the \_\_\_\_\_ Semester, 20\_\_\_\_, it is agreed that the trainee will spend \_\_\_\_ hours per \_\_\_\_\_ in training and service duties, as part of fulfillment of \_\_\_\_\_ credits in Psychology Course # 6910. If circumstances justify a waiver of the enrollment requirement, those circumstances, and the approval of the Chair of the Department of Psychology, should be noted here:

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---

---

\_\_\_\_\_  
Chair, Psychology Department

\_\_\_\_\_  
Date

It is agreed that the Trainee has the option to be involved in the following additional activities:

---

---

---

Students engaged in the regular performance of training-related duties are protected under the Utah Public Employees Indemnification Act. This agency  does  does not (check one) provide additional coverage for liability potentially incurred in the performance of training duties.

It is agreed that this contract may be revised at any time, if it proves unsatisfactory, with the consent of Trainee, the Facility Supervisor or the Clinical Program Supervisor.

\_\_\_\_\_  
Trainee (date)

\_\_\_\_\_  
Facility Supervisor (date)

\_\_\_\_\_  
Clinical Program Supervisor (date)

## Appendix D

### TRAINEE EVALUATION FORM

Trainee's Name \_\_\_\_\_ Dates of Service \_\_\_\_\_

Agency \_\_\_\_\_ Hours per week \_\_\_\_\_

Supervisor \_\_\_\_\_ Hrs of supervision/week \_\_\_\_\_

Please rate the trainee using the following 1-5 scale.

- 1 - inadequate
- 2 - barely adequate
- 3 - adequate
- 4 - above average
- 5 - outstanding

1. Please indicate ( ) which experiences trainees have engaged in and fill in the number of hours, population served (e.g., children, aged, minority, etc.), and level of proficiency attained.

<u>Activity</u>	<u>Hours/Week</u>	<u>Population</u>	<u>Proficiency</u>
____ Individual Therapy	_____	_____	1 2 3 4 5
____ Group Therapy	_____	_____	1 2 3 4 5
____ Family Therapy	_____	_____	1 2 3 4 5
____ Intake and/or Crisis	_____	_____	1 2 3 4 5

\_\_\_\_\_Assessment \_\_\_\_\_ 1 2 3 4 5

\_\_\_\_\_Consultation \_\_\_\_\_ 1 2 3 4 5

\_\_\_\_\_Program Evaluation \_\_\_\_\_ 1 2 3 4 5

\_\_\_\_\_Other \_\_\_\_\_ 1 2 3 4 5

2. How was supervision provided? Fill in or check all that apply.

\_\_\_\_\_ (Hrs/wk.) Individual \_\_\_\_\_ Audio tapes

\_\_\_\_\_ (Hrs/wk.) Group \_\_\_\_\_ Video tapes

\_\_\_\_\_ (Hrs/wk.) Inservice seminars, etc. \_\_\_\_\_ Observation

\_\_\_\_\_ (Hrs/wk.) Staff meetings \_\_\_\_\_ Joint activity

\_\_\_\_\_ Trainee report

3. How well did the trainee make use of supervision time?

\_\_\_\_\_

4. How did the trainee react to suggestions and/or constructive criticism?

\_\_\_\_\_

\_\_\_\_\_

5. What particular areas of weakness does the trainee need to attend to?

---

---

6. How broad-ranged (or narrow) is this trainee as a clinician?

---

7. How well does the trainee formulate treatment plans for his/her cases?\_\_\_\_\_

---

8. How aware is the trainee of his/her impact on clients/ patients?\_\_\_\_\_

---

9. How well does the trainee discharge professional responsibilities--punctuality, appropriate referrals, up-to-date records, etc.?\_\_\_\_\_

---

10. How active a contributor was the trainee to inservice activities, case conferences, etc.?

---

---

11. Other comments:\_\_\_\_\_

---

## Appendix E

### INTERNSHIP & CLERKSHIP EVALUATION FORM

\* To be filled out by student anonymously. Data will be on file for future students to review

Date \_\_\_\_\_

Agency \_\_\_\_\_ Supervisor \_\_\_\_\_

1. How much discrepancy was there between what you were told initially you would be doing and what you actually did?

No discrepancy at all 1 2 3 4 5 tremendous discrepancy

Please comment on the nature of the discrepancy if any:

2. Were your duties too simple, too advanced, or just about right (circle one) for someone with your experience?
3. What duties and responsibilities would you have wished added to or deleted from your position?

4. Was your supervisor available when you needed help?

Never 1 2 3 4 5 Always

5. How adequate was the supervision you received?

Awful 1 2 3 4 5 Superb

Please comment on the reasons for your rating:

6. Did you get appropriate feedback on your performance?

Always 1 2 3 4 5 Never

Please comment on the reasons for your rating:

7. Were resources such as office space, clerical support, recording equipment, and library facilities adequate?

Not at all 1 2 3 4 5 Completely

Please comment on the reasons for your rating:

8. Did you experience any problems as a direct result of a lack of communication between the agency and the Clinical Program?

None 1 2 3 4 5 Many

Please comment on the reasons for your rating:

9. How relevant was this placement to your career goals?

Extremely relevant 1 2 3 4 5 Completely irrelevant.

Please comment on the reasons for your rating:

10. If you had it to do over again, would you still choose this agency for a clerkship or internship?

Absolutely 5 4 3 2 1 Never

Please comment on the reasons for your rating:

11. Additional comments:

## Appendix F:

### Sample CV

Kelly M. Glazer

#### Education

1997–2000                      Ohio State University, BS Psychology  
2000-present                    University of Utah, Department of Psychology

#### Honors and Awards

1998    Billingslea Scholarship in Clinical Psychology, Ohio State University  
1999    Arts and Sciences Honors Scholarship, Ohio State University

#### Presentations

Glazer, K.M., Emery, C.F., & Frid, D. Psychological predictors of outcomes in cardiac rehabilitation. Presented at American Psychosomatic Society, Monterey, CA March 6-10, 2001.

#### Publications

Glazer, K. M., & Smith, T. W. (2005). Some random paper on hostility. *Journal of Something, 1(2)*, 111-112.

#### Grants Submitted/Received

#### Membership in Professional Organizations

#### American Psychological Association

#### APA Division 48, Health Psychology

#### American Psychosomatic Society

#### Clinical Experience

Fall 2001-Spring 2002 Assessment Practicum

Supervisor, Deborah Wiebe, Ph.D.

Description: Personality and cognitive assessments on adults children at the University Counseling Center and Odyssey House.

Hours: Client contact- 60    Prep/Formulation- 200    Supervision- 40    Total- 300

Summer 2003-present University of Utah Sleep/Wake Center Clerkship

Supervisor, Laura Czajkowski Ph.D.

Description: Assessment and treatment of sleep disorders in adults.

Hours: Client contact- 60    Prep/Formulation- 200    Supervision- 40    Total- 300

## Summary of Clinical Hours

May 2004 through April 2005

Client Contact

Prep/formulation

Supervision

Total hours

Total Hours through April 2005

Client Contact: 891

Prep/formulation: 700

Supervision: 302

Total hours: 1893

### Teaching Experience

Spring 2001, Teaching Assistant, Intro to something

Fall 2004, Graduate Instructor, Intro to something else

### Collaboration with other faculty

Summer 2002: Wrote book review with Cindy Berg

### **Clinical supervision of other students**

None

### Completed Coursework 2004-2005

<u>Course No.</u>	<u>Semester, Year</u>	<u>Title</u>	<u>Grade</u>
5955		Fall 2004 Practicum in something	A
6001	Spring 2004	Practicum in something	in progress

### **Program Requirements**

	Date Complete/Approved	Title
First year paper	July, 2001	“Mental Representations of Close Relationships”
Masters Proposal	Nov. 2002	“Activation of Mental Support and Blood Pressure Reactivity”
Masters Defense	Dec. 2003	“Activation of Mental Support and Blood Pressure Reactivity”
Propose Clinical Prelim	Spring 2004	“Depression, Cognitive Function and Type 2 Diabetes Mellitus ”
Defend Clinical Prelim	Fall 2004	
Propose Research Prelim	Fall 2003	“Marriage and Heart Disease”
Defend Research Prelim	Spring 2004	
Propose Dissertation	Predicted May 2005	
Defend Dissertation	Predicted Spring 2005	

Apply for Clinical Internship Predicted Fall 2005

**Research Activities 2004-2005**

Prepared 2 manuscripts with advisor, one first author paper, one multi-study paper  
Currently working on another first author paper from Health and Aging study

**Conferences Attended 2004-2005**

American Psychosomatic Society

**Service Activities 2004-2005**

**Goals 2005-2006**

Teaching: continue TA assignment in medical school/residency teaching at department of Family and Preventive Medicine

Clinical: Continue with clinical experiences at family practice and sleep/wake center.

Research: Participate in 2-3 papers from health and aging study, run dissertation project

Service:

## Appendix G

### Milestones Form

Name of Student:  
 Primary and/or Clinical Mentor:  
 Year started Program:

Milestone or Achievement	Expectations and Ratings	Weak			Excels	Comments
<u>First Year Paper:</u> Title:  Date approved:	Ability to summarize and integrate selected literature	1	2	3	4	5
	Ability to critically evaluate empirical research	1	2	3	4	5
	Presents a conceptual perspective	1	2	3	4	5
	Effective written communication	1	2	3	4	5
<u>Masters Project Proposed:</u> Title:  Date approved:	Comprehensive, integrative literature review (depth of knowledge)	1	2	3	4	5
	Identification of clear, important research question(s) and hypotheses	1	2	3	4	5
	Proposes appropriate analytical strategy	1	2	3	4	5
<u>Masters Project Completed:</u> Title:  Date approved:	Effective communication of ideas (oral and written)	1	2	3	4	5
	Utilizes and interprets appropriate analytical strategies	1	2	3	4	5
	Ability to evaluate and express alternate interpretations of research findings	1	2	3	4	5
<u>Prelim Clinical Project:</u> Title:  Date approved:	Demonstrates a sound, complete conceptual framework	1	2	3	4	5
	Discusses a coherent treatment plan	1	2	3	4	5
	Identifies and contrasts alternative perspectives	1	2	3	4	5
	Shows sensitivity to issues of diversity (social, cultural, gender) in clinical case	1	2	3	4	5
<u>Prelim Research Project:</u>	Identification of important issue, question, or project	1	2	3	4	5

<p>Title:</p> <p>Date approved:</p>	<p>Integrates and evaluates different perspectives</p> <p>Utilizes appropriate and clear structure</p> <p>Effective written communication of ideas</p>	<p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>	
<p><u>Dissertation Proposal:</u> Title:</p> <p>Date approved:</p>	<p>Development of independent, innovative, important questions</p> <p>Comprehensive, integrative literature review (depth of knowledge)</p> <p>Develops clear, testable hypotheses (more complex than masters)</p> <p>Proposes appropriate design and methodology</p> <p>Critically evaluates theoretical and empirical research to provide evidence for ideas (strong rationale)</p> <p>Effective written communication of ideas</p> <p>Proposes appropriate analytical strategy/more complex, sophistication in data analysis than masters</p> <p>Effective oral communication of research project</p> <p>Ability to evaluate and express alternate hypotheses/research/weaknesses</p>	<p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>	
<p><u>Dissertation Defense:</u> Title:</p> <p>Date approved:</p>	<p>Comprehensive, integrative literature review (Demonstrates depth of knowledge of area)</p> <p>Hypotheses are clearly tested (more complex than masters)</p> <p>Appropriate design and methodologies are presented</p> <p>Utilizes appropriate analytical strategy/more complex, sophistication in data analyses than masters</p> <p>Effective written communication of findings</p>	<p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>	

	Critically evaluates findings	1	2	3	4	5	
	Effective oral communication of research project	1	2	3	4	5	
	Ability to evaluate and express alternate interpretations of research findings	1	2	3	4	5	

### ANNUAL PROGRESS FORM

Evaluation of Clinical Program Graduate Student Competencies

Name of Student:

Year started Program:

Primary and/or Clinical Mentor:

<b>YEARLY EXPECTATIONS AND RATINGS</b>							
<b>Date Completed:</b>							
<b>Year in Program:</b>	N/A	weakness, needs work	adequate	at year level	more advanced than year in program	outstanding	
<b>Person(s) completing ratings:</b>	N/A	weakness, needs work	adequate	at year level	more advanced than year in program	outstanding	
<u>Knowledge-Based Learning:</u>							
<u>Rating</u>							
Successful completion of expected core courses	0	1	2	3	4	5	
Participation in course discussions	0	1	2	3	4	5	
Demonstrates critical analytic skills	0	1	2	3	4	5	
Effective written communication skills	0	1	2	3	4	5	
<u>Professionalism/Intellectual Engagement:</u>							
Displays collegiality and good citizenship with department members	0	1	2	3	4	5	
Demonstrates interpersonal skills in professional settings	0	1	2	3	4	5	
Formation of a professional identity (e.g., in presenting ideas both formally and informally)	0	1	2	3	4	5	
Timely work/shows up for class, etc.	0	1	2	3	4	5	
Is intellectually engaged (e.g., enthusiastic and immersed) in chosen area of research	0	1	2	3	4	5	
<u>Clinical Competence:</u>							

Demonstrates empathy, listening, and therapeutic alliance skills	0	1	2	3	4	5
Shows sensitivity and knowledge regarding diversity issues (ethnicity, gender, sexual orient)	0	1	2	3	4	5
Ability to complete comprehensive clinical assessment	0	1	2	3	4	5
Clear understanding and application of specific intervention conceptualization and techniques. List types of orientation(s)/techniques acquired this past year (e.g., IRT, CBT, FFT): _____	0	1	2	3	4	5
<b><u>Teaching:</u></b>						
Competence in presenting material to learners/assisting with teaching	0	1	2	3	4	5
Sensitivity to student concerns	0	1	2	3	4	5
<b><u>Research Competence:</u></b>						
Shows active participation/leadership in mentor's research projects	0	1	2	3	4	5
Ability to use and interpret quantitative/qualitative analytical strategies & methodologies	0	1	2	3	4	5
Shows independence of ideas/programmatic research path	0	1	2	3	4	5
Independent collection of data/Competence in collecting data	0	1	2	3	4	5
<b><u>Ethics:</u></b>						
Demonstrates knowledge and application of ethical, legal, and professional issues	0	1	2	3	4	5
<b><u>Additional Comments by Faculty in Review Meeting</u></b>						

<u>Mentor Additional Comments:</u> <u>Date of Feedback to Student:</u>
<u>Student Response to Feedback</u>
<u>Plan and timeline for remediation (if needed)</u>
<u>Goals/Timeline for next year:</u>

Signed by:

\_\_\_\_\_

Mentor

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Co/Mentor

