

**SUPPLEMENT TO THE
GRADUATE STUDENT HANDBOOK FOR
DUAL EMPHASIS (JOINT) CHILD CLINICAL AND DEVELOPMENTAL
PROGRAM STUDENTS**

Students who wish to pursue a combined graduate degree in both clinical (child track) and developmental psychology may do so through a joint program in Child Clinical and Developmental Psychology. Students in the joint program will be involved in training that bridges the two areas of developmental psychology and child-clinical psychology. This program will involve intense training in theory and research in developmental and clinical psychology. In essence this program will be the equivalent of training in the area of developmental psychopathology with the added benefits of training and practice in child-clinical psychology.

Students in the joint program essentially will complete degree requirements for two graduate psychology training areas. Because of the intensity and rigor of this program of study, only students who are considered by both admitting areas to be outstanding candidates for completing two sets of degree requirements, and whose research interests incorporate both developmental and clinical aspects, will be admitted to the joint program. ***Note: Clinical students who are interested in gaining a better understanding of developmental psychology but without the same level of rigor involved in the dual degree program should investigate the “Graduate Certificate in Lifespan Development” option.***

To pursue the joint program, students must first be admitted into either the clinical or developmental training area within the Department of Psychological Sciences. Then during the first year of study, students should educate themselves in the research interests of the faculty in the other area and seek out a possible secondary advisor from that area. **In the spring of the students’ first year they will be able to formally apply to the joint program.** At this time, students must submit *statement of interest* (including reasons for applying to the program and what the student hopes to achieve with the dual degree), a *letter from their primary advisor* giving their consent and reasons why the student is a good fit for the joint program, a *letter from the secondary advisor* who has agreed to sponsor the student in the other area, and an *unofficial transcript* of the students’ first-year coursework. Each letter should be no longer than one page, single-spaced. Once the joint program faculty have met and agreed to allow the student into the program, notification must be made to the Graduate School of the students’ dual degree program of study. This is the only way to insure that students receive credit for both programs and that both degrees will be listed on the student’s diploma.

Students in the joint program should familiarize themselves with the requirements of both training areas as described in their handbooks (e.g., for the clinical training area, The

Supplement to the Graduate Student Handbook for Clinical Students; for the developmental training area, Program of Study in Developmental Psychology). In addition, this document outlines ways in which joint program students should fulfill training area requirements for each area and ways that their training experiences may be integrated.

The training issues outlined in this handbook supplement only summarize the major requirements of the program (e.g., primary program of research). It is important for the student to know that his/her training will also involve research exposure and professional development issues in both training areas. For instance, if the primary area of research is child-clinical the student should get research exposure with their secondary advisor in development. There are many ways this can occur, but one example would be to regularly attend that advisor's lab meetings.

AMMENDMENTS/ADDITIONS TO CLINICAL REQUIREMENTS FOR JOINT PROGRAM STUDENTS

JOINT GRADUATE ADVISORY COMMITTEE (Clinical Handbook Section II-A)

The advisory committee has a unique role for students in the joint program. Since training involves both developmental and child-clinical requirements, the advisory committee should meet early in the first year to outline a general strategy for training. In addition, the advisory committee should meet regularly throughout the student's training in order to assess progress on both clinical and developmental training goals and degree requirements.

Committee Make-up (Section II.A.2)

For students in the Joint Child Clinical/Development Program, the two main advisors/mentors (one in clinical and one in developmental) will make up their Graduate Advisory Committee (GAC). A third committee member is optional and may come from other programs or departments. The roles and tasks that each advisor takes will depend on the student's primary area of research and the training area of the primary research mentor. The two options are listed below.

- 1. Primary Clinical Advisor.** If the student's primary research mentor is a Clinical Faculty member, that person will serve as the student's main advisor and research mentor. The second person on the GAC must be a Developmental Faculty member. This person will be designated as the student's secondary advisor and will advise on the developmental aspects of the training program including coursework, research, and professional development.
- 2. Primary Developmental Advisor.** If the student's primary research mentor is a Developmental Faculty member, that person will serve as

the student's main advisor and research mentor. The second person on the GAC must be a Clinical Faculty member. This person will be designated as the student's secondary advisor and will advise on the clinical aspects of the training program including coursework, research, clinical training and professional development.

Committee Duties (Section II.A.3)

One formal task of the GAC is to meet annually to review the student's progress. Because students in the joint program are in two training areas, the GAC's review will incorporate annual evaluations of student performance from both the clinical training committee (CTC) and the developmental training committee (DTC). It is each advisor's responsibility to make sure both training areas are kept informed of the student's progress. If the student's progress in either area of training is unsatisfactory, the GAC will meet with the student to discuss a plan for improvement.

JOINT PROGRAM COURSEWORK (Clinical Handbook Section II.C)

Coursework for Joint program students will include the standard requirements for the department, the Child Clinical degree, and the Developmental degree (see relevant Handbooks). Because of overlap in program requirements, this essentially results in three additional courses plus the developmental seminar beyond the clinical area requirements. Specifically, developmental students are required to take 24 hours of Developmental Area of Concentration (Class B) courses, divided among required courses and electives. These courses include:

Developmental Area Required Courses (9 hrs)

Psychology of Development (Psy 8410)
Social Development (Psy 8440)
Cognitive Development (Psy 8420)

Additional Developmental Area Requirement (6 hrs)

Studies in Developmental Psychology (Psy 9440). Enrolling in *Studies in Developmental Psychology*, "brownbag" every semester until the comprehensive exam is completed is required; 1 credit is given for each semester; up to 6 credits can be counted toward the 24 total required developmental hours.

Developmental Area Electives (9 hrs)

Joint program students will automatically meet developmental elective requirements with their child clinical coursework (e.g., Developmental Psychopathology, Child Assessment, Clinical Interventions with Children, Family and Group Process).

RESEARCH (Clinical Handbook Section II.E)

Thesis Research (Masters) (Clinical Handbook Section II.G)

Because the joint program graduate student falls into two training areas within the department, the thesis must represent both clinical and developmental areas of study (i.e., developmental psychopathology). For example, a joint program thesis should be in an area of interest to both clinical and developmental psychologists, and should include (e.g., in the literature review and methodology) evidence of sensitivity to both clinical and developmental issues. The student's primary and secondary advisors should monitor the thesis for appropriate content. Approval of the thesis as meeting the requirements of both clinical and developmental training areas will depend, in part, on appropriate clinical and developmental content.

Therefore, the thesis committee makeup must represent both training areas. This results in one primary change from other (i.e., non-joint) students' thesis committees. First, the student's clinical and developmental faculty research advisors would serve on the committee as co-chairs (Inside-Inside for the primary advisor and Inside-Outside for the secondary advisor). The co-chair designation is required in order for the thesis to be awarded in both training areas. Thus, thesis committee membership should include the following 3 (with an optional 4th) members:

1. Chair: The student's primary advisor (must be developmental or clinical faculty)
2. Co-Chair: This will be the student's secondary advisor in the other training area (developmental faculty if thesis chair is clinical OR clinical faculty if thesis chair is developmental).
3. Outside: One faculty member whose primary appointment is outside the department.
4. *Optional Inside Department (in any departmental training area)*

Comprehensive Examination (Clinical Handbook Section II.H & Developmental Handbook)

All joint program graduate students will be required to take both the clinical area comprehensive examination (see Clinical Handbook for details) and the developmental comprehensive examination (see Developmental Handbook for details). Students will take the clinical area exam in the August prior to their 4th year in the program. Joint program students may choose between an exam-style developmental comprehensive exam and a paper-style exam. The exam version would add one day worth of developmental-specific questions to the clinical exam and would be taken one to two business days prior to the start of the clinical exam (e.g., if the clinical exam days are Monday and Wednesday, the developmental exam questions would be administered the Friday prior to the start of the clinical portion of the exam). If students choose the paper version of the developmental exam, the final product (i.e., paper outlines proposed to and approved by doctoral committee (see Developmental Handbook for explanation) and completely written to student's satisfaction) must be submitted by the same date the exam

version would have taken place (e.g., the Friday before the clinical area exam begins). The written products will be evaluated and scored by the respective area training committees (i.e., CTC representatives will approve the clinical exam answers, DTC representatives will approve the developmental exam answers or papers). Once the student has passed all written aspects of both comprehensive exams, students may progress to the oral defense with their doctoral committee. The doctoral committee of all joint program graduate students will consist of the following:

1. Chair: The student's primary advisor (must be a developmental or clinical faculty member).
2. Co-chair: The student's secondary advisor (developmental faculty if primary advisor is clinical OR clinical faculty if primary advisor is developmental).
3. Development Member
4. Clinical Member
5. Outside: One faculty member whose primary appointment is outside the department.
6. *Optional Inside-Outside: Students have the option of adding another inside-outside member from any departmental training area.*

At the oral defense, committee members may ask the student questions about their clinical exam, developmental exam/papers, or to integrate information from both areas. Successful completion of the oral defense in both areas is necessary to pass the comprehensive examination requirement.

Dissertation Research (Clinical Handbook Section II.I)

Similar to the thesis, the joint program student's dissertation should reflect an integration of clinical and developmental focus (i.e., developmental psychopathology). The content of the dissertation project and its coverage of both clinically and developmentally relevant issues should be monitored by the student's advisors. Approval of the dissertation as meeting the requirements of both clinical and developmental training areas will depend, in part, on appropriate clinical and developmental content. The dissertation committee should have the same clinical and developmental representation as the comps defense committee.

YEARLY EVALUATION (Clinical Handbook Section V.C)

Joint students will complete the Student Activity Report annually. The student will be required to provide both training areas a copy of the report. The CTC and DTC will provide feedback to the GAC prior to student feedback. Students must maintain satisfactory progress in both training areas in order to remain in the joint program.